Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

ANNUAL REPORT
2017-2018

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Chairman's Foreword

Welcome to our Annual Report

It has been an exciting year for us here at Barnet, Enfield and Haringey Mental Health NHS Trust (BEH).

We have seen a major leap forward in our plans for development of the St Ann's site in Haringey. We have had a change of leadership at the top of the Trust. And, we have been consolidating some of our services to enhance the care we provide.

I am also delighted to say that there has been recognition that there is a mismatch in the level of the services we provide and the funding we receive, and we are grateful that this is beginning to be addressed by our commissioners.

If you were to walk around our Trust, as I regularly do, you would see hard-working staff providing quality care in extremely challenging situations. When I see this I am overwhelmed by their dedication. I know we don't get it right all the time, but we certainly get it right a lot of the time, and this is borne out by the very many compliments we receive.

I have now been with BEH for more than 10 years, and this has been my last full year as Chairman. I have enjoyed every moment, every challenge and every success we have had. One of our greatest achievements during my time is finally seeing the realisation of our plans for the St Ann's Hospital site in Haringey. At last we have been given the go-ahead to proceed with building one of the best, state of the art, mental health inpatient facilities in the country. We are funding its development by selling two thirds of the site to the Greater London Authority for new residential homes, including a high proportion of affordable homes on the land now surplus to NHS needs. This is a fantastic outcome, and has been worth the wait, as our hospital development will not only be great for our patients and staff, but also for the communities and the local population we serve. The land sale was completed in March 2018, and construction of the new inpatient building is due to start in early 2019 and be completed by early 2021.

I would also like to mention that during the year we have been consolidating some of our services across the London Boroughs of Barnet, Enfield and Haringey. This has meant we have seen a number of service location changes which have affected patients as well as staff. We know change can be hard but every change we make is done with our patients at its heart. We strive for excellence in the care we provide and sometimes the best way to achieve this is by consolidating services in fewer locations.

Over this last year we have seen a number of changes at Board level, including a change of role for Maria Kane, who was our Chief Executive for 10 years. She has joined a neighbouring Trust, the North Middlesex University Hospital as Chief Executive, and we wish her well in her new role.

This will be my final report for the Trust and it has been a great honour to have worked with so many talented and enthusiastic people over the last decade. It now only leaves me to wish the Trust, its super staff and our patients the very best for the future.

Michael Fox
Chairman
25 May 2018

Chief Executive's Introduction

> *"To provide good quality services not only requires good quality, highly trained staff, but also demands better, more efficient support"*

Andy Graham
Interim Chief Executive
25 May 2018

I have worked at BEH for the last four years, predominantly as the Executive Operating Officer, and more recently as the Trust's Interim Chief Executive.

It has been a real privilege for me to have been given this role, and to further progress the Trust's objectives, before our new Chief Executive Jinjer Kandola joins the team.

I am pleased to say that the Trust has made some real headway over the last 12 months and I look forward to sharing with you our success and challenges over the coming pages of this report.

We are now into the second year of our Quality Improvement (QI) programme. The first pilot year was so successful that we have increased the numbers of teams working on projects from 15 to 56. That is more than 25% of the Trust's teams now adopting and applying the principles of QI. This is fantastic news, and we have already demonstrated great success. For example, we have seen: waiting times cut by more than 40% in our prison services; a reduction in district nurse caseloads in Enfield; a 10% rise in patients and carers managing their own care or outcomes; and, there has been a significant drop in violence and aggression on inpatient wards which have been following the QI programme. These are some great achievements which we will be replicating across BEH during 2018/19.

If you have been a regular follower of the Trust you will no doubt already know about Enablement. Enablement is our unique programme of caring for our patients on their road to recovery. Our clinicians support our service users by giving them the tools, the confidence and the self-realisation that they can have a much better outcome if they manage their condition themselves, with our teams supporting them along the way. The programme has helped so many patients that we have developed Phase 2 of the project and formed a partnership with Inclusion Barnet who will help to really embed Enablement across the Trust.

> ***"It is an exciting time for our Trust, and it wouldn't be possible without the support of our staff, patients, carers and our wider stakeholders"***

Our combined focus on QI and Enablement has had a real impact on our organisation, and this was reflected in our Care Quality Commission (CQC) visit in September 2017. We now have two services rated as Outstanding, with the Trust being given a Good for Caring, Responsive and Well-led. However, because the Trust was rated as Requires Improvement (RI) in two areas the overall rank for the Trust was still RI. While disappointing, the CQC told us we were extremely close to receiving an overall rating of Good.

Finances will continue to be a challenge for all NHS providers. I am pleased however that the specific underfunding issues for BEH have been recognised by our local commissioners. This means there will be some additional investment in 2018/19.

As a Trust, we have a strong reputation. So much so that we have been awarded the status of 'lead provider' of forensic services across all of North London. This means BEH will lead the consortium of five North London Mental Health Trusts aiming to improve care for people who use these services. This will be achieved through effectively managing a multi-million pound budget devolved from NHS England and treating more patients closer to home.

To provide good quality services not only requires good quality, highly trained staff, but also demands better, more efficient support. And that's the reason why we have invested heavily in improved IT. We are moving to a new IT provider and we believe the new provision will speed up our network and increase our ability to work more flexibly through mobile technology. This means our staff working in the community will have more time available to spend with patients.

Please take the time to review the rest of this report. I know you will be impressed with the creativity and innovation shown by our staff and by the Trust. You will be able to read about the new services we are providing, how we expanded our services for people who can self-refer, the filming of a BBC documentary on our fantastic Eating Disorders service by Louis Theroux, and how we are working ever more closely with our GPs to provide seamless care for our patients.

It is an exciting time for our Trust, and it wouldn't be possible without the support of our staff, patients, carers and our wider stakeholders. I do hope you enjoy reading this Annual Report.

Trust Overview

Who we are

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) provides healthcare services locally, regionally and nationally. We have an annual income of c£210 million, and over the last year our 3,000 staff have helped care for more than 135,000 people.

We deliver our care in the community and in inpatient settings, and serve a population of well over a million people in the three London Boroughs of Barnet, Enfield and Haringey as well as further afield.

As a multiple award winning Trust we provide mental health services for young people, adults and older people, and have a full range of child and adult community health services in Enfield. This includes diabetes clinics, professional clinical assistance for the elderly in care homes, and delivering flu vaccinations for school children.

In addition, our North London Forensic Service (NLFS) treats and cares for people in the criminal justice system who have mental health conditions.

The Care Quality Commission has, on two separate comprehensive inspections, rated the NLFS as 'Outstanding'.

The NLFS is nationally recognised for providing the National Stalking Clinic, as well as a unique partnership with the Metropolitan Police providing the Fixated Threat Assessment Centre. This service risk assesses and helps manage people with mental health issues who exhibit excessive and undue attention to members of the Royal Family and Government.

NLFS delivers mental health care in HMP Wormwood Scrubs, HMP Pentonville and HMP Brixton in London, and HMP Springhill and HMP Grendon in Buckinghamshire. BEH also provides mental health services at HM Young Offenders Institutions at Aylesbury and Feltham. In addition, we are also now the lead provider of a group of five Trusts providing secure forensic inpatients services in North London. Called 'New Care Models' the partnership brings regional providers of NHS England specialised commissioned services together, in order to improve the quality of care for patients.

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

How we are structured

We predominantly provide services in our three Boroughs, Barnet, Enfield and Haringey and each Borough has its own Clinical Director, supported by a local management team.

Through this structure we continue to develop strong relationships in our communities with voluntary groups, GPs and those that help us provide the right physical and mental health care for our patients.

In addition to our three Borough Clinical Directors we also have a Clinical Director for our Specialist Service which covers the NLFS.

> *"We deliver our care in the community and in inpatient settings, and serve a population of well over a million people in the three London Boroughs of Barnet, Enfield and Haringey as well as further afield"*

Our **Vision, Values** and **Objectives**

Our **Vision** is ***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

Live, Love and Do are the three founding principles of our Enablement programme which underpin our Trust's Clinical Strategy.

Our **Values** are:

COMPASSION

RESPECT

BEING POSITIVE

WORKING TOGETHER

Our **Objectives** are:

Happy staff • **Value for money services** • **Excellent care**

Our Key Risks

We have clear processes in place to ensure we meet our objectives. The Board Assurance Framework (BAF) assures the Board that risks to achieving our objectives are being managed. There are a large number of procedures, performance management arrangements and policies to ensure internal control.

A summary of the risks contained in the BAF for 2017/18 is set out below.

- Regulatory standards
- Learning from Serious Incidents
- Recruit and retain staff
- Development of the Trust's culture
- Staff engagement
- Budget adherence
- Liquidity
- New IT contract implementation
- Estates management
- Efficiencies through Enablement
- Performance information

Over the year we have seen a lot of positive movement in the key risks facing BEH identified in the BAF. For example 'Budget Adherence' has been reduced from high risk to low, to reflect the fact that the Trust has delivered and exceeded its Control Total. The new 'IT contract implementation risk' has gone from medium to low to reflect the good governance arrangements in place to address risks as they arose. And, efficiencies through Enablement have also reduced risk due to the substantial programme changes delivered during the year.

However, there is still work to be done because the Trust continues to face a high risk around recruiting and retaining staff. While bank and agency usage levels have seen a steady decline over the year, we still face recruitment and retention challenges in many areas, particularly with nursing staff.

Key Performance Indicators 2017/18

We have a number of Key Performance Indicators (KPIs) against which we and others measure our performance.

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

The KPIs for 2017/18 are summarised in the following table overleaf. A few highlights are:

- Seven day follow up for discharged patients continues to be above target, month on month, with overall Trust performance at 99% against the national target of 95%
- The two-week access standard for Early Intervention in Psychosis continues to be on target with performance at more than 88% against the national 50% target

However, there are areas which require further focus. Podiatry waiting times have increased due to additional demand and limited capacity, and patients across the Trust have been waiting longer than 13 weeks for an initial Child and Adolescent Mental Health Service (CAMHS) assessment. This is largely down to staff vacancies and a 29% increase in new referrals.

Key performance indicators		Full year figure 2017/18	Target 2017/18
SAFE	Care Programme Approach (CPA) & Psychiatric Intensive Care Unit (PICU) % of patients followed-up 7 Days after discharge	99%	95%
	CPA: % of patients reviewed in the last 12 months	94%	95%
	Inappropriate use of inpatient beds	0	0
	Number of Never Events	0	0
	136 Suite – inappropriate use	6	0
	Adult Acute Inpatient Risk Assessments - % Current (From sample)	98%	90%
	New CAMHS referrals receiving 2 contacts before turning 18, with <6 week wait time between contracts	75%	95%
	CAMHS Waiting Lists - Percentage of GP referrals waiting over 13 weeks (snapshot taken on last working day)	9.4%	0%
CARING	Patient Survey - Information provided	92%	80%
	Patient Survey - involved in decisions	88%	80%
	Patient Survey - treated with dignity	95%	80%
	Overall Patient Satisfaction	91%	80%
	Overall Carer Satisfaction	92%	80%
	Patient Friends and Family Test (FFT) - Mental Health Overall Score	87%	80%
	Patient FFT - Enfield Community Services (ECS) Overall Score	97%	90%

Key performance indicators		Full year figure 2017/18	Target 2017/18
RESPONSIVE	Delayed Transfer of Care (DToC) – % All Occupied Bed Days (OBDs) due to delayed transfers	8.8%	2.5%
	DToC – % Adult OBDs due to delayed transfer of care	8.4%	2.5%
	DToC – % Older People's OBDs due to delayed transfer of care	10.5%	2.5%
	DToC – Number of Patients delayed in the month	389	30
	Let's Talk (Enfield IAPT) % of people treated within 18 weeks of referral	100%	95%
	Let's Talk (Enfield IAPT) % of people treated within 6 weeks of referral	93%	75%
	Let's Talk (Enfield IAPT) number entering treatment each month	478	441
	Let's Talk (Enfield IAPT) Recovery Rate	50%	50%
	Let's Talk (Barnet IAPT) % of people treated within 18 weeks of referral	100%	95%
	Let's Talk (Barnet IAPT) % of people treated within 6 weeks of referral	91%	75%
	Let's Talk (Barnet IAPT) number entering treatment each month	352	300
	Let's Talk (Barnet IAPT) Recovery Rate	44%	50%
	Early Intervention in Psychosis (EIP) % of people treated within 2 weeks	77%	50%
	Crisis Resolution and Home Treatment (CRHT) GP Response Times - 4 hours	98%	95%
	Liaison Service – N.Mid 1-hour response time for A&E referrals	81%	95%
	Liaison Service – Barnet 1-hour response time for A&E referrals	94%	95%
EFFECTIVE	% PbR Cluster Reviews completed on time	86%	85%
	% Patients gate kept by the Crisis Resolution and Home Treatment Team	98%	95%
	% Admissions that are emergency readmissions within 28 days of previous discharge	1.5%	5%
	Falls resulting in severe injury or death	2	0
	Grade 3 or 4 pressure ulcers	18	0
	Formal Complaints received	176	–
	Complaints: Response in time	58%	90%

Key performance indicators		Full year figure 2017/18	Target 2017/18
WELL-LED	Proportion of staff compliant with individual mandatory training requirements	86%	90%
	Sickness/absence rate %	4.1%	3.5%
	Agency as a % of Employee Spend (Financial – agency spend as a percentage of staffing spend)	6%	8%
	Bank as a % of Employee Spend (Financial – bank spend as a percentage of staffing spend)	9%	10%
	Total vacancy rate (% established posts without staff members in place)	11%	10%
	Nursing Vacancy Rate	15%	10%
	Medical Vacancy Rate	9.5%	10%
	Time to hire (mean number of days from advert start to provisional start date)	88	77
	Staff Turnover (Total)	14%	15%
	– Staff Turnover (Unplanned)	11%	11%
	– Staff Turnover (Planned)	3%	5%
	Percentage of exit interviews where the trust was described as a good place to work	63%	–
	Staff FFT – Overall score: % would recommend as a place to work	58%	50%
	Staff FFT – Overall score: % would recommend as a place for care	63%	55%
ENABLEMENT	Percentage of people in receipt of Community Mental Health services who are in settled accommodation	80%	70%
	Percentage of people in receipt of Community Mental Health services who are engaged in structured occupations, including actively seeking work, parenting and running a home	25%	20%

Key performance indicators		Full year figure 2017/18	Target 2017/18
ACTIVITY AND EFFICIENCY	Activity Recording – Percentage variance from CCG contracted activity plan (MH Community Activity)	-4%	+-3%
	Activity Recording – Percentage variance from CCG activity plan (ECS Contracted Activity)	-2%	3%
	Adults – Mean length of acute inpatient stay on discharge (Untrimmed)	36	35
	Adults – Median length of acute inpatient stay on discharge (Untrimmed)	22	28
	Adults – Percentage people on the acute inpatient caseloads that have had stays of over 100 days	12.7%	25%
	Older People – Mean length of acute inpatient stay (Untrimmed)	54	40
	Older People – Median length of acute inpatient stay (Untrimmed)	37	40
	Mental Health DNA Rates (Excluding CRHTs)	8%	10%
	– Mental Health DNA Rates – Adults	9%	10%
	– Mental Health DNA Rates – Older Adults	3%	4%
	– Mental Health DNA Rates – CAMHS	9%	10%

Quality Improvement

We are in our second year of our partnership with the Haelo Improvement Centre based at Salford Royal NHS Foundation Trust, and aligned with the US Institute for Healthcare Improvement.

This partnership is key to our Trust-wide Quality Improvement Programme, which is seeking to apply Quality Improvement (QI) techniques across all services to deliver improvements in clinical safety, care, efficiency and effectiveness. We strengthened our internal capacity and capability to support the Improvement Programme in 2017/18, and now have a dedicated Director of Improvement and substantive Programme Management Office.

During 2017/18, 15 initial QI projects were developed and this has now extended to a total of 51 clinical teams being directly involved. The Trust's ambition is that every service and department across the organisation implements QI as business as usual.

Our Trust's QI Programme is led by our Medical Director, who, through the Director of Improvement, is ensuring a clinically led, bottom-up, approach to drive clinical improvements and learning across the organisation. This approach enables multi-disciplinary teams consisting of health professionals, managers, the third sector and patients, to work towards common quality improvement goals and understanding of each other's perspectives. All clinical teams are encouraged to implement improvements in services in line with evidence based standards and then to celebrate their successes and share their learning.

BEH is planning through 2018/19 to offer wider access to the QI methodology via distributed training modules. The idea is to offer the basics of QI to as many staff teams as possible, supporting this with a qualification and providing teams with the confidence to tackle challenging problems within their own parts of the Trust.

> "We strengthened our internal capacity and capability to support the Improvement Programme in 2017/18"

We are actively discussing how we can work more closely with other NHS providers to develop a QI network across North Central London to share expertise and learning.

In addition to the QI Programme, the partnership between the Trust and Middlesex University supports implementation of research-based quality standards into clinical practice and gives academics shared responsibility for delivering our quality priorities.

Enablement

Our Trust-wide commitment to Quality Improvement and Enablement provides the foundation for the way we engage and work with the people who use our services. Our Enablement Strategy sets out how, by working in partnership with our patients, their carers and our community partners, we help people move through their journey of recovery so they can Live, Love and Do.

Throughout 2017/18 Enablement has continued to be at the heart of BEH initiatives, creating positive change to both the environments and services offered. There are many projects within the three Boroughs and Specialist Services, which exhibit and embed our Live, Love and Do vision.

For example, the Peace Garden on Ken Porter Ward in Barnet was co-created by ward staff, patients and carers working together to find a solution that would help people on the ward with their recovery. They secured funding as part of a BEH Dragons' Den initiative and went on, together, to transform the garden into a serene and therapeutic environment for service users and staff on the ward. People have said: "It's lovely, it's beautiful, my brother came to visit and he has taken pictures on his phone"; "It's beautiful. We have a place to have a party. It's a nice place to relax. We can even have our lunch in the garden during summer."

Following a co-produced evaluation with Middlesex University, one of the significant developments this year relates to the Expert By Experience (EBE) roles within the BEH workforce.

EBE roles have increased in various service areas across the Trust such as an Open Dialogue Peer Worker in the Haringey Crisis Team, Peer Worker Group Facilitators in Specialist Services and further Peer roles developed in the Recovery and Enablement Teams, Locality Teams and Wards.

In March 2018 an EBE Recruitment Event took place showcasing newly created roles and the significant and positive impact that people who have lived experience of mental health difficulties have made as part of our mental health workforce. One EBE said: "We have a different relationship with the service users... with different dynamics... I've found that service users behave differently with me. They feel more relaxed and at ease."

Finally, during 2017/18 we have seen the start of Phase 2 of the Enablement Programme.

Inclusion Barnet, our Third Sector Partner and a peer-led and run charity, won the contract to continue to embed Enablement across services as part of the Trust-wide Enablement partnership. They are working closely with our teams to further develop our workforce strategy and infrastructure to create greater emphasis on the value of lived experience of mental health difficulties in both Experts by Experience (EBE) and non-EBE roles. This includes designing and delivering training and on-going support to EBEs and staff.

Our partnership with Inclusion Barnet will also build on our existing channels of co-production and supporting teams in each Borough to deliver new projects which focus on the role of peer support and co-production in enabling service users in new ways.

Finally, the partnership will continue to build cohesive and seamless pathways with our local communities so that people using our services have more opportunities to build positive and sustainable support structures on their recovery journey.

> **"We help people move through their journey of recovery so they can Live, Love and Do"**

Case Study:

Enablement – How we help patients

My name is Helen Matthews. For 25 years I suffered from chronic depression, and even had periods of suicidal thoughts. Childhood trauma has a lot to answer for! But, I got help and I thank the team at BEH who helped me get to where I am today. A year or two ago I felt I wanted to do something with all the experiences I had gained. I didn't want them to be wasted. So I jumped at the chance to become an Expert by Experience.

So, for the last year and a half I have been going out with clinicians and talking to patients. When the patients meet me they can see there is light at the end of the tunnel, and I have insight, plenty of insight that is practical. I have managed to help a lot of people so far, and one of them was Linda.

I met Linda for the first time at her home. I was with her care coordinator. Linda didn't leave her house. She didn't want to. She was scared to leave. She had been like this for months.

When I met Linda we chatted about how difficult she found going out (I also had had problems leaving my house). It was nice having that and many other things in common. She joked about how difficult it was going to be to get her to the Network, which is a partnership project between BEH and the London Borough of Barnet. I said we would take it very slowly but before I left I asked her to come and sit with me in her garden and have a cup of tea. She agreed to. It was a lovely sunny day. She hadn't sat in her garden for a very long time.

On the first day of going out I met her at her home. We were going to visit the Network. She was very nervous but we took the walk to the bus stop slowly, with plenty of encouragement and breaks. We eventually arrived at the Network and Linda couldn't believe she'd done it.

The next week I met her at the bus stop nearby her house. She was very happy with herself. Proud that she had got dressed, left the house and made it that far. We travelled together to and from the Network.

On our last meeting, I met her just up the road from the Network; she had done it, she got there all on her own, without any help from me. She then went on to attend all her meetings and courses on her own after that.

She explained that something as simple as leaving the house, to most people a natural instinct, was almost impossible for her. She was so happy that she had met someone else who knew exactly how she felt. To meet someone who knew how difficult it was for her, to sit in her garden, to get on a busy bus, to see people in the street and arrive at her destination. She went on to complete her time at the Network and I am delighted that she is now trying to get a job. I feel I have really helped Linda. I feel like I have made a difference. It made me feel good.

Helen Matthews, Community Engagement Worker, Barnet East Locality Team

Care Quality Commission Inspection

In early 2018 the Care Quality Commission (CQC) published its full report into our Trust. This followed a comprehensive inspection in September 2017.

While we were given an overall rating of Requires Improvement, the CQC stated we had narrowly missed out on receiving a Trust-wide Good rating. This was based on significant improvements seen since the CQC's previous inspection in 2015.

Across the CQCs five domains for inspection - **Safe; Caring; Effective; Responsive; Well-led** - we received Good for three of those domains - **Caring; Responsive** and **Well-led**.

Two services were also rated as being Outstanding:

- Specialist Forensic Services
- Community-based Mental Health Services for Older People

The chart overleaf sets out the inspection's ratings:

Name of provider	Barnet, Enfield and Haringey Mental Health Trust					
	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Long stay / rehabilitation mental health wards for working age adults	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Forensic inpatient / secure wards	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Requires Improvement	Good	Good	Good	Good
Wards for people with a learning disability or autism	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Community-based mental health services for adults of working age	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Mental health crisis services and health based places of safety	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Outstanding	Outstanding	Good	Outstanding
Community mental health services for people with a learning disability or autism	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Specialist eating disorder services (Separate insp. Sep 17)	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

> *"As a Trust we are extremely proud of our staff and their commitment to providing the best care possible"*

As a Trust we are extremely proud of our staff and their commitment to providing the best care possible. A few of the many positive highlights from the report are:

- Of the 12 separate mental health and community health services visited eight were rated as Good or Outstanding, and four as Requires Improvement
- Most staff felt proud to work for BEH and were committed to ensuring they delivered good care for patients. Most staff gave patients kindness, respect and support
- Staff in the Outstanding rated Community-based Mental Health Services for Older People and the Specialist Forensic secure inpatient wards worked in partnership with patients and carers to plan care and develop services that were responsive to their needs. Staff had supported patients on these wards to deliver self-catering food

> **"The Trust already has an action plan in place to focus on all the areas highlighted by the CQC, and this work is on going"**

- The Trust had engaged with patients, carers, staff and stakeholders to develop the Trust values. Staff appreciated the interactive training available to help them understand how to apply these values in their work
- Trust leadership was open. BEH engaged well with staff and encouraged them to raise concerns when they had them. Many staff told the CQC they found the Trust a good place to work

However, we also know that we are not perfect and that more work needs to be done. Below are a few of the points we know we need to work on:

- Staff found it hard to keep patients safe and protect their privacy and dignity because some of the Trust's buildings were old and did not provide a good environment for patient care. Some patients at St Ann's hospital were required to sleep in dormitory rooms. Patients who needed access to seclusion rooms sometimes had to be moved through public areas and had to use bathrooms that contained potential ligature anchor points. These points are being addressed as part of the redevelopment of the St Ann's site which has now received planning permission
- Staff in three of the core services did not always complete and update risk assessments in sufficient detail to ensure they managed risks to patients and themselves. Staff in the acute wards for adults of working age and psychiatric intensive care unit did not complete physical health checks for patients following rapid tranquilisation
- The Trust still needed to embed improvements in physical health monitoring and planning especially in community services for adults with mental health needs. Staff did not always ensure, in partnership with GPs, that patients had received physical health monitoring. Staff in wards for older people with mental health problems did not complete diabetes care plans for patients that required them
- Staff did not always receive regular formal supervision. In some teams managers did not record when staff completed formal supervision or what had been discussed

The Trust already has an action plan in place to focus on all the areas highlighted by the CQC, and this work is ongoing.

Redevelopment of St Ann's Hospital

In March 2018, BEH agreed the sale of part of its St Ann's Hospital site in Haringey to the Greater London Authority (GLA).

The land, which is surplus to NHS needs, will be developed for housing with at least 50% of the new homes being designated as affordable. 22 flats will also be made available to the Trust to help recruit clinical staff.

The Trust received final planning approval from Haringey Council for the planned new mental health inpatient building, to replace the current three adult mental health wards and the specialist eating disorders ward currently on site.

This followed a lot of work with patients, carers and staff and the Trust's design and build partner, Integrated Health Projects. Construction of the new mental health building is planned to commence in early 2019, with completion by early 2021.

Trust Chairman, Michael Fox, and Interim Chief Executive, Andy Graham, signed the surplus land sale contract saying, "This is very exciting news for the Trust, our patients and our staff. It means that the current wards at St Ann's Hospital will be replaced by brand new, state-of-the-art facilities, which will be amongst the best in the country."

North Central London Sustainability and Transformation Plan (STP)

As a Trust, we continue to be fully involved in the North Central London Sustainability and Transformation Plan (STP), now renamed 'North London Partners in health and care' and are particularly engaged in the mental health, estates and workforce workstreams of the STP.

BEH sees active involvement in the development of more integrated services across north London as critical to continuing to improve our services for patients.

> **"BEH sees active involvement in the development of more integrated services across north London"**

Information Management and Technology

Our Trust has progressed a number of important Information Management and Technology projects over the last year.

All staff at BEH have had their emails migrated to the nationally recognised nhs.net system. This major piece of work ensures that our email system is now extremely secure, and comes under the auspices of NHS Digital.

During the summer of 2017, the Trust signed a new contract for Information Technology (IT) services with IT provider, Atos. Atos were already working in partnership with University College London Hospitals and BEH has now joined this partnership. The new IT system will provide secure, stable and consistent IT services for the future.

The new platform, which is scheduled to go live during 2018, will provide the springboard for significant improvements in technology provision within the Trust. Specifically, the Mobility programme will shortly be trialling with a small group of clinicians, and this will provide the basis of a major roll out in late summer 2018 once the Atos transition is complete.

This will provide the Trust with class leading technology giving clinicians real time access and live updates to service users records as well as a whole host of other Trust services including the provision of more secure solo working.

Nurses trialling mobile devices

Clinical Governance

Clinical governance describes the structures, processes and culture needed to ensure that healthcare organisations, and all individuals within them, can assure and continuously seek to approve the quality of care provided.

Our clinical governance structures and processes are fully integrated and embedded.

The Executive Director of Nursing, Quality and Governance is the designated Executive Director for quality, risk and governance and the Medical Director is the Executive lead for Patient Safety, inclusive of serious incidents and deaths.

The Trust's Quality and Safety Committee, a subcommittee of the Trust Board, oversees the clinical governance agenda. Each of the Boroughs has their own clinical governance structure which covers all their teams at local governance and operational meetings - oversight of these is via Deep Dive meetings.

> "Our clinical governance structures and processes are fully integrated and embedded"

Case Study:

Our Experts by Experience – in their own words

When I first met Jane she didn't see a point to anything.

She'd been contemplating suicide.

She didn't want to seek help from our services as she believed they couldn't help her. But, she made an agreement with her mum that she'd give it a go, but, if it didn't work out then she was going to seriously consider taking her own life.

Jane was assessed in January 2017 and I was there too. My name is Clare, and I am an Expert by Experience (EBE), sometimes known as a Peer Support Worker. I have a diagnosis of Obsessive Compulsive Disorder and like Helen, who you can read about on page 16, I wanted to use my own experiences to help others through their illness. For me it's about showing, physically, that there is light at the end of the tunnel, that recovery is really possible. This is part of our BEH Trust's programme of Enablement, where we help people Live, Love and Do. You can read more about Enablement on page 15.

When Jane was assessed she was prescribed some medication, and though not convinced counselling would help, she agreed to be referred to our Improving Access to Psychological Therapies (IAPT). After assessment Jane agreed to work with me over the next few months.

On our first appointment Jane told me about her childhood, about moving out on her own at 16 years old and leaving for Scotland. There she enrolled on a plumbing course. She was able to build up her work experience and after a few years she returned to London and moved in with her boyfriend. She was able to get a contract working on an industrial level, and was paid very well.

But, she struggled coming to terms with being depressed. She started to turn down work and was spending all day in bed. She was really anxious about leaving her room. She would try and have everything she needed brought to her by her boyfriend and would quite often go all day without going to the toilet.

In the beginning Jane was unable to come to the clinic. She did a lot of telephone appointments. We looked at goals and worked out a care plan. Her boyfriend, his mother, her mother and a good friend supported her.

First Jane worked on leaving her bedroom and going back to using the rest of the house. We then looked at getting her to come and see me in the clinic. We looked at various ways to help her attend. First a friend drove her to the clinic, then we progressed to me phoning her 30 minutes before the clinic, and if she was up for it she would drive herself. This worked.

Jane decided to attend a depression support group that she believed would help her. She had discussed the merits of peer support groups and how her aunt had attended one that had been beneficial. A friend agreed to go with her, but it took a few weeks before she did eventually attend. She enjoyed it and wanted to return.

Jane felt that although she could earn good money as an industrial plumber she would like to change career and look at something that involved helping others. She told me she had been inspired by me using my experience to help her.

By the time we came to discharge Jane was able to leave the house daily and was no longer going to take her own life and she was looking forward to getting married the following year.

Her final words to me were, "I want to be your success story. The one who will come and show you photos of their babies in the future."

Our Clinical Services

During 2017/18 the Trust provided the following clinical services:

Community Mental Health Services

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

Inpatient Mental Health Services

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

Enfield Community Services

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

Specialist Mental Health Services

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

Forensic Services

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

- Medium and low secure inpatient care including specialist services for people with learning difficulties and services for women
- A range of inpatient, inreach, day care and therapy services in prison settings
- Offender Personality Disorder community and prison services
- 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

Services by Borough

For the last three years we have organised our services by Borough. The restructure to Boroughs in 2015 was made to improve our relationships with GPs, local communities, and partners.

Over the following pages we have listed some of our Borough clinical highlights, as well as an update from our Specialist Services.

BARNET

Barnet has seen some considerable change during the year, and Dr Peter Dutton, Clinical Director for Barnet along with his team, have overseen many improvements.

Service Transformation

The Barnet Directorate implemented a successful accommodation review, enabling us to reduce our estate costs while preserving front line services. The accommodation changes affected many areas including Adult Mental Health Teams, Child and Adolescent Mental Health Services (CAMHS) and Older People's services. The support and cooperation of all our staff through this period of change was critical in enabling us to achieve this aim whilst ensuring service continuity.

Our redesigned Adult Mental Health Service has been in operation for a full year. The combination of service re-design around GP localities supported by primary care link-working is showing very positive signs of improvement for service users. We are delighted that the Clinical Commissioning Group (CCG) has extended its investment in primary care liaison through the link-workers. Although the new service is still in its infancy, the model is generating excellent qualitative feedback from primary care colleagues and service users and we have seen early evidence that this model is contributing to a reduction in the need for longer term care within specialist mental health services.

Barnet CAMHS

Activity in CAMHS has shown a very positive increase in the last year, projecting to exceed the target level by 10%. We have also introduced the Interactive CAMHS Assessment Network (ICAN) system of recording service user outcomes in CAMHS and are developing the way we use the system to demonstrate the value that we add to young people's lives.

The development of a new CAMHS model is progressing. The Primary and Secondary Schools teams and the Looked after Children team have been re-commissioned in house by the London Borough of Barnet and we have worked with our Local Authority partner to manage this transition. The Barnet Directorate and CAMHS leadership team are engaging with the voluntary sector, commissioners and other providers to develop a cross-sector transformation board.

> "The support and cooperation of all our staff through this period of change was critical in enabling us to achieve this aim whilst ensuring service continuity"

> **"We now have fully established care pathways for perinatal clients including workshops, working with midwives and groups for early mums"**

Quality Improvement

A number of Barnet Teams completed 'Wave 1' of the Trust's Quality Improvement (QI) programme, with the work of our Liaison Team on staff experience at work standing out for particular praise. The approach of front-line staff innovating with their own ideas for improvement has been really motivating and empowering. Wave 2 is now underway with an increased number of participating teams.

Development of new business

The Barnet Directorate has had success in developing the three Borough Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment services based in Springwell Hospital. This is potentially leading us to greater opportunities to offer a five Borough wide North Central London (NCL) neuro-developmental service.

In October 2017 we took on the contract with Barnet CCG for the provision of Improving Access to Psychological Therapies (IAPT) for working age adults in Barnet and are already seeing improvements in the service's performance against a number of key measures.

We were successful in applying to Islington CCG to lead on the development of a one year scheme across the five NCL Boroughs to lead training in Positive Behaviour Support capability across Learning Disability services.

ENFIELD

Over the last year BEH staff in Enfield have worked hard to ensure a more holistic approach to providing care for the people who use our services. We have been working on even closer integration of our community health and mental health services under the shared name of Enfield Health.

Dr Tristan McGeorge was appointed as the new Clinical Director from May 2018, having taken over the role from Kathryn O'Donnell who has retired after 30 years in the NHS.

Improved Access to Psychological Therapies (IAPT)

As part of the reconfiguration of the adult care pathway, we have ensured closer liaison with secondary care so there is a smoother care pathway for clients between services.

We now have fully established care pathways for perinatal clients including workshops, working with midwives and groups for early mums.

We have also worked hard to establish a close relationship with BEH's new Enfield Drugs and Alcohol service En-able, and with Haringey Memory Service Admiral nurses for carers of people with dementia so we can ensure a seamless provision of patients' services.

ADULT MENTAL HEALTH

Enfield Adult Mental Health Services Care Pathway Review

A Borough-wide review of Adult Mental Health Services in Enfield was undertaken in 2017/18. The primary focus was to introduce a model that provides services on the basis of need rather than diagnosis and one that is more responsive to those in crisis by offering a more diverse level of response that facilitates easier movement for service users in and out of acute care. Over the last year we have collaborated closely with service users and key stakeholders to implement the new locality based structures and service models.

Other key initiatives in 2017/18 supporting the acute care pathway have included:

- Working closely with commissioners to develop the relationship and interface between primary and secondary care by supporting a pilot to introduce Primary Care Link Workers in General Practice. Phase 1 of the pilot commenced in December 2017 and initially covered six GP practices. Phases 2 and 3 are scheduled to be rolled out in 2018/19 and will extend coverage to a further 12 practices

- Working with commissioners to secure a contract to develop rehabilitation services on the Chase Farm hospital site which will enable service users to be treated closer to home, and engage with local services and resources more effectively as part of a patient's recovery programme

- A refocus on the employment support available for service users in secondary Mental Health care. A new contract is now in place with Individual Placement and Support (IPS). IPS are employment specialists and are deployed within community teams providing targeted resource and expertise to address unemployment within mental health services in Enfield

"Over the last year we have collaborated closely with service users and key stakeholders to implement the new locality based structures and service models"

Reducing Violence and Agression on Adult Mental Health Inpatient Wards

Suffolk Ward took part in a Quality Improvement project to reduce the number of violent and aggressive incidents on the ward. A number of changes were implemented during the project which included introducing a new pyramid nursing structure to manage service user and staff interaction, improved communication regarding appointment times, increased activities on the ward by nursing staff and the development of a new welcome pack hosting ward information for service users.

The outcomes from the project were very positive and included:

- A significant reduction in the number of violent and aggressive incidents

- A reduction in sickness absence and vacancy rates for staff

- An improvement in positive service user and carer feedback

The plan is to roll out a similar programme using the same methodology to Dorset and Suffolk wards during 2018/19.

Improving Physical Health monitoring in our Adult Mental Health Services

The adult mental health services was successful in establishing the Lead Nurse Physical Health role in September 2017. A baseline audit of inpatient diabetes prevalence was completed. Following this a competency framework was introduced and training delivered to inpatient staff.

Projects going forward in community and acute services include:

- Introducing Cardio-metabolic assessments across inpatient and community services
- The development of new physical health care pathways

Magnolia Unit – older peoples' ward

The introduction of five additional beds on the Magnolia Unit have been in full use since being opened in November 2017. Following a meeting with commissioners it has now been agreed that these will be for patients who need to be assessed in hospital prior to discharge.

Care Homes Assessment Team (CHAT)

Since the success of CHAT becoming an integrated physical and mental health service to support the complex needs of residents in care homes across Enfield our service has expanded.

In 2017/18 CHAT welcomed a full time Occupational Therapist with a mental health background, and a dedicated Consultant Psychiatrist two days a week to further support the mental health arm of the service and improve the mental and physical health of residents in Enfield care homes.

CHAT has been facilitating discharges from North Middlesex University Hospital, enabling residents to return to their care homes with no delay or barriers and reducing inpatient days within the hospital.

CHAT also began piloting its service in Haringey which is being well received by both care homes and commissioners and the hope is to expand this to all care homes in Haringey. This will replicate the integrated physical and mental health model within Enfield for Haringey care homes residents.

"CHAT has been facilitating discharges from North Middlesex University Hospital, enabling residents to return to their care homes with no delay or barriers and reducing inpatient days within the hospital"

Child and Adolescent Mental Health Services (CAMHS)

The CAMHS service successfully secured Trust funding to implement an awareness raising initiative that took place in the autumn of 2017 in Enfield. The initiative aimed to highlight the presence of youth mental health services and raise awareness of youth mental health. The material generated from the event by the young people has been used to decorate our service waiting rooms and to make the environment more appealing to young service users.

In our Children and Young Persons (CYP) specialist teams the Occupational Therapy and Physiotherapy teams have been part of a Quality Improvement programme. We now have a single referral form and triage process and two new integrated pathways have been piloted for CYP with Developmental Coordination Disorders and Neuro-disabilities. Feedback has been extremely positive from the children, partners, service users and families. The pathways continue to be adapted and evaluated, and early outcomes show there has been a reduction in the number of appointments along with sustained progress in improving functional skills and mental wellbeing. Children with Developmental Coordination Disorders move on to a Saturday football team jointly coached by Enfield Football club and an Occupational Therapist.

Our Voice of the Child Champion is a national accredited 'Me First' and 'Talking Mats Trainer'. The Me First model includes key steps to create children and young people-centred communication enabling children and young people to feel more in control, develop a sense of ownership of their health or condition, and increase treatment adherence. Talking Mats is a visually interactive thinking tool to improve the lives of people who struggle with communicating verbally. It increases their capacity to communicate effectively about things that matter to them.

The projects developed by the champion help children to be actively involved in decision-making processes in health, education and Youth Justice with full engagement in assessment and intervention, co–producing goals, strategies and outcomes.

A video of our Voice of the Child toolkit has been produced with children, families and schools and was uploaded to the Trust's website in September 2017. Our champion has been engaging with Enfield Health teams to develop quality practice and extend the team champion network.

In addition, our healthcare immunisation teams have been working with behavioural scientists to reword letters to parents to encourage them to return their consent forms allowing their children to be immunised.

Enfield Learning Disabilities (LD)

The Integrated Learning Disabilities Service (ILDS) has continued to provide skilled health and social care support to people with learning disabilities living in Enfield. In 2017/18, the service was successful in achieving:

- One of the highest numbers of people in London with LD support to live in community settings
- The development of a Positive Behavioural Support pathway to improve quality of life and reduce challenging behaviours
- Very low numbers of admission to LD Assessment and Treatment units, and reduction in length of stays in line with the Transforming Care Agenda

HARINGEY

Over the last year we've been working hard to provide high quality services to the residents of Haringey. We were thrilled that our older adults' community services were recently rated as Outstanding by the CQC and that there were improvements in all areas, even though there's still more to be done!

Dr Katrin Edelman is the Clinical Director for Haringey.

Below is a brief outline of some of our significant achievements during the year.

Younger Adult Mental Health Pathway

One of our priorities over the last year was to improve our younger adult mental health services. We worked with our staff, local partner organisations, service users and carers on the design and set up four new 'Locality teams' in January 2018. These were formed through the merger of the Assessment, Support and Recovery and Complex Care Teams. The teams have a new tripartite leadership model which includes a consultant psychiatrist, lead psychologist and team manager. We will be utilising this structure to further define and develop our treatment pathways in conjunction with our service users and carers. Each new team is aligned with one of the four Haringey GP collaboratives as we want to become better integrated with the local community. Our aim is to use our resources as efficiently as possible and to improve our service users' experience by improving continuity of care and by providing services based on need rather than diagnosis.

The move to the new teams was combined with a major staff move from the Canning Crescent Centre to the St Ann's hospital site. This enabled us to make better use of our estate and achieve our savings targets.

Early Intervention Service

An important new access time standard for people experiencing first-episode of psychosis was introduced in 2016: at least 50% of people experiencing a first episode of psychosis should be treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral to a mental health service. This standard was a welcome step to achieving parity of esteem for people with serious mental ill-health. The standard was initially only for people under 35 years, although subsequently was extended to all ages.

The Haringey Early Intervention Service received the highest number of referrals in London. As a result of this it initially struggled to meet the target. However, we were delighted to receive some additional resource from Haringey Clinical Commissioning Group (CCG) in April 2017 which enabled us to recruit extra staff so that we now meet this important target. This team was not part of the wider service reconfiguration.

CREW Project

Creativity for Recovery, Enablement and Wellbeing (CREW) is a Trust Enablement project for Haringey service users across their entire life span. It was set up as a result of a successful bid to the Trust's Dragon's Den initiative. The project involved collaboration between staff from the Trust, the London Borough of Haringey Recovery College, the Outsider Gallery, the Nordoff Robbins Foundation and the University of East London.

The CREW project ran three modules of creativity and involvement – through music, art, film or other creative media – followed by opportunities for presentation, display and performance that enabled service users to believe in themselves and each other, and recognise that their contribution was important, valued and appreciated. Through peer support, CREW was able to enhance people's sense of connectedness, address isolation and loneliness, and subsequently enable sustained recovery and positive wellbeing. The project culminated in a fantastic public celebratory performance event and exhibition at the Recovery College.

> **"Our aim is to use our resources as efficiently as possible and to improve our service users' experience by improving continuity of care and by providing services based on need rather than diagnosis"**

Perinatal Mental Health Service

The North Central London (NCL) Perinatal Service came into being in October 2017 through a collaborative effort between all the organisations in the NCL Sustainability and Transformation Plan (STP). The new service is a five Borough service with its administrative base at St Pancras Hospital in Camden, with a satellite at St Ann's Hospital. The antenatal pathway is currently being established in the maternity services of the five acute hospitals in the patch. The Haringey service is based at the Whittington Hospital for West Haringey and the North Middlesex Hospital for East Haringey. It is hoped that we will be successful in the wave 2 bid for funding to develop much needed post-natal services.

Inpatient wards

It's no secret that the physical environment of Haringey's inpatient wards at St Ann's Hospital are not fit for purpose. Our staff, service users and carers have been working with architects to design the wards in our proposed new inpatient unit. We're very optimistic that we'll be reporting more about this in next year's Annual Report!

Meanwhile, we have been strengthening our inpatient leadership in order to improve quality of care: our final two senior appointments (a substantive consultant psychiatrist and modern matron) took up their posts in September and October 2017. We have also appointed a lead for physical healthcare to bring in much needed improvements and leadership.

The wards have been 'SmokeFree' since January 2017. They have been some of the first to learn about and utilise 'QI methodology' to make small incremental changes in diverse areas.

Focus on staff training and development

Improving services through developing our staff is a key focus in Haringey. We are working towards implementing a new model of care that utilises individual strengths and the wider network. We've developed a training programme called 'Think family, think community'. 12 staff and one peer support worker completed residential Open Dialogue (OD) training course during 2017.

> **"Improving services through developing our staff is a key focus in Haringey"**

The OD approach is based on a systemic approach to mental illness that uses crises as an opportunity to start a dialogue and rebuild fragmented social networks. Research has found that people treated using the OD approach have better long term functional outcomes, are less likely to require long term antipsychotic medication, and less likely to require inpatient admissions or acquire chronic symptoms. By the end of 2018 we will have 30 OD-trained staff in Haringey. We will also be participating in the first UK trial of OD.

> **"Our 220 nursing staff and Occupational Therapy staff from Specialist Services have attended our in-house Supervision Training"**

Quality Improvement (QI)

Four Haringey teams were involved in the first wave of QI projects in the Trust. They now form part of the faculty supporting new teams to learn the methodology. Two Haringey staff were appointed QI fellows by University College London Partners, the largest academic health science centre in the world. In addition, one of our consultant psychiatrists has been appointed as one of two Associate Medical Directors for Quality Improvement at BEH.

Learning Disabilities

Our Haringey consultant psychiatrists in intellectual disability (ID) are nationally and internationally recognised through their work with the Royal College of Psychiatrists. Dr Ken Courtenay is vice chair of the Royal College's ID faculty and secretary of the European Psychiatric Association ID section. He and his consultant colleague are regularly invited to lecture in the UK and abroad. They have set up a Downs Syndrome clinic in Haringey in order to screen for the serious physical health problems known to be associated with Downs Syndrome.

SPECIALIST SERVICES

Our Forensic services provide mental health care throughout the criminal justice system in North London, and we have a number of national services providing specialist care including partnerships with other NHS providers, police, probation services and the private sector.

The Clinical Director for Specialist Services is Dr Mehdi Veisi.

North London Forensic Consortium – Secure New Care Model

In June 2017 the North London Forensic Consortium (NLFC), which is a partnership of five mental health trusts; Barnet, Enfield and Haringey Mental Health NHS Trust (lead provider), East London Foundation Trust, West London Mental Health NHS Trust, Central and North West London Foundation Trust, and North East London Foundation Trust, was successful in its application to NHS England (NHSE) to be part of the national wave 2 new care model programme.

The ambition for NLFC is to form a partnership that improves the quality of care delivered within its inpatient and community forensic services by pooling its resources and bringing care closer to home. This will involve the five partners and NHSE establishing a new delivery model that initially focuses on patients being placed outside London for inpatient services, and supporting their discharge into the community or transfer back into an NLFC bed. The income generated from patients leaving the secure system will be reinvested in improving forensic services.

North London Forensic Service (NLFS)

Patients in Low Secure and Medium Secure in-patient wards are individually risk assessed for keeping a basic mobile phone in their bedroom. This provides more choice, privacy and therapeutic conversations with friends and family. This is currently on 10 Forensic in-patient wards to over 65 patients.

Over 220 nursing staff and Occupational Therapy staff from Specialist Services have attended our in-house Supervision Training. This training has been attended jointly by staff within Forensics, Eating Disorders, the Drug and Alcohol Team, Child and Adolescent Tier 4 Services, and Mental Health staff from five different prisons. The whole day session has proved positive in supporting staff to build on their experiences, reflective skills and covered practical interventions within a shared learning approach.

The co-produced Recovery College is well established and has been praised by NHSE and the CQC. Reducing Restrictive Practices are developed across a range of areas using service user involvement. The initiatives include, for example: risk assessed availability of basic mobile phones across the forensic wards providing choice and privacy and supporting good family relationships; sensory integration as a self-soothing alternative to violence and aggression, and; self-catering promoting choice and developing community skills.

Sharing Good Practice

Specialist Services are actively involved in sharing good practice across the Trust, including risk assessment training, QI project dissemination and the Positive CHOICES clinical model.

With a range of international evidence to support the importance of sensory interventions in reducing the need for restraint and seclusion, NLFS are using this evidence to drive changes in practice and culture. The Service has established sensory rooms on seven of the wards whilst all of the other wards have a massage chair. Training and research has continued both as part of the Positive CHOICES training but more specifically around Sensory Integration.

Positive Behaviour Support

On Mint Ward, a forensic learning disability ward, the introduction of positive behaviour support planning in 2015 had resulted in a reduction in the use of physical restraint and seclusion on the ward. Physical restraint had decreased from 16 incidents in 2014/15, to five in 2015/16 and four in 2016/17. Seclusion had reduced from 13 incidents in 2014/15, to four in 2015/16 and two in 2016/17. The Mint Ward team have also been rolling out training across the service to other wards to develop skills and understanding and support clinical teams.

Self-catering

NLFS has worked to ensure that all service users, from admission to discharge, have access to self-catering opportunities. Service users, both in medium and low security, have an increased opportunity to self-cater either some or all of their meals, supported by nursing and occupational therapy staff. The service had brought in total self-catering in the low secure ward and the results have been positive with patients losing weight and staff reporting reduced aggression as a result of the change.

Highbury Magistrates Court Liaison and Diversion Service

From January 2018 the Liaison and Diversion Service is now operating five days a week and is led by two new Approved Mental Health Practitioners (AMHPs). This increase in provision from two to five days will aim to reduce the unnecessary remand of mentally ill people into HMP Pentonville, which then significantly increases the risk to themselves. Utilising the AMHPs to deliver the service also reduces delays and duplication in assessment and waiting times. This initiative is supported by Camden and Islington Foundation Trust who are warranting the AMHPs and providing training and supervision while benefiting from the AMHPs providing input into their community AMHP rota. This cross Trust co-operation means that both Trusts benefit and patient care improves.

Stalking Threat Assessment Centre

In September 2017 it was announced that a Home Office bid, led by the Suzy Lamplugh Trust in partnership with BEH and the Metropolitan Police, to establish a Stalking Threat Assessment Centre (STAC) was successful. This is part of a three site national trial with the other two sites located with the Hampshire and Cheshire Constabularies and their local NHS Trusts, Southern Health NHS Foundation Trust and 5 Boroughs Partnership NHS Foundation Trust.

Overseen by Dr Farnham, Consultant Forensic Psychiatrist, this will build on BEH specialism of delivering the National Stalking Clinic and the Fixated Threat Assessment Centre to provide clinical management for the STAC in London. Mental health nurses and a social worker will oversee the assessment of perpetrators with pathways to local services being embedded. A therapeutic programme focussed on the fixation within stalking will be developed and applied where appropriate.

Eating Disorder Service

The Eating Disorders Service started a weekly peer support group in September 2017, which is held on Wednesday evenings in a community setting and is co-facilitated by two Experts by Experience (EBE) who received training in group facilitation. The group is open to all patients who are being seen in the service in inpatients, outpatients or day care.

The service was actively involved with the Clinical Design Team for the St Ann's redevelopment project. Patient and staff feedback was taken to the Clinical Design Team meetings and the plans for the new ward will lead to the development of one of the few bespoke adult eating disorders wards in the country.

The Eating Disorders Service was inspected in September 2017 by the Care Quality Commission (CQC) and achieved three Good ratings and two Requires Improvement (RI), with an overall rating of RI. The CQC noted in their report, "Since the last inspection in February 2017, the Trust had taken appropriate action to improve the service and had addressed all previous breaches of regulation and all of the previous recommendations."

The Eating Disorders Services' inpatient ward Phoenix featured in the BBC2 Louis Theroux documentary 'Talking to Anorexia', which was broadcast in October 2017. The feedback from this programme was overwhelmingly positive from patients, carers, the media and eating disorder charities.

Beacon Centre – CAMHS Tier 4

After being rated RI by the CQC two years ago, it was rated Good across all five domains earlier this year. This was due to change in working practices and introduction of robust structures, systems and governance.

A creation of an evening lounge using an existing unused space has enabled young people to have access to bedrooms from 7.45pm instead of 10pm. The Beacon Centre has introduced the use of smart phones for two hours in the evening for young people, which has been very well received.

Case Study:

Samantha's Story

Following the abuse that occurred at Winterbourne View, a privately run hospital for people with learning disabilities, the Government launched a national review.

The review highlighted that too many people with learning disabilities were remaining in hospital settings for longer than necessary. This led to the implementation of the Transforming Care Programme, requiring Community Learning Disability Teams to work with individuals, their families, and hospital and community providers to facilitate a safe discharge into the community.

We helped Samantha back into the community after she had lived for decades with being moved around. She was first admitted to hospital in 1991, and was moved no less than 16 times, until we took over her care and helped her to go back home.

> "The review highlighted that so many people with learning disabilities were remaining in hospital settings for longer than necessary"

BEH's Assessment and Intervention Team in the Haringey Learning Disabilities Partnership was the support that 46 year old Samantha needed. When we first got her accommodation sorted she was delighted. Since then she has been developing many new skills and now lives a fulfilling life at home. She is extremely positive about her progress, and has given full informed consent to share her story. Nadia Majeed, Assistant Psychologist at our Haringey Learning Disabilities Partnership, spoke with her.

Q Samantha, thank you for telling us your story.

A *That's fine. I hope I can be an inspiration to people in hospital so they know that life can be better. My life is very different now to what it was as an inpatient.*

Q Can you tell me why you were in hospital?

A *Because I was diagnosed with Mild Learning Disability, Schizoaffective disorder, Bipolar Affective Disorder and Borderline Personality Disorder.*

Q How did you feel when you were in hospital?

A *I felt isolated and rejected like someone who didn't have a hope of living due to my situation... I felt afraid too.*

Q Was there anything you liked about being in hospital?

A *I liked being in the hospital just to get treatment so that I could be well again. I'm glad I got the right treatment although it felt like a long time living in the hospital.*

Q What did you dislike about being in the hospital?

A *I lived in many hospitals and I was delighted when BEH took over my care. But before you and your teams became involved I disliked a lot about hospital. There was no good food and also I couldn't go out when I wanted... Sometimes they locked me in my bedroom because of my behaviour... I felt isolated and sometimes they would call the police... I was moved from one hospital to another. Sometimes I had too many medications to take, all different medications to calm me down. I was only allowed to go as far as the car park and then return back. The staff would lock me in and when I was let out of my room they would ask me to go for a walk and tell me if I do anything again they will lock me in my room for longer. It is good BEH took over my care.*

> *"I just want to say thank you for reading my story. I want people in hospital to know that if you're not happy with your treatment you should tell the nurse or doctor"*

> **"I like going to Mind in Haringey... to gardening and cooking groups... and to Mencap... to dance and socialize with others"**

Q How do you feel living in the community?

A *I always feel happy and excited... I like talking to people, going into charity shops... and getting money out from the Post Office. I really enjoy travelling on the bus and showing the drivers my freedom pass. The community is a really nice place to live. It's not like being in hospital where you can't cook for yourself. I like being able to see dogs in the community and sometimes the owners let me stroke them!... I like going to Mind in Haringey... to gardening and cooking groups... and to Mencap... to dance and socialize with others.*

Q What don't you like about living in the community?

A *There is nothing I dislike about living in the community... sometimes the noise on the bus after school is difficult for me. My BEH support worker encourages me that it's always like that as sometimes I can worry that they're talking about me. Now I know that it means the children are happy and socialising with their friends when they are out of school. I don't feel confident walking on the street, I always hold on to the support staff... Sometimes my key worker will encourage me to walk on my own as there is nothing on the street I should be afraid of.*

Q Do you have a final message?

A *I just want to say thank you for reading my story. I want people in hospital to know that if you're not happy with your treatment you should tell the nurse or doctor. Always tell them how you feel. I was very lucky to come here and I've been happy ever since. I'm living a new life and much happier here than I ever was.*

Quality Account Summary

Our Quality Account is an annual report that reflects and reports on the quality of our services delivered to our local communities and our stakeholders.

In partnership with key stakeholders, we identified three Quality Improvement priorities for 2017/18. These were set against each of the three domains of quality, Patient Safety, Patient Experience and Effectiveness. They build on our quality priorities from 2016/17, recognising the areas that required continued focus to deliver in full.

The quality priorities for 2017/18 were part of a broad programme of quality improvement work and are part of the Trust's objectives of improving quality by continuing to improve patient safety, clinical effectiveness and patient experience.

The agreed quality priorities areas for 2017/18 were:

- Safety - Improving the physical health of our service users
- Patient Experience - Dementia Care; improving end of life care
- Effectiveness - improving systems for sharing learning within and between teams across the Trust

Quality Priorities for 2018/19

The Trust engaged with local stakeholders including service user groups, staff, Clinical Commissioning Groups, Healthwatch, and Overview and Scrutiny Committee members to identify quality priority areas for improvement.

In 2018/19, we will keep our focus on: Improving the physical health and wellbeing of our service users; Improving the quality and timeliness of patient risk assessments; Improving GP communication between the Trust and primary care services.

Quality Governance

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

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

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

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

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

Safeguarding children, young people and adults at risk

Safeguarding is a multi-agency process and BEH works closely with partner agencies across all three Boroughs of Barnet, Enfield and Haringey. The Executive Director of Nursing Quality and Governance is the Board lead for Safeguarding supported by the Head of Safeguarding and the Safeguarding Lead Professionals.

Many people accessing our services have experienced, or will experience, abuse or neglect at some point in their lives. As such we remain committed to ensuring safeguarding is part of our core business and recognise that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and professionals. In order to do this the Trust works closely with others to ensure that all of the services provided have regard to the duty to protect individual human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, discrimination, embarrassment or poor treatment.

> "Our Integrated Safeguarding Committee (ISC) aims to ensure there is a whole organisational approach that remains responsive and proactive"

We recognise that safeguarding is a rapidly growing and constantly changing agenda. Our Integrated Safeguarding Committee (ISC) aims to ensure there is a whole organisational approach that remains responsive and proactive. The work of the ISC is informed by our Safeguarding Strategy and associated three year work plan.

An example of the innovative work in safeguarding is our LINKS pilot project which has demonstrated how an Independent Domestic Violence Advocate based directly with mental health teams has a positive impact on practice and the safety of service users. The project has been very well received and we expect the final evaluation report during 2018.

Human Trafficking and Modern Slavery Act

We are committed to preventing slavery and human trafficking.

Our Board and Trust's employees continue to ensure there is no modern slavery or human trafficking in any part of our business activity and similarly expect the same from our suppliers. We work with our suppliers to improve systems, processes and policies to avoid complicity in human rights violation and to prevent slavery and human trafficking in our supply chain.

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

When it comes to recruitment we adhere to national NHS employment checks, and have strict requirements regarding 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.

Our response to human trafficking and modern slavery is coordinated by the ISC. The subject is included in all safeguarding training and forms 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.

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 2018.

Patient Experience

We work closely with the people who use our services, their families, carers and friends to ensure we provide the very best and most attentive care possible. Therefore we work with our patients on a continuing basis so we can give the right care, at the right time, and in the right place.

Throughout this process we welcome feedback. There are a number of ways people can get in touch with us, some of which are highlighted over the following pages.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a national survey used across health organisations to measure patient experience.

Our FFT asks people whether they would recommend BEH and its services to friends and family, and why. These are some of the comments service users and carers have said about us over the last year.

"We were impressed with your kindness."
25 April 2017, Haringey Memory service

"Being listened to and understood - since being diagnosed with anxiety and depression, the NHS has been incredibly supportive!"
21 April 2017, Enfield Assessment Service

" I am happy that the doctor and wellbeing clinic staff can visit me at home."
31 January 2018, Haringey Wellbeing Clinic

"Staff are friendly and professional and always give lots of helpful advice and ideas, and are very supportive."
22 January 2018, HV Highlands HC

> "The Friends and Family Test (FFT) is a national survey used across health organisations to measure patient experience"

From April 2017 to March 2018 we had 8,334 FFT responses and of those 87% of service users and carers in the mental health services commented that they would recommend our services to their family and friends and 96.7% said they would recommend our community services to others in Enfield.

We continue to work to improve our return rates and address the learning to be had with a number of different initiatives which include:

- Introducing postcard surveys in key areas such as the Enfield Wellbeing clinic
- Using iPads in the school immunisation team in Enfield
- Using the 'You Said: We Did' methodology to promote real time feedback on the inpatient wards

Service User and Carer Survey

Launched in a new format in early 2017 the service user and carer survey provides an opportunity for all those who access our services to feed back. The survey is divided into three distinct areas: involvement; information; and, dignity and respect.

From April 2017 to March 2018 a total of 8,907 surveys were completed indicating an overall satisfaction rate of 90.8%.

The patient experience team have been working on a number of initiatives to improve the return rate and ensure learning is shared. These include:

- The introduction of a patient story at the beginning of the Borough quarterly deep dive meetings
- Continued attendance of the patient experience manager to the community meetings on a number of wards
- A revised webpage for the patient experience team

The free text box on the survey provides a rich source of comments and some of these are reported below:

"Excellent service, very well regarding consideration of fear."
June 2017, Immunisation team

" Carer has been extremely happy with the service offered. All needs were discussed fully and sympathetically."
January 2018, Barnet Older People Community Mental Health Team

" Thank you very much for being a welcoming, listening ear in my attempt to sort out my child's medications. You were very kind and efficient and provided hope for us in a very difficult situation where no one wanted to understand our problems... with grateful thanks for your professionalism and kindness."
January 2018, Barnet Younger Adult Services

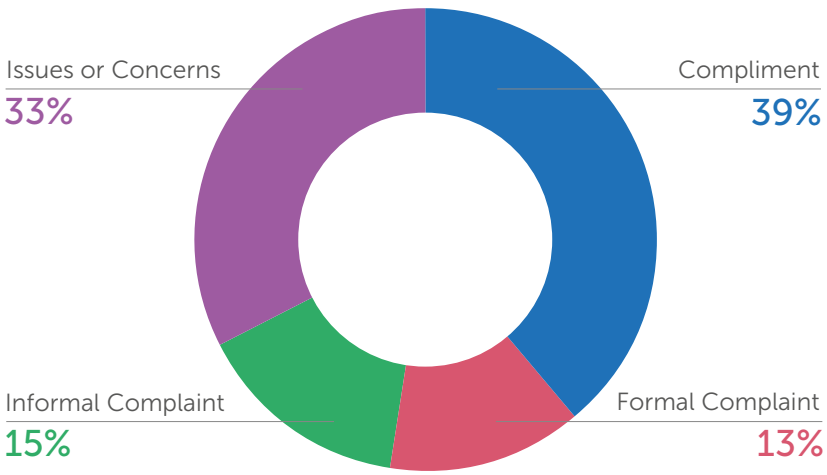
Complaints

During the year the Trust received 461 compliments, which is encouraging, but we also received a share of complaints too. Fortunately, the number of formal complaints fell 25% compared to the previous year, with last year also receiving 18% fewer than the year before. While we are pleased with this downward trend, we aren't complacent and our team works hard to ensure that all complaints are dealt with swiftly, and satisfactorily.

We have brought in more effective reporting of other types of complaints by both the Patient Experience team and clinical services so we have a truer reflection of what's happening across the Trust, and we have more effective engagement by the patient experience managers with clinical services providing support to resolve issues locally.

Any complaint received is investigated and an action plan initiated and shared with the service. Learning is also shared widely across the Trust and at all levels, as we demonstrate and support our culture of "You Said: We Did".

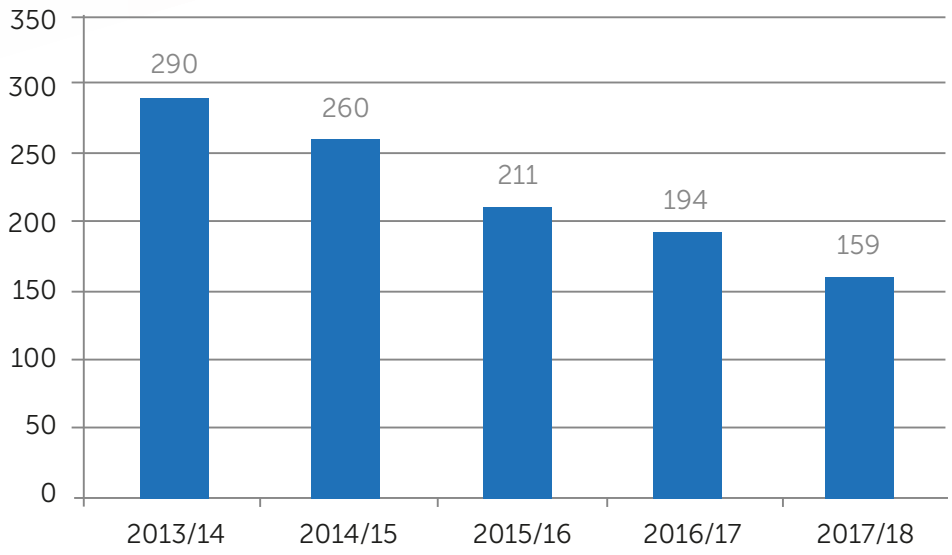
Trust Feedback by Type 2017/18



Breakdown of Compliments and Complaints

	Total
Compliments	461
Formal Complaint	159
Informal Complaint	177
Issues or Concerns	389

Numbers of Formal Complaints 2013 - 2018



> "Any complaint received is investigated and an action plan initiated and shared with the service. Learning is also shared widely across the Trust and at all levels, as we demonstrate and support our culture of "You Said: We Did""

Complaints by Subject (primary) and Type

	Formal Complaint	Total
Accommodation	2	2
Admissions	1	1
Attitude	11	11
Clinical Care	88	88
Communication / information	37	37
Discharge arrangements	3	3
Environment	1	1
Medical Records	2	2
Medication	5	5
Patients' property issues	4	4
Physical Assault	2	2
Verbal Assault	1	1
Waiting times / delays	2	2
Total	**159**	**159**

Our Workforce

We are committed to attracting the best staff to our Trust and to providing a valuable working experience so that they stay and develop their careers with us. Our focus is, therefore, on ensuring that we provide opportunities for development, involvement in improving our services and, importantly, listening to staff feedback.

Engaging our staff

Following the 2017 staff survey, we have undertaken focus groups to identify ways to improve on our results. Nearly half of our staff responded to the survey and the results provide evidence that staff recognise our desire to improve their experience of working at the Trust.

When compared with other mental health and community Trusts, our top five results were:

> "We are committed to attracting the best staff to our Trust and to providing a valuable working experience"

Top Five Results

	2017	Nat Avg
Quality of appraisals	3.33*	3.10*
Staff satisfaction with the quality of work and care they are able to deliver	3.99*	3.85*
% of staff agreeing that their role makes a difference to patients/service users	91%	89%
% of staff feeling unwell due to work-related stress in the last 12 months	36%	40%
Effective use of patient/service user feedback	3.79*	3.69*

* Scored out of 5

> **"We had considerable success in engaging with staff through introducing and developing our staff networks – for BME staff, LGBT + staff and colleagues with disabilities"**

There remain challenges at BEH, including the perceived level of bullying and harassment which, together with the level of perceived discrimination, are still our main areas of concern. Whilst our Trust-wide engagement programme to raise awareness of our Trust values, and the subsequent production of a positive, values-based behaviour framework, served to improve staff perceptions and behaviours, we recognise that there is still work to be done around supporting staff to address issues in relation to the behaviours of some of their colleagues. We also commit to identifying the causes of perceived discrimination and, through our staff networks, empower staff to identify and implement solutions.

We use a range of interventions to engage our staff and have seen good attendance at events throughout the year including staff network lunches, Chief Executive Forums and celebrating Learning at Work week.

Building on our "living our values" work in 2016/17, we have integrated our values into staff appraisals as well as learning and development programmes. This work continues so that we will embed our values into everything we do.

Equality and diversity

In the past year we have improved our performance in relation to the Workforce Race Equality Standard, which measures the experience of our staff from a black and minority ethnic background. We are also leading a project across London to identify ways to address the imbalance between white and Black and Minority Ethnic (BME) staff, and the likelihood of BME staff entering a formal disciplinary process.

We had considerable success in engaging with staff through introducing and developing our staff networks – for BME staff, Lesbian, Gay, Bisexual and Transgender (LGBT) staff and colleagues with disabilities. Each network has its own governance structure and work plan, supported by HR colleagues. Activities in the last year have included conferences, listening lunches and focus groups.

Developing our staff

Again this year, we have expanded our portfolio of learning and development opportunities for staff, recognising the benefits for the individual as well as the organisation. For the first time, we have co-produced a post-graduate qualification in strategic leadership with Middlesex University. This, along with our commitment to Quality Improvement, serves to develop our leaders of the future. We continue to offer a range of interventions through our in-house learning and development team as well as external bodies such as the Healthcare People Management Association, NHS Leadership Academy and NHS Elect – programmes have included mindfulness, coaching and project management.

We held another successful Learning at Work event in May 2017 and also offered a career development day for staff to help enhance application writing and interview skills.

Staff awards

We held another highly successful and popular staff awards evening in the autumn, recognising and celebrating the talents of our staff. This highlight in the BEH calendar also recognised staff who have worked in the NHS for more than 30 years and reminded colleagues of our employees of the month during the past year. Our Employee of the Month awards are well received by staff and recognise individuals across every department and service of the Trust who are nominated by fellow colleagues for their contribution to their profession and patient care.

Dragons' Den

Our programme to encourage staff to bring forward innovative projects which could benefit the people who use our services or the staff who provide them had over 30 applications. In a two stage process these were reduced to 19 finalists. Those seeking over £10,000 had to present their business cases to the panel, who also consider the recommendations from the long list of small projects which could be funded.

The panel approved a range of projects. These included:

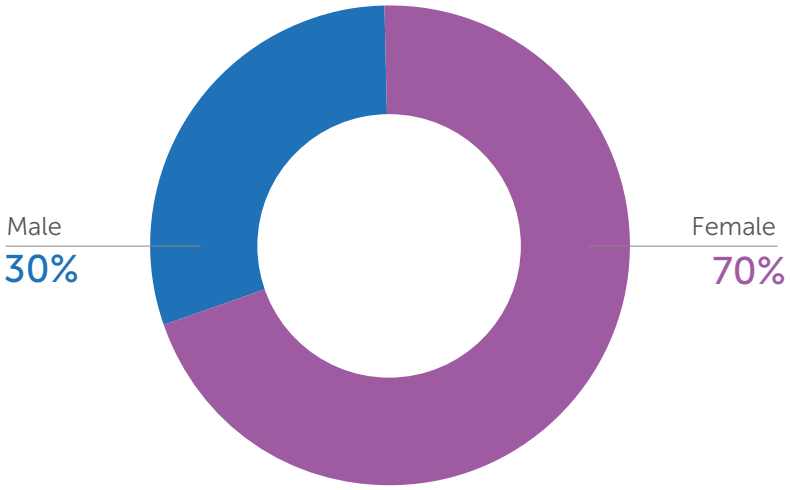
- Support to refurbish a workshop to teach service users engine maintenance skills in the Forensic units as part of a new employments skills training package
- A buddy scheme for newly appointed staff
- A collaboration with a previous winner of the BBC's Dragons' Den programme to create an innovative positive environment for people living with dementia

Gender Distribution

The gender distribution for directly employed staff, excluding bank, agency and contractors for 2017/18 is outlined overleaf.

Staff Award Winners with Chairman, Michael Fox and CEO Maria Kane

Gender Distribution of Staff



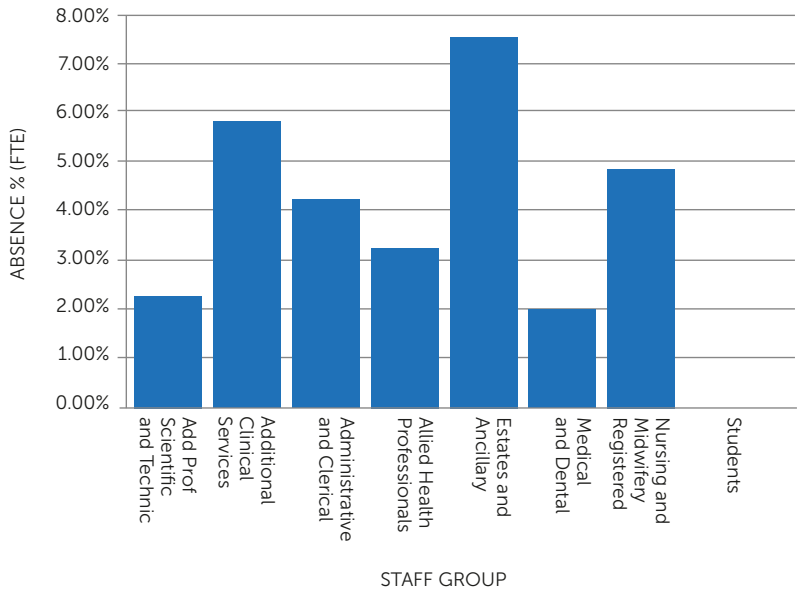
Gender Distribution by Pay Band

Band	Male %	Female %
Band 1	38%	62%
Band 2	12%	88%
Band 3	33%	67%
Band 4	18%	82%
Band 5	27%	73%
Band 6	32%	68%
Band 7	23%	77%
Band 8a	33%	67%
Band 8b	29%	71%
Band 8c	46%	54%
Band 8d	40%	60%
Band 9	0%	100%
Medical	46%	54%
Very Senior Managers	67%	33%

Average Staff Numbers by Type

Staff Group	Average wte
Ambulance staff	0
Administration and estates staff	565.37
Health care assistants and other support staff	672.76
Medical and dental staff	196.25
Nursing, midwifery and health visiting staff	871.12
Nursing, midwifery and health visiting learners	28.58
Scientific, therapeutic and technical staff	465.62
Healthcare science	0
General payments	7
Total	**2,806.69**

Sickness Absence



The 2017/18 average Sickness Absence % rate for the Trust was 4.37%

Staff Costs

Staff Costs	Permanent £000	Other £000	2017/18 Total £000	2016/17 Total £000
Salaries and wages	118,295	-	**118,295**	101,318
Social security costs	12,530	-	**12,530**	12,087
Apprenticeship levy	577	-	**577**	-
Employer's contributions to NHS Pensions	14,864	-	**14,684**	14,309
Temporary staff		8,635	**8,635**	25,900
Total gross staff costs	**146,266**	**8,635**	**154,901**	**153,614**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**146,266**	**8,635**	**154,901**	**153,614**
Of which:				
Costs capitalised as part of assets	653	168	**821**	1,066

Average number of employees (WTE basis)	Permanent £000	Other £000	2017/18 Total £000	2016/17 Total £000
Medical and dental	188	18	**206**	199
Administration and estates	624	58	**682**	690
Healthcare assistants and other support staff	420	157	**577**	572
Nursing, midwifery and health visiting staff	858	169	**1,027**	1,012
Scientific, therapeutic and technical staff	626	32	**658**	634
Total average numbers	**2,716**	**434**	**3,150**	**3,108**
Of which:				
Number of employees (WTE) engaged on capital projects	9	3	**12**	13

Reporting of compensation schemes - exit packages 2017/18	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
< £10,000	-	-	**-**
£10,001 - £25,000	-	2	**2**
£25,001 - £50,000	-	1	**1**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
> £200,000	-	-	**-**
Total number of exit packages by type	**-**	**3**	**3**
Total resource cost (£)	£0	£52,000	**£52,000**

Reporting of compensation schemes - exit packages 2016/17	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
< £10,000	-	-	**-**
£10,001 - £25,000	-	-	**-**
£25,001 - £50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
> £200,000	-	-	**-**
Total number of exit packages by type	**-**	**-**	**-**
Total resource cost (£)	£0	£0	**£0**

Exit packages: other (non-compulsory) departure payments	2017/18 Payments agreed Number	2017/18 Total value of £000	2016/17 Payments agreed Number	2016/17 Total value of £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignation (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	11	-	-
Exit payments following Employment Tribunals or court orders	1	13	-	-
Non-contractual payments requiring HMT approval	1	28	-	-
Total	**3**	**52**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

The Trust spent £240k on consultancy in 2017/18.

> **"We recognise the importance of supporting the wellbeing of staff so that we can continue to provide high quality and effective care to the people who use our services"**

Staff policies applied in respect of people with a disability

As required by our sector-wide Recruitment and Selection policy the Trust has Disability Confident Employer status. The means as a minimum we:

- Have passed the Disability Confident self-assessment
- Are taking all the core actions to be a disability confident employer
- Are offering at least one activity to get the right people for our business and a least one activity to keep and develop our people

However, we are not satisfied with the basic minimum. We are actively working towards the Disability Confident Leader status with support from our staff Disabilities Equality Forum.

This involves leveraging the benefits of our membership of the schemes such as Mindful Employer, the NHS Employers' Health & Wellbeing initiative and the London Mayor's Healthy Workplace Charter, to make the Trust the place to be for people with disabilities considering a career in healthcare in North London.

The Trust takes its obligation to make reasonable adjustments seriously. In the 2017 Staff Survey 72% of staff said they have a long-standing illness, health problem or disability and agreed that the Trust had made 'adequate' adjustments to enable them to carry out their work. The Trust aims to improve on this score year on year. The Trust has a specific Quality Improvement project looking to improve the working experience of staff with disabilities.

Supporting Staff Wellbeing

As a Trust we have long been committed to supporting the health and wellbeing of staff. This has traditionally comprised of an occupational health service and provision of a counselling service for pastoral support. We recognise the importance of supporting the wellbeing of staff so that we can continue to provide high quality and effective care to the people who use our services. This means that we need to create and maintain a working environment that encourages and develops staff and that we provide opportunities enabling staff to make choices that support their wellbeing.

We have continued the programme of activities to enhance the health and wellbeing of staff. This has included:

- Further publicity of our employee assistance programme which includes health and wellbeing support
- Action on absence
- Promoting the value of our cohort of Dignity at Work Wellbeing Advisors and aligning their work with the wider wellbeing agenda through a name change and working with the Freedom to Speak Up Guardians
- Embedding our Trust values and working with staff to identify behaviours aligned with those values
- Developing a programme of activity to encourage increased physical activity amongst staff and improve physical health

The Trust's aim is to keep staff well, provide support for managers and provide a range of activities that are relevant and engaging. As well as having a compelling case for supporting current staff, we hope that evidence of our commitment to wellbeing will contribute to retaining colleagues and encouraging new staff to join us. The programme of activity has been and will continue to be delivered through working in partnership with staff via our Wellbeing Forum. The staff and wellbeing Commissioning for Quality and Innovation (CQUIN) target will form the basis for our work in this area, both meeting and exceeding the targets and providing a basis for engagement with staff on improvements.

> "The Trust has a specific Quality Improvement project looking to improve the working experience of staff with disabilities"

> "The Management Standards cover six key areas of work design"

Health and Safety Executive's Management Standards and the national staff survey

The Management Standards cover six key areas of work that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. The table overleaf provides data from the 2017 survey in relation to these standards.

These are the individual questions in the 2017 national staff survey which are designated to be about health and safety

Question		National	Our Trust
33a	Senior managers in this organisation promote a culture of patient / service user safety.		
	Positive Score	74%	74%
	Negative Score	4%	5%
	Base	4311	1283
33b	There is a clear and effective system of reporting health and safety issues across this organisation.		
	Positive Score	83%	82%
	Negative Score	3%	4%
	Base	4306	1283
33c	Sufficient measures are in place to identify health and safety risks in this organisation.		
	Positive Score	76%	73%
	Negative Score	4%	6%
	Base	4295	1279
33d	Staff are encouraged to carry out routine risk assessments.		
	Positive Score	72%	74%
	Negative Score	8%	7%
	Base	4299	1283
33e	Staff are encouraged to challenge safety practices if they are not working.		
	Positive Score	69%	66%
	Negative Score	7%	8%
	Base	4277	1270

Case Study:

Coping with Young Onset Dementia as a carer

Clare was 56 years old when she was diagnosed with Young Onset Alzheimer's Disease in June 2014

Reflecting back, her husband John describes the time immediately after the diagnosis as a 'honeymoon period.' It had been three to four years of difficulties, which had affected Clare's work and their relationship. Diagnosis brought a feeling of relief that they now knew what the problem was. Clare responded well to the anti-Alzheimer's medication Donepezil and, talking through their situation with a psychologist, made John feel optimistic.

However, Clare's condition progressed rapidly from autumn 2015. She struggled with mood swings and angry outbursts. Her awareness of her own difficulties changed and John found they couldn't talk together anymore about what was happening. He recalls wondering how to cope. Clare's behaviour became increasingly unpredictable. She was often confused and distressed and several times went missing, needing the police to find her.

In 2016, Clare was referred to BEH's Mental Health Services for Older People (MHSOP). An assessment found that Clare's condition had significantly deteriorated. She could no longer clearly express herself and her levels of frustration and distress had escalated. She needed 24 hour supervision but often didn't willingly accept care.

John feels there was a turning point when he was referred to the Admiral Nurse. He had felt in a state, but with Admiral Nurse support, he began to feel more confident. The nurse offered emotional support, practical advice and advocacy in dealing with social services and care providers. John also attended the MHSOP START programme, an 8 week cognitive-behavioural intervention for carers of people with dementia. He valued the space to think through care challenges and noticed a new empathy for Clare and the losses she was facing.

Alongside this, John and Clare joined YoYo, an informal young onset support group which they enjoyed very much. Clare attended Cognitive Stimulation Therapy sessions which MHSOP were providing at the group. John noticed the sessions seemed to give Clare a boost in morale so that she came out 'very buzzy and articulate'.

Over the course of 2017, John realised that he couldn't meet Clare's care needs at home. She needed 24 hour supervision and her mood swings made daily care fraught with difficulties. Alongside this John was trying to maintain his own working life to ensure their financial stability. With Admiral Nurse support he weighed up the risks and benefits of a move to residential care and when a local placement became available, he was able to accept it.

Clare now seems to have settled in well and her mood swings have reduced as staff have got to know her. She seems to like the social environment. John notes a real sense of achievement in managing this transition in a calm way, avoiding emergency hospital admission. Clare remains under the care of Haringey Memory Service and John still keeps in touch with the Admiral Nurse. He visits Clare regularly, supporting the care home staff to understand her needs. He has also made use of bi-monthly MHSOP psychology sessions, working on coming to terms with the huge losses they have both endured and how to move forward from here.

Trust Communications

Over the last year the Communications Team has been continuing to improve working relationships with journalists, as well as with our partners, patients and wider communities.

The team has ensured that BEH has had a steady stream of local, regional and national stories in the press, which you will see on the following pages, and we also worked closely with the BBC to produce an eye-opening documentary with Louis Theroux on eating disorders, which featured our specialist service at St Ann's Hospital.

We have continued to make sure that staff know the very latest Trust developments through staff newsletters, an increasing use of videos and blogs as well as via our website and intranet. The team has also supported major behaviour change and staff development initiatives such as embedding our values Trust-wide, the migration to NHSmail, and BEH's flu vaccination campaign.

We have continued to work with a locations agency, 'The Collective', to allow production crews access to appropriate areas of the Trust's estate. We have welcomed film crews and actors such as Idris Elba (Yardie), Benedict Cumberbatch (Melrose), and BBC's Silent Witness series. This has been interesting for patients and staff, and the income received has been used to support Trust finances.

> **"We have continued to make sure that staff know the very latest Trust developments through staff newsletters, an increasing use of videos and blogs as well as via our website and intranet"**

BEH in the Media

Over the last year, the Communications Team has been very active in ensuring BEH hit the local and national headlines in the media for the right reasons.

Below is a small selection of some of the stories, which the team worked on during 2017/18. You can view the full list of stories on our website, www.beh-mht.nhs.uk by looking under the News tab.

June 2017

Independent Nurse

Career profile, Sarah Kiernan

The Independent Nurse interviewed Sarah Kiernan, about her career in nursing. Sarah discussed what her role as a Consultant Nurse in Tissue Viability entails and what advice she would give to a nurse considering her speciality.

BBC Radio 5 Live

Robert Tobiansky, Electroconvulsive therapy (ECT) Lead Consultant, at BEH, spoke to Radio 5 Live's Emma Barnett about the treatment, how it works and the impact it can have. Robert dispelled the rumours around treatment and explained that Electroconvulsive therapy (ECT) is a procedure, done under general anaesthesia, which causes small electric currents to pass through the brain which can help patients.

July 2017

The Voice

PTSD can affect a third of people involved in terror attacks

New research suggested anxiety disorder could affect more than a third of people involved in a terror attack. BEH's Dr Jennifer Hall, a Clinical Psychologist who treat's patients in Enfield with complex mental health conditions urged the general population to look out for signs of post-traumatic stress disorder (PTSD).

Hendon and Finchley Times

A new mobile app 'Speak out' made by students of Hendon School and Middlesex University aims to offer support and advice to young people with mental health issues, as well as point them in the direction of Barnet services which can help. The app was partially funded by BEH, who donated to the running costs of the app.

"Over the last year, the Communications Team has been very active in ensuring BEH hit the local and national headlines in the media for the right reasons"

October 2017

BBC television

Louis Theroux: Talking to Anorexia

Louis Theroux's documentary 'Talking to Anorexia' aired on BBC Two and featured two patients who are under the care of the Trust's well-respected eating disorders clinic based at St Ann's Hospital. The programme challenged the stigma around eating disorders with a focus on Anorexia Nervosa. The program received wide spread positive national media coverage and was nominated for a 2017 BAFTA.

Enfield Independent

Vital advice to prevent elderly from falling

BEH senior community therapist Chrissy Bysh, bone health team member organized an event at Edmonton Green shopping Centre, speaking to the public about how to prevent falls and promote good bone health.

Barnet and Potter Bar times

Mental Health Champions bring change

Health watchdogs and services launched a report into how mental health champions are helping bring change to services. As part of the World Mental Health Day BEH and Healthwatch Enfield launched a report displaying how champions are able to provide views on the services in BEH and make positive changes.

November 2017

Tottenham Independent

'You are not alone' giving hope to diabetes sufferers

Debbie Hicks, Nurse Consultant at BEH was diagnosed with type 1 diabetes more than 40 years ago. To coincide with world diabetes day Ms Hicks informed people with diabetes how they can cope with the disease and live life to the full.

December 2017

Primary Health Care

Empowering nurses to educate people with diabetes in correct insulin injection technique

Debbie Hicks, Nurse Consultant (Diabetes) published an article discussing the concerns that diabetes has become a global concern. An international congress of diabetes experts produced a set of international recommendations for optimum insulin injection to help prevent complications and educate patients on best practice.

January 2018

Tottenham Independent

Psychologist's advice to beat the January blues

Dr Nicole Main clincial pyschologist talked to the 'Tottenham Independent' about how people can overcome winter blues and provided tips and advice.

Enfield Independent

Mental health trust "requires improvement"

BEH received wide spread media coverage following the publication of the Care Quality Commission (CQC) inspection report. The report showed that the Trust was rated Good in the categories of Caring, Responsive and Well-led and improvements have been made in physical health monitoring and planning, especially in community services for adults with mental health.

February 2018

Barnet and Potters Bar Times

It's good to talk

Assistant Clinical Director Colman Pyne opened up about his struggles with alcoholism. As part of the Dry January campaign, Colman discussed his mental health experiences of dealing with alcoholism, his relapses and his recovery process.

My Care Academy
Partnership Learning when you need it

My Care Academy (MyCA) is an innovative partnership between our Trust, Middlesex University, and Camden and Islington NHS Foundation Trust and is funded by Health Education England.

Our vision is to improve health and social care in North Central London by giving staff the skills to drive their own learning and development, and collaborating with people with lived experience to create a new model of best practice within North Central London.

> "Over the last year, the Partnership has launched a website and Virtual Classroom"

The partnership aims to unlock hidden skills and talents of staff by improving relationships and creating a 'Knowledge Building' community and learning culture. Everyone from students, health care assistants to nurses and allied health professionals can get involved in the partnership. MyCA is using both face to face and digital methods to connect, collaborate and deliver blended [or bite sized] learning about world-class care. Over the last year the partnership has launched a website and Virtual Classroom and staff have been testing the concept of creating an online knowledge building community, called the Knowledge Bank.

The benefits of MyCA for BEH employees are:

- Learning at your own pace
- Enhancement of digital skills and networks
- Useful evidence of continuing professional development for revalidation (for nurses)
- A supportive online collaboration community
- Ability to drive your own career forwards
- New ways to share and shape quality improvement innovation

The MyCA Virtual Classroom was developed after Trusts realised it was becoming increasingly difficult to release staff for traditional classroom based training. There was a need to provide quality training for staff that didn't put a strain on staff rotas and would be accessible 24/7 to provide bite sized learning for professional development.

The vision is to enable interactive and innovative mobile learning anytime, anywhere, to complement traditional e-learning and face-to-face training.

The Knowledge Bank is an online community that brings together all three partners to connect and collaborate on innovative ideas and best practice in terms of physical and mental Health plus QI and Leadership themes.

Through online collaboration MyCA is enabling team to team and partner to partner conversations by sharing their skills, knowledge and experience across the wider partnership:
http://mycareacademy.org/knowledge-bank/

Contact the MyCA via email if you would like to learn more: **mycareacademy@mdx.ac.uk**

Freedom to speak up Guardians

In January 2017 BEH asked staff to apply for the role of being a Freedom to Speak Up Guardian for the Trust.

Tony Ross-Gower and Anna Spiteri were appointed for a day a week each for a one year fixed term contract ending on 31 March 2018. Tony had previously worked as a manager in the Beacon Centre in Edgware and is semi-retired and Anna combines her role with her permanent job as an Allied Health Professional working as a Physiotherapist for the Trust.

Tony and Anna were employed to help staff speak up about their concerns around patient safety, and they helped deliver training to colleagues across the Trust throughout the year. They have also rewritten the Raising Concerns Policy.

If staff experience conflict at work it causes stress, and poorly managed conflict leads to poor care for patients. Mental health issues account for 70 million sick days per year in the UK, the most of any health condition and BEH is committed to ensuring its staff feel happy to work and to come to work.

Our vision is that speaking up will be business as usual for our organisation and there will be no need for Freedom to Speak Up Guardians at our organisation in the future.

Sir Robert Francis (middle) in Westminster. Sir Robert Francis chaired the Freedom to Speak Up Review into whistleblowing in the NHS in England.

Flu Vaccine Uptake

The Department of Health and Social Care and the World Health Organisation state that the flu vaccine should be provided to all healthcare workers in direct contact with patients. The compliance uptake target for 2017/18 for Trusts was set at 70% with an objective to protect healthcare workers, reduce the transmission of influenza to patients and to avoid disruption to health services.

At BEH we promote staff wellbeing and offer an inactivated flu vaccine to all employees, and not just those who have front line contact with patients.

1,170 frontline staff received the vaccine, representing 48.7% of our workforce. The year before we had an uptake of 43% so this year was an improvement, and enabled us for the first time to achieve a partial payment in respect of the national Flu Vaccination Commissioning for Quality and Innovation (CQUIN) target.

The table below shows the uptake by Borough from September 2017 to February 2018.

Flu vaccine uptake in eligible staff group by Borough – September 2017 to February 2018

Staff Group	Barnet	Corporate	Enfield	Haringey	Specialist Services	Total
Medical and Dental	71	2	49	52	59	**233**
Nursing and Midwifery Registered	132	10	422	115	240	**919**
All other professionally qualifies Clinical Staff ST and T and AHPs	98	26	270	66	100	**560**
Support to Clinical Staff and Nurses	88	27	174	57	189	**535**
Support to ST and T	13	5	70	13	62	**163**
Total Eligible	**402**	**70**	**985**	**303**	**650**	**2210**
Total Vaccinated by Number	**210**	**68**	**504**	**164**	**224**	**1170**
Total Vaccinated by Percentage	**52.2% ↓**	**97.1% ↑**	**51.2% ↑**	**54.1% ↓**	**35.46% ↑**	**48.7% ↑**

↓↑ Shows comparison to 2016/2017 vaccine intake data.

Estates and Facilities

BEH aims to operate from an estate, which is fit for purpose and enables the delivery of high quality, safe, sustainable and affordable patient care. The Trust provides community-based, in-patient and specialist mental health services to patients in all age groups, serving 1.2 million people living in the London Boroughs of Barnet, Enfield and Haringey.

BEH already has a relatively small estate compared to most mental health and community providers given the wide range of services provided, having delivered a substantial reduction in the estate portfolio the Trust inherited on inception in 2001. Since inception, the Trust has reduced its estate footprint by 36% consolidated from more than 50 to 20 locations. Our Trust has invested in improving the quality of the environment of its retained estate, and has reduced running costs.

A major part of the Trust's investment is a £40 million redevelopment at St Ann's Hospital, with work due to start in early 2019. This will include a new purpose-built inpatient unit, and a programme of refurbishment and investment in the site infrastructure.

During 2017/18 BEH invested £4.5 million as part of a programme of improvements to the quality of ward environments, statutory compliance, risk management, backlog maintenance and ward moves across our other sites to improve the overall estate utilisation and enable patient care to be co-ordinated more effectively through the co-location of key services.

> "A major part of the Trust Investment is a £40 million redevelopment at St Ann's Hospital"

> "We have successfully introduced Steamplicity plated meals at St Ann's, standardising the service across our sites and working closely with dieticians to ensure that food delivered to our Eating Disorders unit meets both dietetic guidelines and patients' wishes"

Service Delivery and Standard

Catering

We continue our Medirest partnership with Health and Wellbeing at the heart of everything we do, ensuring that the focus is on patients' needs with a wider choice of hot meals per day, flexible delivery methods and the provision of 'Steamplicity' as the unique cooking system that steam cooks our fresh food.

By regular attendance at community meetings we had meaningful feedback on food and we have been able to describe the Steamplicity process to deal with any concerns that patients may have had.

Following the successful introduction of self-catering in Blue Nile House in 2016, Specialist Services have now multiple wards providing 50/50 self-catered food capabilities, where service users make their own lunch with supper supplied by the Trust.

Basic food hygiene is now delivered directly to the wards to ensure that both patients and clinicians have access to this training. During 2017 the total number of patients and staff trained was over 80, this included refresher training.

We have successfully introduced Steamplicity plated meals at St Ann's, standardising the service across our sites and working closely with dieticians to ensure that food delivered to our Eating Disorders unit meets both dietetic guidelines and patients' wishes.

> "To ensure a good patient experience, our food is reviewed twice a year with Winter/Autumn and Spring/Summer menus"

We survey the quality of the food service as well as the menu. Here is a little service user feedback. "I Like Jerk Chicken" "Happy with the menu" "Don't like dishes with lemon in" "Some food is too spicy" "Happy with food" "Excellent food - I like Spaghetti Bolognese" "More brown rice please" "Love the fish and chips" "More variety of vegetarian food" "I like the steamed fish".

Throughout the year we continued to act on feedback and delivered new meals. To ensure a good patient experience, our food is reviewed twice a year with Winter/Autumn and Spring/Summer menus. 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.

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

Overview of Services

We ensuring high quality and best value services are provided by exceeding the national standards in all environmental areas. This has been achieved by, 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 2017 five 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 2017/18 indicated that the overall organisational scores in each category assessed were above the overall national average scores.

Organisation	Cleanliness	Food	Privacy Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
BEHMHT	99.57%	90.09%	86.86%	96.30%	82.00%	84.12%

Site	Cleanliness	Ward Food	Privacy Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Edgware	99.18	97.76	81.18	95.86	87.96	83.61
Springwell	100	90.74	90.13	93.86	86.03	86.96
Chase Farm	99.7	88.72	89	98.68	83.02	87.4
St Michael's	99.61	96.27	85.26	91.91	89.12	90.4
St. Ann's Hosp	99.02	87.5	80.29	87.22	66.84	64.03
National Average (Mental Health)	98.10	89.50	83.30	93.80	76.90	79.70

Sustainability Report

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

- Maintaining compliance with legislative requirements
- Encouraging behaviour and cultural change
- Developing a strategic framework to enable sustained delivery
- Reducing energy usage
- Maximising financial efficiencies
- Minimising waste
- Meeting and supporting NHS energy and carbon reduction targets

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

> "Ensure the environmental records are maintained in accordance with the Trust's Records Management policy"

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

- Ensure that all environmental risks are assessed, managed and controlled
- Ensure that environmental records are maintained in accordance with the Trust's Records Management policy
- Promote and adopt best environmental practice throughout the Trust and to demonstrate commitment to continual improvement and innovation in all aspects of environmental management
- Maintain and develop the Trust in a sustainable manner
- Keep staff informed on matters of the environment
- Develop good working relationships with relevant external authority's bodies and regulators
- Develop staff by providing training and information on environmental management and sustainability as appropriate to their individual roles

> *"Partnerships and Networks – our Trust reviews collaborative working across a range of estates and facilities services within the North London Sector"*

Specific initiatives include:

- **Energy Use / Carbon Emissions** - we will continue to reduce our carbon footprint by 10% in line with the NHS target from 2007 levels by 2015, and 26% by 2020. Our on-going site rationalisation plans and the redevelopment of St Ann's will contribute towards meeting these commitments
- **Designing the Built Environment** – we have designed and will continue to design into our new developments sustainability and low carbon usage
- **Travel and Transport** – we have reviewed the need for staff, patients and visitors to travel; and, have introduced a car parking strategy to try to reduce our carbon emissions
- **Procurement and Infrastructure** - procurement is to be based on sustainable considerations with all contracts containing a "green" clause
- **Water** – we have installed water meters to ensure efficient use of water by measuring and monitoring its usage
- **Food** – BEH has implemented strategies through its Procurement Department to minimise wastage at the buying stage; and, is working in partnership with suppliers to lower the carbon impact of all aspects of procurement
- **Waste** – we have monitoring reports and have set targets on management of domestic and clinical waste
- **Open spaces** – we have been working with the Forestry Commission to bid for lottery funding to improve open spaces incorporating tree planting and environmental improvements
- **Organisational and Workforce Development** - our staff are encouraged and enabled to take action in their workplace on sustainability. The Trust supports staff by promoting increased awareness and behavioural change
- **Partnerships and Networks** – our Trust reviews collaborative working across a range of estates and facilities services within the North London Sector
- **Governance** – we have signed up to the Good Corporate Citizenship Assessment Model and have a Board approved sustainable development management plan

Health and Safety

The Trust has a legal obligation under the Health and Safety at Work Act 1974, and Management of Health and Safety Regulations 1999, to provide a safe work and care environment.

The Health and Safety team ensures appropriate arrangements are in place to help staff identify, avoid or control the risks to their safety and patient safety. This partnership with staff has proved to be a key factor in improving health and safety in the Trust. The focus of the Health and Safety team during 2017/18 was on safety improvements to align with the Trust's Quality Improvement programme.

Five safety clinic sessions were held across the Trust for team representatives. The purpose of the sessions were to raise awareness of health and safety management and provide an understanding of personal responsibilities of staff. The sessions gave attendees an awareness of common hazards and risks and how these would affect their roles. Training was provided for staff that were not compliant with their mandatory health and safety training. Also, lone working training, workstation assessment and injury prevention advice was provided. 54 staff from teams across the Trust attended the five sessions.

10 of our Executive Directors, Clinical Directors, Directors and Assistant Director attended the Institution of Occupational Safety and Health (IOSH) Leading Safely Course. The IOSH is Europe's leading body for health and safety and this course, endorsed by the Institute of Directors (IOD), is the gold standard for all Directors and Assistant Directors. The course provided the practical knowledge and understanding for their health and safety responsibilities. The course also gave them a better understanding of the consequences of poor health and safety and planning.

The Trust has been approved as a member of the British Safety Council (BSC). The BSC has been supporting organisations all over the world for 60 years in reducing accidental injuries. They are trusted leaders in health, safety and environmental management and promote excellence in workplace health, safety and environmental management across the world. We have joined a global community of organisations supporting the vision that no-one should be injured or made ill at work. The Trust will work with them to develop best practice. Also, we will have access to resources to help reduce risk, prevent injuries and promote health and well-being in the workplace.

> *"The Health and Safety team ensures appropriate arrangements are in place to help staff identify, avoid or control the risks to their safety and patient safety"*

BEH has been approved as a Training Centre to deliver Office of Qualifications and Examinations Regulation (Ofqual) accredited Level 2 Health and Safety Training for Health and Social Care. This is health and safety training specifically designed for employees working in the healthcare sector. Staff that complete the training will subsequently be appointed as the Safety Champion for their particular ward. 16 staff have completed the training for the eight wards in Haringey and Barnet with further staff undertaking training for the rest of the wards.

As part of the 2017/18 financial year, objectives were set to organise health and safety at Borough level to feed in into the Health and Safety Committee. Health and safety is now a standing agenda at Environmental Meetings in all the Boroughs. These meetings are attended by team managers, support services managers, contractors, patient representatives, the fire safety advisor and the health and safety advisor to discuss environmental, maintenance, food, transport, fire and health and safety issues.

Emergency Preparedness

Over the last year we have continually reviewed our major incident emergency planning and preparedness capabilities to ensure compliance with legislation, NHS standards and those of other regulatory bodies.

The Civil Contingencies Act of 2004 requires BEH, as a Category 1 responder, to work in partnership with other NHS organisations, the emergency services, local authorities, voluntary and faith sectors to develop clear and co-ordinated strategic, tactical and organisational response plans for emergencies and major incidents.

We did this by being an active participant in Borough based Local Resilience Forums and also at NHS network and 'patch' meetings.

During 2017/18 our Trust's existing Major Incident Plan (MIP) and Business Continuity Plan (BCP) were re-written to make them more user friendly and concise following feedback from staff. The new MIP and BCP were approved by the Health and Safety Committee and are to be ratified by the Quality and Safety Committee during 2018.

We have continued to provide a dedicated major incident and emergency planning training session at staff induction. This session is for all staff irrespective of job title or grade and fulfils requirements under the Civil Contingencies Act 2004. Specific targeted training has also been delivered on request to particular staff groups, and in February 2018 dedicated training sessions took place for bleep-holders who will fulfil the role of bronze or operational command out-of-hours.

The annual NHS Major Incident and Emergency Planning assurance process took place in autumn 2017, and BEH received a rating of 'substantially compliant' when measured against NHS standards. An action plan to address areas requiring improvement was agreed by the Trust Board and work is underway to move the Trust to a fully 'compliant' rating. Every high risk (inpatient) area had either a 'live' or table-top fire evacuation exercise during 2017/18 and useful lessons were learned for future events.

> **"The annual NHS Major Incident and Emergency Planning assurance process took place in autumn 2017, and BEH received a rating of 'substantially compliant' when measured against NHS standards"**

Tragic events such as the Grenfell Tower fire and the terrorist attacks in London during the summer of 2017 were a huge drain on emergency service resources. Despite this a multi-agency table-top exercise took place in Barnet in December 2017 using the scenario of the discovery of an unexploded WW2 bomb. This was felt to be a realistic scenario given previous events in Barnet where unexploded ordnance caused massive disruption and inconvenience. This multi-agency exercise was well attended and feedback from participants indicated that the event was realistic and well-planned.

Information Governance

Information enables our Trust to make effective decisions, and informs and empowers service users by giving them access to accurate, accessible and clear information.

Information Governance (IG) describes how information is handled by the NHS and we are compliant with the Health and Social Care Act 2014, Care Standards Act 2000, data protection legislation, and the Freedom of Information Act 2000. We have also worked towards implementing the General Data Protection Regulation (GDPR). This came into force on 25 May 2018. The aims of the regulation include bringing the Data Protection Act 1998 into the 21st Century, aligning data protection law across Europe, and providing transparency and easier access to personal data.

As a Trust our Data Protection Officer ensures information is processed in line with local and national legislation, and we benchmark ourselves against the Information Governance Toolkit, a Department of Health and Social Care delivery vehicle managed by NHS Digital. The Toolkit draws together legal rules and national guidance into a set of standards that the Trust are required to self-assess compliance against and ensures people are protected from unauthorised access, loss, damage and destruction.

> **"As per national policy we have systems in place for reviewing any information governance incidents, and have systems in place to learn lessons and share learning"**

As per national policy we have systems in place for reviewing any IG incidents, and have systems in place to learn lessons and share learning.

One information governance incident met the criteria for reporting to the supervisory authority and was therefore reported to the Information Commissioners Office (ICO). Following review the ICO was satisfied we had sufficiently robust policies and procedures in place and that no further action was required.

The Trust has robust processes in place for managing IG incidents, putting systems in place to learn lessons and share learning.

Compliance with Nolan Principles

BEH follows the Nolan Principles of good corporate governance, and our Board reviews its corporate governance processes on a regular basis.

The Nolan Principles are made up of seven principles of public life which apply to anyone who is a public office-holder. They are:

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty

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

Leadership

Holders of public office should promote and support

Counter Fraud

This year the Counter Fraud Team has delivered training sessions throughout our Trust, from corporate inductions to new starters to bespoke training for the Finance and HR teams.

Ensuring staff understand fraud and bribery risks and indicators is one of the team's top priorities, along with ensuring that our stance on countering fraud is well communicated throughout the organisation.

In addition, the team has been undertaking local proactive exercises to review fraud and bribery risk areas. 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, in line with guidance set by NHS Counter Fraud Authority.

"BEH actively prevents, detects and investigates potential incidents of fraud and bribery across the organisation. The Trust's zero tolerance approach means there is a strong counter-fraud culture at BEH," says Erin Simms, Trust Local Counter Fraud Specialist.

Signed: .....

Andy Graham
Interim Chief Executive
25 May 2018

> ***"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, in line with guidance set by NHS Counter Fraud Authority"***

Directors' Report

The Trust Board

Our Board of Directors consider the strategic, managerial and standards, performance, governance and financial targets of our organisation. The Trust is managed by full-time Executive and part-time Non-Executive Directors (NEDs) who collectively make up our unitary Board of Directors.

Our Executive Directors are responsible for the day-to-day running of the organisation and work with our NEDs to turn the Trust's strategic vision into operational reality.

The NEDs hold the Executive Directors to account and give an independent view on strategic issues, performance, and key appointments.

The Chairman, along with seven NEDs and six Executive Directors make up the Trust Board. The Chairman and NEDs are appointed by NHS Improvement.

The Board held six meetings during 2017/18, which were open to the public, with agendas and reports available on the Trust's website. The Trust also held its Annual General Meeting on 18 September, at which we presented our Annual Report, our Annual Accounts and our Quality Account. The minutes and reports from Trust Board meetings are published on the Trust's web-site: **www.beh-mht.nhs.uk**

The Board considers it has the right mix of skills to support the Trust moving forward. The Trust Board regularly holds Board Workshops and training sessions to improve its effectiveness.

Board Members

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

Michael Fox

Chairman

Current term of office: 1 April 2016 – 30 September 2018 (first appointed 1 April 2008)

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

Catherine Jervis

Non-Executive Director / Chair of the Audit Committee

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

In a 30 year career in the public, not-for-profit and private sectors, Catherine has held a range of senior strategy and business development and financial and commercial roles. These include leading the children's team whilst a Director at PricewaterhouseCoopers LLP and being the Strategic Advisor to the CEO of the national education charity, Achievement for All (3As). Previous clients include a range of Central Government Departments, non-departmental public bodies, Local Authorities, health bodies and charities. Most recently Catherine has held a range of Board level positions including Vice Chair and Non-Executive Director at First Community Health and Care. Outside the health sector she has a number of Non-Executive Director roles including at Achieving for Children and the newly formed Independent Office for Police Conduct. Catherine is a qualified accountant.

Cedi Frederick

Non-Executive Director

Current term of office: 1 April 2018 – 31 March 2019

In a 40 year career in the charity, public, not-for-profit and private sectors, Cedi has held a series of senior positions and Non-Executive Director posts. Cedi worked his way up from a junior position in a London local authority to become Chief Executive Officer of a 'black-led' Housing Association. More recently, Cedi has led a number of large and complex health and social care charities working in the older people, learning disabilities, mental health and autism sectors, supporting up to 3,000 people a year. Cedi has over 25 years' experience as a Non-Executive Director on the Board of several housing and care related national governing bodies, housing associations and voluntary organisations. Cedi is currently Managing Director of Article Consulting Ltd, a health and social care consultancy, Chief Executive Officer of La Nova Group, which delivers events, programmes and experiences which optimises health, wellbeing and personal performance, and a Board member of CommonAge and Chair of the CommonAge Canada and Caribbean Chapter, a Not for Profit organisation established to promote positive aging across the Commonwealth.

Cedi has been named as one of the UK's Top 100 'Most Influential Black People' four times since 2008 and in 2015, he was recognised as one of the '1,000 Black and Asian Heroes 1950-2010' by Our Heritage TV.

Charles Waddicor

Non-Executive Director

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

Charles has worked in public services for over 40 years. 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 and responsible for a population of 950,000. He also held the post of Director of Social Services in three authorities from 1992-2007.

Charles has prior experience of a number of Non-Executive roles, as Chair and Trustee for the Primary Care Respiratory Society (May 2013-), as a member of the NICE Technology Appraisals Committee (2010-2013), as a member of the Board of Trustees for the National Association for the Care and Resettlement of Offenders (1997-2007), and as Chair of the Mental Health Advisory Committee (2000-2007). Charles was a Special Advisor for Mental Health Inspections for the Care Quality Commission (2014-2017), and was appointed in December 2017 as Chair of the Herefordshire and Worcestershire Sustainability and Transformation Partnership. He also chairs the Mental Health Employment Project Board (2015-) which is part of Social Finance, a not for profit scheme supporting seven projects across the country. Charles has written many articles and has contributed to several books on health and social care issues.

Frank Devoy

Non-Executive Director / Chair of the Estates Sub-Committee

Current term of office: 1 February 2018 – 31 January 2019 (first appointed 1 February 2016)

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

Paul Farrimond

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

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

Paul started work in the NHS in 1975. He is a qualified general and mental health nurse and has worked as a clinician and manager in provider and commissioner roles across the NHS and social care. Paul has held a number of Executive Director roles on NHS Trust Boards and since retiring from a Primary Care Trust in 2007 he has continued in Interim Director roles including the Care Services Improvement Partnership and National Institute for Mental Health (England). He was also the interim Director of Operations and Nursing at this Trust in 2008. Paul has had Charitable

Trustee experience with the mental health charity "Together for Mental Wellbeing". Currently he provides advice to NHS Providers on mental health issues and sits on a number of External Advisory Groups for the Care Quality Commission and the Department of Health and Social Care. Paul also facilitates senior mental health meetings in some regions.

Ruchi Singh

Non-Executive Director

Current 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, PricewaterhouseCoopers 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 HM Revenues and Customs. 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 Ministry of Defence on the development of the prison population strategy and the reconfiguration of the prison estate. Ruchi has worked closely with the NHS and Public Health England co-commissioning bodies to develop mutually beneficial commissioning strategies. Ruchi has set up an independent management consultancy with clients including the Financial Conduct Authority and HS2. Recently, Ruchi has been appointed as Delivery Strategy Advisor to the Post Grenfell Building Safety Programme.

Paul Ryb

Non-Executive Director

Current term of office: 10 February 2017 to 9 February 2019

Paul currently holds board positions in the commercial, public and charity sectors, while also managing an investment portfolio for a private family office. He was Managing Director at the Royal Bank of Scotland, Global, Banking and Markets Division having previously worked in London for over 20 years at a number of investment banks.

Since losing his central vision in 2007 to macular dystrophy, he has joined a number of Boards as a Non-Executive Director, specialising in his area of expertise: assisted technology, cyber security, angel investing and business strategy. Paul has become involved in a number of sight charities including RNIB, the Macular Society (currently Vice Chair), VISTA and Blind in Business, where he continues to use his experiences in dealing with sight loss to benefit others. In 2017 Paul became a Non-Executive Director for Kings Access Technology Ltd, a leading provider of accessible technology for the blind and partially sighted community.

Paul is a keen sportsman and has held the British #1 Visually Impaired Tennis title 2014-17 and represented Great Britain in the World VI tennis championships, he holds a black belt in kickboxing and enjoys various extreme sports in the Alps every summer with his children including mountain biking, white water rafting and canyoning.

Maria Kane

Chief Executive

January 2007 – December 2017

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 had 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. Maria left the Trust in December 2017 following her appointment as Chief Executive at the North Middlesex University Hospital NHS Trust.

Andy Graham

Interim Chief Executive

December 2017 – Present

Chief Operating Officer, June 2014 – December 2017

Andy joined the Trust from his previous position as Assistant Chief Executive at Mid Essex Hospital NHS Trust. Prior to joining BEH Andy worked at Board level in acute hospital Trusts for five years and has also been 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. Andy was appointed as Interim Chief Executive in December 2017 following the departure of Maria Kane.

Philip King

Interim Chief Operating Officer

February 2018 – April 2018

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

Philip has a Bachelor's degree in law and was a Barrister who practiced mental health, human rights and equalities law. He was one of the team who successfully challenged the UK's lack of effective safeguards for patients who lack mental capacity and who were not detained under the Mental Health Act in the case of HL v the UK (the "Bournewood" case). He advised the Law Society in their lobbying of the UK Government to bring forward what is now the Mental Capacity Act. He holds visiting academic positions at Bournemouth University's Health and Social Care faculty and teaches as a visiting lawyer at Birkbeck, University of London.

Philip was appointed as Interim Chief Operating Officer following Andy Graham's appointment as Interim Chief Executive.

Jonathan Bindman

Medical Director

Appointed December 2013

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

Mary Sexton

Executive Director of Nursing, Quality and Governance

May 2012 – February 2018

Mary 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 held various nursing and leadership roles and had 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. Mary left the Trust in February 2018 to take up her new post of Senior Lead for London Improvement and Transformation, at Healthy London Partnership.

Linda McQuaid

Interim Executive Director of Nursing, Quality and Governance

Appointed January 2018

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

Linda has worked in an expert capacity on service reviews and strategy development as well as in issues of governance. Her long experience in children's services has led to involvement in the charitable sector as Chair of Heartline Families after roles as Trustee for the National Children's Bureau for six years and the Infant Trust for 12 years.

Linda was appointed to the role of Interim Executive Director of Nursing, Quality and Governance following the departure of Mary Sexton.

Simon Goodwin

Chief Finance and Investment Officer

November 2010 – June 2017

Simon began his career as an Audit Supervisor for accountancy firm Touche Ross, and had worked in the NHS since 1994, firstly at the North Middlesex Hospital, followed by three years as Director of Finance at Oxford City Primary Care Trust, and six years as Director of Finance at NHS Islington prior to joining the Trust. He is a member of the Institute of Chartered Accountants of England and Wales. Simon left the Trust to take up his new role as Chief Finance Officer at North Central London Clinical Commissioning Groups.

David Stonehouse

Interim Chief Finance and Investment Officer

May 2017 – August 2017

David was appointed as Interim Chief Finance and Investment Officer in May 2017 in response to the planned departure of Simon Goodwin. David began his career in the NHS as a finance trainee at West Norfolk and Wisbech Health Authority in 1988. He has held a number of roles in commissioning services, mainly in West Norfolk for many years, where he was Finance Director and Deputy Chief Executive at the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust prior to joining the Trust. David left the Trust following the permanent appointment of David Griffiths.

David Griffiths

Chief Finance and Investment Officer

Appointed September 2017

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

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.

Changes in the Board of Directors during the period:

- **Cedi Frederick** was appointed as a Non-Executive Director on 1 March 2017
- **Maria Kane**, Chief Executive, left the Trust on 17 December 2017
- **Andy Graham** was appointed as Interim Chief Executive on 18 December 2017
- **Philip King** was appointed as Interim Chief Operating Officer on 1 February 2018
- **Mary Sexton**, Executive Director of Nursing, Quality and Governance left the Trust on 7 February 2018
- **Linda McQuaid**, was appointed as Interim Executive Director of Nursing, Quality and Governance on 15 January 2018
- **Simon Goodwin**, Chief Finance and Investment Officer, left the Trust on 8 June 2017
- **David Stonehouse** was appointed as Interim Chief Finance and Investment Officer on 18 May 2017, and subsequently left the Trust on 31 August 2017
- **David Griffiths** was appointed as Chief Finance and Investment Officer on 1 September 2017

Balance and appropriateness of the Board of Directors

The makeup and balance of the Board is continuously kept under review by the Chairman, and was taken into account in the appointment of Cedi Frederick. The NED membership has extensive experience within the NHS, public services and estates sectors.

Board Committees 2017/18

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

Board membership at the six board Committees during 2017/18 is shown in Table 1 overleaf.

> ***"The makeup and balance of the Board is continously kept under review by the Chairman, and was taken into account in the recent appointment of two new NEDs"***

Table 1 - Board Membership of Committees (as at 31 March 2018)

	Audit Committee	Estates Sub-Committee	Finance and Investment Committee	Improvement Committee	Mental Health Law Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee
Michael Fox Chairman	-	-	-	✓ Chair	-	-	✓ Chair	-
Frank Devoy Non-Executive Director	-	✓ Chair	✓	-	-	-	✓	✓
Paul Farrimond Non-Executive Director	-	-	-	-	✓ Chair	✓ Chair	✓	-
Cedi Frederick Non-Executive Director	-	-	-	✓	✓	✓	✓	-
Catherine Jervis Non-Executive Director	✓ Chair	-	-	-	-	✓	✓	-
Paul Ryb Non-Executive Director	✓	-	✓	-	-	-	✓	✓
Ruchi Singh Non-Executive Director	-	-	✓	✓	-	✓	✓	✓
Charles Waddicor Non-Executive Director	✓	-	✓ Chair	-	-	-	✓	✓ Chair

	Audit Committee	Estates Sub-Committee	Finance and Investment Committee	Improvement Committee	Mental Health Law Committee	Quality and Safety Committee	Remuneration and Terms of Service Committee	Trust and Charitable Funds Committee	
Andy Graham[5] Interim Chief Executive	Expected but not as a 'member'	✓	✓	✓	-	✓	-	✓	
Jonathan Bindman Medical Director	-	-	✓	✓	✓	✓	-	-	
David Griffiths[4] Chief Finance and Investment Officer	Expected but not as a 'member'	✓	✓	✓	-	-	-	✓	
Philip King Interim Chief Operating Officer	-	-	-	✓	-	✓	-	✓	
Linda McQuaid Interim Executive Director of Nursing, Quality and Governance	-	-	-	✓	✓	✓	-	-	
Mark Vaughan Executive Director of Workforce	Expected but not as a 'member'	-	-	✓	-	✓	-	-	

Responsibilities of the Audit Committee

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

Responsibilities of the Finance and Investment Committee

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

Responsibilities of the Improvement Committee

The Improvement Committee was established during the year. The purpose of the Improvement Committee is to review the medium to longer-term developmental programmes and initiatives led by the Trust. The Improvement Committee provides assurance to the Trust Board by monitoring progress and engagement with major Quality Improvement initiatives.

Responsibilities of the Mental Health Law Committee

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

Responsibilities of the Quality and Safety Committee

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

Responsibilities of the Remuneration Committee

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

Responsibilities of the Trust and Charitable Funds Committee

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

Board Members' Register of Interests (as at 31 March 2018)

Michael Fox,
Trust Chairman

- None

Jonathan Bindman,
Medical Director

- Unpaid adviser to Raphael, a Jewish counselling service based in Barnet
- Wife's interests are:
  - Works as a GP currently working at St Stephens Health Centre, Bow
  - Independent Clinical Adviser for Out of Hours Primary Care Service, City and Hackney Clinical Commissioning Group (CCG)
  - GP Clinical Lead for Medicines Optimisation at Tower Hamlets CCG
  - Chair of the North East London Faculty Board of the Royal College of General Practitioners

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 Limited
- 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 and Social Care's Mental Health Workforce Programme Board

Cedi Frederick,
Non-Executive Director

- Non-Executive Director of 'Independence and Wellbeing (Enfield), a local authority trading company established by LB Enfield to provide a range of community and possibly residential/ nursing homes delivering care and support services that may be commissioned by the NHS
- Owner of Article Consulting Ltd, a health and social care consultancy (not currently working with the NHS)
- Chief Executive Officer of La Nova Group, which delivers events, programmes and experiences which optimises health, wellbeing and personal performance
- Board member of CommonAge, a Not for Profit organisation established to promote positive aging across the Commonwealth

Andy Graham,
Interim Chief Executive

- None

David Griffiths,
Chief Finance and Investment Officer

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

Catherine Jervis,
Non-Executive Director

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

Philip King,
Interim Chief Operating Officer

- None

Linda McQuaid,
Interim Executive Director of Nursing, Quality and Governance

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

Paul Ryb,
Non-Executive Director

- Managing Director, The BIGlittle Co. Limited
- Non-Executive 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 The Macular Society
- Finance Committee member for the Thomas Pocklington Trust

Ruchi Singh,
Non-Executive Director

- Director, Kaleidoscope Transformations Ltd, a strategy consulting company

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 CQC
- Small shareholding in Ventura Group
- Chair of a Board, operated by Social Finance, overseeing projects running in Haringey, Tower Hamlets, and Staffordshire, supporting people with mental health problems into employment
- Chair of Herefordshire and Worcestershire Sustainability and Transformation Partnership

Annual Governance Statement 2017/18

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 NHS Accounting Officer Memorandum.

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

2. Governance framework of the Trust

The Trust Board is made up of a Chairman, 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. Since the last report Cedi Frederick, who was appointed as a Designated Non-Executive Director (on 4 January 2017) took up his post as Non-Executive Director 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. During the year there have been a number of changes. Maria Kane, Chief Executive, left the Trust on 17 December 2017. Andy Graham, Chief Operating Officer, was appointed as Interim Chief Executive from 18 December 2017. Philip King was appointed as Interim Chief Operating Officer from 1 February 2018. Following the departure of Simon Goodwin as Chief Finance and Investment Officer, the Trust appointed David Stonehouse on an interim basis for the period 2 June 2017 – 31 August 2017, followed by the substantive appointment of David Griffiths as Chief Finance and Investment officer from 1 September 2017. Mary Sexton, Executive Director of Nursing, Quality and Governance, left the Trust on 7 January 2018. Linda McQuaid was appointed as Interim Executive Director of Nursing, Quality and Governance from 15 January 2018.

The Board carries out its roles and responsibilities with the aid of a structured and focused annual board cycle, which takes into account the setting of strategy and the monitoring of key risks, performance, governance and quality issues. The Board's business is conducted through bi-monthly Trust Board meetings, which are held in public and through formal Committees of the Board. During 2017/18 the Trust has reviewed the effectiveness of its Committees and it was confirmed that the required standards were achieved. This review also resulted in the creation of an additional Committee and revised roles for three existing Committees to further improve effectiveness. There are now seven Committees of the Board, and one Board level Sub-Committee:

- Audit Committee
- Finance and Investment Committee
- Mental Health Law Committee
- Improvement 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 2017/18 is detailed in the table below. Across all Board level meetings attendance was 83.06%.

	Board 7 Meetings	Audit Committee 5 Meetings	Estates Sub-Committee 2 Meetings	Finance and Investment Committee 6 Meetings	Improvement Committee 4 Meetings	Mental Health Law Committee 4 Meetings	Quality and Safety Committee 6 Meetings	Remuneration and Terms of Service Committee 2 Meetings	Trust and Charitable Funds Committee 2 Meetings	Total Number of Meetings Attended	
Michael Fox Chairman	7/7 Chair	-	-	-	4/4 Chair	-	-	1/1 Chair	-	12/12	
Frank Devoy Non-Executive Director	4/7	-	6/6 Chair	6/6	-	-	-	1/1	1/2	18/22	
Paul Farrimond Non-Executive Director	6/7	-	-	-	-	3/4 Chair	5/6 Chair	1/1	-	15/18	
Cedi Frederick Non-Executive Director (Appointed 01.04.17)	6/7	-	-	-	4/4	3/4	6/6	1/1	-	20/22	
Catherine Jervis Non-Executive Director	7/7	5/5 Chair	-	-	-	-	6/6	1/1	-	19/19	
Paul Ryb Non-Executive Director	6/7	4/5	-	4/6	-	-	-	1/1	1/2	16/21	
Ruchi Singh Non-Executive Director	6/7	-	-	6/6	3/4	-	3/6	0/1	1/2	19/26	
Charles Waddicor Non-Executive Director	6/7	5/5	-	6/6 Chair	-	-	-	1/1	2/2 Chair	20/21	
Maria Kane[1] Chief Executive (Left 17.12.17)	3/5	(2)	1/4	1/4	1/2	-	-	(1)	-	6/15 (+3)	
Jonathan Bindman Medical Director	7/7	-	-	6/6	2/4	1/4	6/6	-	-	22/27	

	Board 7 Meetings	Audit Committee 5 Meetings	Estates Sub-Committee 2 Meetings	Finance and Investment Committee 6 Meetings	Improvement Committee 4 Meetings	Mental Health Law Committee 4 Meetings	Quality and Safety Committee 6 Meetings	Remuneration and Terms of Service Committee 2 Meetings	Trust and Charitable Funds Committee 2 Meetings	Total Number of Meetings Attended	
Simon Goodwin[2] Chief Finance and Investment Officer (Left 01.06.17)	1/1	(1)	1/1	1/1	-	-	1/1	-	-	4/4 (+1)	
David Stonehouse[3] Interim Chief Finance and Investment Officer (Appointed 02.06.17) (Left 31.08.17)	2/2	(2)	2/2 (1)	2/2 (1)	0/1	-	1/1	-	-	7/8 (+4)	
David Griffiths[4] Chief Finance and Investment Officer (Appointed 01.09.17)	5/5	(4)	4/4	4/4	3/3	-	1/1	-	2/2	19/19 (+4)	
Andy Graham[5] Chief Operating Officer (Appointed Interim Chief Executive 18.12.17)	7/7	(2)	1/3	5/6	1/4	-	5/6	-	0/1	19/27 (+2)	
Philip King Interim Chief Operating Officer (Appointed 01.02.18)	2/2	-	-	-	1/1	-	-	-	1/1	4/4	
Mary Sexton Executive Director of Nursing, Quality and Governance (Left 07.01.18)	5/5	-	1/1	1/1	2/3	2/3	4/5	-	-	15/18	
Linda McQuaid Interim Executive Director Nursing, Quality and Governance (Appointed 15.01.18)	2/2	(1)	-	-	2/2	1/1	2/2	-	-	7/7 (+1)	

	Board 7 Meetings	Audit Committee 5 Meetings	Estates Sub-Committee 2 Meetings	Finance and Investment Committee 6 Meetings	Improvement Committee 4 Meetings	Mental Health Law Committee 4 Meetings	Quality and Safety Committee 6 Meetings	Remuneration and Terms of Service Committee 2 Meetings	Trust and Charitable Funds Committee 2 Meetings	Total Number of Meetings Attended	
Mark Vaughan Executive Director of Workforce	7/7	(5)	-	-	3/4	-	3/6	-	-	13/17 (+5)	
Expected Attendance Only	89/99	14/15	16/21	42/48	26/36	10/16	43/52	7/8	8/12	**255/307**	
(In Attendance)	89.90%	93.33%	76.19%	87.50%	72.22%	62.50%	82.69%	87.50%	66.67%	**83.06% (+20)**	

> "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"

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, and the write-offs of debt and salary overpayments.

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

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

> **"The Improvement Committee is responsible for reviewing the medium to longer-term developmental programmes and initiatives led by the Trust"**

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

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

Finance and Investment Committee

The Finance and Investment Committee is responsible for overseeing the Trust's financial performance management functions, the strategic Capital Programme, the Treasury Management function, new investment and business proposals, the business planning process, the Estates Strategy, the Information Management and Technology Strategy and the Procurement function. A Board-level Estates Sub-Committee reports to the Finance and Investment Committee and is responsible for overseeing the Trust's Estates Strategy and rationalisation of the Trust's estate.

Improvement Committee

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

Mental Health Law Committee

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

Quality and Safety Committee

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

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

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

Remuneration and Terms of Service Committee

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

Trust and Charitable Funds Committee

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

Governance arrangements

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 follows NHS Improvement's well-led framework published at **https://improvement.nhs.uk/resources/well-led-framework/**, and the Care Quality Commission inspected the Trust in September 2017 and rated the Trust as 'Good' for Well-led, highlighting that the Trust had robust governance structures in place and that from ward to Board there was a good understanding of the challenges facing the Trust.

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

> "The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives"

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Barnet Enfield and Haringey Mental Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Barnet Enfield and Haringey Mental Health NHS Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

The Risk and 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

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 and Safety Committee.

The Trust's Risk Management Strategy was reviewed and approved by the Trust Board at the January 2018 meeting.

The Quality and Safety Committee has two reporting Committees, Patient Experience Committee and Performance Improvement Committee. These provide a formal report, forming a standard agenda item at each meeting of the Quality and Safety Committee. The Trust's Governance arrangements and their effectiveness continue to be reviewed by the Trust's auditors and demonstrate both compliance and assurances are currently in place.

Significant Issues

No significant issues have arisen from the review undertaken.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
• The strategy provides a uniform approach for the identification, grading and treatment of risk (in all areas of its activity), through the introduction of a Trust wide risk register and Board Assurance Framework, where risks are graded consistently as to their likelihood and severity. These are reported to the Board at every meeting with the most significant risks being highlighted in the reports. The strategy also details the Trust's attitude towards risk and defines both acceptable and unacceptable risks.	The Trust's risk register is reviewed weekly at a 'Safety Huddle', bi-monthly by the Performance Improvement Committee, in Borough Deep Dive meetings, the Quality and Safety Committee, and the Trust Board. Reports on risk registers show movement of existing risks, overdue risks for review. Action plans are developed for risks that are assessed as significant and are followed up and tracked in subsequent meetings, with both verbal updates and follow-up reports. All risks have mitigating actions and key controls in place to address and manage them and these are reflected on the corporate risk register. When the risk register is reviewed progress on mitigating action is provided and discussed including requests for further remedial action. 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 Quality and Safety Committee and no risks are closed on the risk register without being reviewed and approved by the Quality and Safety Committee or the Executive Director of Nursing, Quality and Governance. The staff are supported in risk management by the Patient Safety Team with regular training, advice, updates and information leaflets with monitoring of the risk registers at the Borough Deep Dives. The Trust's internal auditors undertook a number of internal audits in 2017/18, 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.	Internal Audit review risk registers annually, and made a number of recommendations that have and are being actioned.

The Risk and Control Framework

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.

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.

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.

Review of effectiveness of risk management and internal control

The Executive Director of Nursing, Quality and Governance is the designated Executive Director for risk management and has the lead responsibility for implementing the organisational and clinical risk management systems. They are responsible for ensuring that the Chief Executive and the Board of Directors are advised of all high and catastrophic risks.

The Executive Chief Operating Officer and Clinical Directors are responsible for ensuring the Corporate Risk Register is updated and submitted to the Quality and Safety Committee. Both the Executive Director of Nursing, Quality and Governance and the Executive Chief Operating Officer have the authority to amend the Corporate Risk Register between meetings of the Quality and Safety Committee.

The Quality and Safety Committee has the collective authority to re-grade risks on the Corporate Risk Register.

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.

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.

All Trust teams now hold a Datix risk register which feeds into the service line and Borough risk registers thus escalating risks as per the Risk Management Strategy. At the financial there were 10 risks rated 15 and above on the Corporate Risk Register, all of which are monitored, managed and reported in respects to progress and change.

Significant Issues

No significant issues have arisen from the review undertaken.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
• 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.	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. All risks are reviewed and evaluated as per the strategy's governance structure beginning at a local team level in the team clinical governance meeting which in turn informs the service line and Borough meetings which report 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. 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. An Internal Audit of the Board Assurance Framework was undertaken in 2017. The audit demonstrated good processes, and concluded that the Board could take reasonable assurance that the controls in place to manage this area were suitably designed and consistently applied, although a number of recommendations to improve the BAF processes were made and these are being taken forward. A further audit is planned for 2018.	No significant issues have arisen from the review undertaken.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
• 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.	Each team and Borough in the Trust maintains a risk register which is regularly reviewed at Operational Management/Governance Meetings and any major risk identified is escalated to the Quality and Safety Committee as appropriate. All teams currently use Datix to register risks, fulfilling previous internal audit recommendations. Following a review by Internal Audit of the Trust's risk management activities, a number of further actions will be implemented to strengthen how risk management processes are embedded at team level, including the development of team safety huddles.	No significant issues have arisen from the review undertaken.
Deterrent to risks arising – in addition to the governance structure and reporting framework the Trust carries out a self-assessment on an annual basis as to its resilience in relation to fraud, bribery and corruption. The Trust also engages a Local Counter Fraud Specialist to carry out both proactive work based on the four key areas as specified by NHS Counter Fraud Authority (formerly NHS Protect), as well as reactive investigations.	The Trust's Counter Fraud Provider carried out a review of the Trust's self-assessment and the local counter fraud work. The Trust was rated green overall in terms of its resilience in relation to fraud, bribery and corruption. The Trust investigated 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.	No significant issues have arisen from the review undertaken.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
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.	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 2017/18 financial year there were six internal audit reports where partial assurance was given. The areas audited with partial assurance were: • Contracted Out Services; • Mental Capacity Act; • Lone Working; • IT Services; • Risk Registers; and • Overpayments In all cases action plans are in place to implement the recommendations arising from the reviews, and progress in doing so is overseen by both Internal Audit and the Audit Committee.	The issues raised in the reports were not deemed significant in terms of the overall effectiveness of the system of overall internal control.
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.	The corporate risk register is reviewed weekly at the Trust Safety Huddle chaired by the Interim Executive Director of Nursing, Quality and Governance, Performance and Improvement Sub-Committee; the Quality and Safety Committee, and the Trust Board on a regular basis. The Trust's internal reviews indicate that the existing systems are working and the risk escalation pathway is in full use. All teams have a Datix risk register thereby fulfilling internal audit recommendations as set.	

The Risk and Control Framework

The Trust has policies and processes in place to ensure that it fulfils all the requirements specified by the Care Quality Commission.

The quality of performance information and compliance with the Care Quality Commissions registration standards is assessed at a combination of performance meetings and the governance Committees and groups as set in the risk management strategy. Internal Assurance is obtained via a combination of reports and audits which include team quality assurance audits, practice standard lead Peer Review assessments, patient surveys and the consistent monitoring of complaints, claims and incidents. Rigorous internal scrutiny begins at the Borough Deep Dive (formerly Service Line Scrutiny) meetings which are chaired by the Director of Nursing or her deputy. At this meeting service line management are held to account for all aspects of patient safety, patient experience, clinical effectiveness and risk. Deep dive reviews result in remedial action being taken where deficits are identified. Lessons learnt and success is shared and celebrated at the Quality & Safety Committee. External assurance is sought and provided via regulator visits and internal and external auditor review reports.

Review of effectiveness of risk management and internal control

The Trust is fully compliant with the registration requirements of the Care Quality Commission and has maintained its registration status with Care Quality Commission.

The Care Quality Commission carried out its hospital inspection in September 2017, and formally presented the report at the Quality Summit in February 2018. The Trust has remained rated overall as 'Requires Improvement', but with significant improvements from the previous inspection, with two services rated as Outstanding, and the domains of Caring, Responsive, and Well-Lead rating as Good. The CQC's reports identified 18 compliance actions and 76 'Should Do's' for the Trust to implement.

The Trust has formulated an action plan in response to the report. 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. The plan will be monitored fortnightly and update reports presented to the Trust Quality & Safety Committee bimonthly.

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

Significant Issues

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.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
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.	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. The most recent audit report on payroll by the internal auditors in March 2016 gave the Trust a partial assurance but did not identify any weaknesses or make any recommendations relating to the pension scheme.	No significant issues have arisen from the review undertaken.
Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.	Managers in the Trust have been provided training on awareness on equality, diversity and human rights legislation. The Trust has a senior manager to lead on equality, diversity and human rights supported by a co-ordinator. The Trust has a series of voluntary self-organised staff groups promoting race, disabilities and LGBT+ equalities, which are supported by the Trust. Equalities issues are reported to the Trust Board via the Workforce Sub-Committee. The Trust's equality and diversity lead provides advice and training to staff and gathers evidence on compliance with the relevant legislation which is reported to the Trust Board. 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. The Trust has published an Equality and Diversity annual report for 2017 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.	The Trust has two quality improvement projects specifically addressing equalities issues – Experiences of staff with disabilities and the disproportionate numbers of BME staff subject to formal disciplinary action. The disciplinary project is linked to a London wide programme to improve performance in this area across the capital.

The Risk and Control Framework	Review of effectiveness of risk management and internal control	Significant Issues
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. 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.	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 Senior Management Group on a regular basis, with any follow ups being implemented as appropriate.	None.

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

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

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

The Trust has outsourced its Procurement function in 2017 to the North East London Foundation Trust and this is expected to combine with our own internal programme of work to drive further efficiencies.

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

Information governance

The Trust reported one level 2 incident for the financial year 2017/18. This comprised of a member of staff leaving confidential information unattended in the boot of their car. The car was subsequently broken into resulting in the theft of the confidential information. The data loss was reported to the Information Commissioner's Office. After investigation the Information Commissioner's Office was satisfied that the Trust had adequate policies and procedures in place and had taken appropriate action to mitigate the risk, therefore no further action by the Trust was required.

Annual Quality Account

The Trust is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare a Quality Account for each financial year.

The Quality Account is developed and published annually, with consultation with all stakeholders to ensure that the Quality Account presents a balanced view. A Stakeholder event took place in February 2018 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2017/18 Quality Account.

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

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 information provided in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In his audit opinion for 2017/18 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 I do not consider them to be significant internal control issues for the purposes

> **"Up to date training records are maintained and reviewed for all lone workers with retraining requirements being identified and actioned on a timely basis"**

of disclosure in the Annual Governance Statement. Following all reports Trust management have agreed the actions required to address the issues raised by Internal Audit, with the implementation of these actions being monitored by Internal Audit and the Audit Committee.

The key weaknesses identified and actions required to address these were:

Contracted Out Services

The review found that there were gaps in the contract register where some relevant information was not recorded, there were issues with the monitoring of contract performance against agreed targets and issues with contract monitoring meetings with one supplier. One contract was not signed and a copy was not held by the procurement team.

In response the Trust committed to reviewing and updating the contract register, which will be considered on a regular basis by the Finance and Investment Committee who will also receive Procurement performance reports at all meetings. In addition, for material contracts contract managers were reminded of the need to ensure that formal quarterly review meetings are held and recorded.

Mental Capacity Act

The Trust was experiencing difficulty with clinicians using the progress notes function within RiO to document capacity assessments. As such there was a risk that mandatory fields denoting key information about the assessment process were not recorded or retained. Issues were also identified regarding best interest forms not being completed for patients, a lack of monitoring of compliance from quality assurance audits and poor compliance with relevant training courses.

Staff have been reminded of the requirements for the recording of information on RiO and the completion of the correct documentation. Spot checks have been introduced and Clinical Directors have taken the lead on enforcing targeted training for those wards and departments' with poor training compliance.

> **"Staff have been reminded of the requirements for the recording of information on RiO and the completion of the correct documentation"**

Lone Working

At the time of the review, there was no centrally maintained list of lone workers within the Trust. The lone working protocols were not being reviewed annually, as required across all the teams, and not all protocols included key information such as the emergency code words. Issues were also identified with the completion of relevant training, incident reporting on Datix and for the completion of risk assessments for lone working.

ESR has been amended to provide a centrally maintained list of lone workers within the Trust, protocols are now reviewed annually for all teams and checked to ensure that all the relevant information required to fully communicate the protocols of each team are contained within. Up to date training records are maintained and reviewed for all lone workers with retraining requirements being identified and actioned on a timely basis. All lone workers are risk assessed prior to working alone in the community.

> **"By June 2018 the Trust will ensure that all risks that are rated higher than their target score have an action plan in place setting out how the team will reduce the score"**

IT Services

The Transition Steering Board updates did not clearly reflect progress against the programme milestones and showed that initial programme milestones had not been met. Two of the key staff involved with the programme implementation left the Trust representing a significant loss of resource for the implementation. The programme risk register did not include sufficient details of controls and actions in place and was found not to effectively link with Programme Delivery Board and Transition Steering Board updates. Finally, the contract in place with Company 85 has not been updated to reflect the change in its role with the transition programme.

Transition Steering Board updates now clearly identify progress against milestones, with explanations provided for any cases where targets are not being met. Suitable appointments to replace the departing staff were made in time to ensure a successful handover of key programme information. The risk register has been updated and enhanced, now including reference to the risks in the Transition Steering Board and Programme Board updates. The Company 85 contract has been updated.

Risk Registers

Most risks from ward risk registers did not contain action plans to mitigate the risks recorded. The risk ratings for 41 risks exceeded their target risk ratings. This meant that if there were no actions recorded against the risks that are rated higher than the target risks of the Trust, then there is a risk that the risks were not being mitigated down to an acceptable level. In addition, some of the risks on the registers were not clearly articulated which may impact on the effective management or mitigation of the risks.

By June 2018 the Trust will ensure that all risks that are rated higher than their target score have an action plan in place setting out how the team will reduce the score.

Overpayments

The majority of overpayments were caused by late notification of changes in circumstances to HR by managers. There was no mechanism for reporting back that Clinical Directors had raised these cases with managers, or that other mitigating actions were carried out. There was also a lack of exception reporting in place to enable the Trust to identify overpayments.

Integrated Performance Meetings with Clinical Directors and their teams now include updates regarding actions taken to manage overpayments, with Managers' having been reminded of their duties to provide timely notification to HR and Payroll of any leavers and changes. Workforce and Finance processes have been amended to increase awareness and compliance.

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: .....

Andy Graham
Interim Chief Executive
25 May 2018

Statement of Accounting Officer's Responsibilities

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust.

The relevant responsibilities of Accountable Officers are set out in the 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.

> **"There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance"**

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.

Signed: .....

Andy Graham
Interim Chief Executive
25 May 2018

Remuneration Report

(contents have been subject to audit)

The Remuneration Committee

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

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

The Remuneration Committee will review the salaries of Executive Directors on a regular basis based on individual director performance, external job market factors, changes to Director portfolios and any national requirements. The Remuneration Committee met on two occasions in 2017/18.

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 2016/17 or 2017/18.

Table 2 - Salaries and emoluments of Non-Executive and Executive Directors of the Trust (subject to audit)

Name and Title	2017/18				2016/17			
	Salary (bands of £5,000)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)	**Salary** (bands of £5,000)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Michael Fox Chairman	35-40			35-40	35-40			35-40
Paul Farrimond Non-Executive Director	5-10			5-10	5-10			5-10
Cathy Hamlyn Non-Executive Director (left March 2017)	N/A	N/A		N/A	5-10			5-10
Rebecca Harrington Non-Executive Director (left January 2017)	N/A	N/A		N/A	0-5			0-5
Christine Harvey Non-Executive Director (left February 2017)	N/A	N/A		N/A	5-10			5-10
Catherine Jervis Non-Executive Director	5-10			5-10	5-10			5-10
Charles Waddicor Non-Executive Director	5-10			5-10	5-10			5-10
Paul Ryb Non-Executive Director (from February 2017)	5-10			5-10	0-5			0-5
Ruchi Singh Non-Executive Director (from January 2017)	5-10			5-10	0-5			0-5
Cedi Frederick Non-Executive Director (from April 2017)	5-10			5-10	N/A	N/A		N/A

Name and Title	2017/18 Salary (bands of £5,000)	2017/18 All pension-related benefits (bands of £2,500)	2017/18 Compensation for loss of office (bands of £2,500)	2017/18 TOTAL (bands of £5,000)	2016/17 Salary (bands of £5,000)	2016/17 All pension-related benefits (bands of £2,500)	2016/17 Compensation for loss of office (bands of £2,500)	2016/17 TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Maria Kane Chief Executive (to December 2017)	125-130	20.0-22.5		145-150	170-175	22.5-25.0		190-195
Jonathan Bindman Medical Director	140-145	17.5-20.0		160-165	140-145	17.5-20.0		160-165
Simon Goodwin Chief Finance and Investment Officer (to May 2017)	20-25	2.5-5.0		25-30	130-135	17.5-20.0		145-150
David Stonehouse Chief Finance and Investment Officer (from May to August 2017)	20-25	0.0-2.5		20-25	0	0		0
David Griffiths Chief Finance and Investment Officer (from September 2017)	75-80	10.0-12.5		85-90	N/A	N/A		N/A
Andy Graham Chief Operating Officer/Acting Chief Executive (from December 2017)	120-125	17.5-20.0		135-140	115-120	15.0-17.5		130-135
Philip King Interim Chief Operating Officer (from February 2018)	25-30	2.5-5.0		25-30	N/A	N/A		N/A
Mark Vaughan Executive Director of Workforce	115-120	15.0-17.5		130-135	110-115	15.0-17.5		125-130
Linda McQuaid Interim Director of Nursing, Quality and Governance (from January 2017)	25-30	0.0-2.5		25-30	N/A	N/A		N/A
Mary Sexton Director of Nursing, Quality and Governance (to January 2017)	115-120	15.0-17.5		130-135	115-120	15.0-17.5		130-135

There were no taxable benefits, performance pay or bonuses paid in 2017/18 or 2016/17.

Table 3 - 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 31.03.18 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31.03.18 (bands of £5,000)	Cash Equivalent Transfer Value at 31.03.18	Cash Equivalent Transfer Value at 31.03.17	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Maria Kane Chief Executive	2.5-5.0	(2.5)-0.0	32.5-35.0	80.0-82.5	597	553	44	0
Jonathan Bindman Medical Director	2.5-5.0	10.0-12.5	60.0-62.5	180-182.5	1,220	1,080	140	0
Simon Goodwin Chief Finance and Investment Officer	0.0-2.5	(7.5)-(5.0)	37.5-40.0	92.5-95.0	660	621	39	
David Griffiths Chief Finance and Investment Officer (from September 2017)	5.0-7.5	7.5-10.0	47.5-50.0	125.0-127.5	824	718	106	0
Andy Graham Executive Director of Patient Services	0.0-2.5	0.0-2.5	50.0-52.5	132.5-135.0	862	745	117	0
Philip King Interim Chief Operating Officer (from February 2018)	0.0-2.5	0.0-2.5	0.0-2.5	0.0-2.5	0	0	0	0
Mark Vaughan Executive Director of Workforce	0.0-2.5	5.0-7.5	40.0-42.5	125.0-127.5	904	809	95	0
Linda McQuaid Interim Director of Nursing, Quality and Governance (from January 2018)	0.0-2.5	0.0-2.5	0.0-2.5	0.0-2.5	0	0	0	0
Mary Sexton Director of Nursing, Quality and Governance	0.0-2.5	2.5-5.0	27.5-30.0	87.5-90.0	581	541	40	0

The banded remuneration of the highest paid Director in the Trust in the financial year 2017/18 was £145,000 - £150,000 (2016/16: £170,000 - £175,000). This was 3.1 times (2016/17: 5.2) the median remuneration of the workforce, which was £40,990 (2016/17: £33,733).

In 2017/18, no employees (2016/17: none) received remuneration in excess of the highest-paid Director. There were no redundancy payments to former Directors in the financial year 2017/18 (2016/17: none).

Off Payroll Reporting

Table 4 - Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months	
No. of existing engagements as of 31 March 2018	10
Of which...	
No. that have existed for less than one year at time of reporting.	7
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	1
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 5 - New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months	
No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	31
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	31
No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

Table 6 - Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018	
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	18

Signed: 

Andy Graham
Interim Chief Executive
25 May 2018

Financial Review and Annual Accounts

Chief Finance and Investment Officer's Financial Review

Overview

This section of the Annual Report provides a commentary on the financial position of the Trust for the year ending 31 March 2018, together with a review of the Trust's future financial performance for the 2018/19 financial year.

> "This section of the Annual Report provides a commentary on the financial position of the Trust for the year ending 31 March 2018"

Going Concern

The Trust's accounts have been prepared on the basis that the Trust is a 'going concern'. This means that the Trust's assets and liabilities reflect the on-going nature of the Trust's activities. The Trust's Directors have considered and declared that: "After making enquires, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the 'going concern' basis in preparing the accounts."

Financial Performance

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

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

Having recorded a deficit of £12.3m in 2016/17, the Trust Board set an ambitious plan for 2017/18 of reducing the deficit to £4.6m. The plan assumed that the Trust would be able to obtain additional income from commissioners following a jointly commissioned review of the Trust's Costs and Contract Prices to be undertaken in 2017, and also deliver a 4% CIP over the year. The deficit plan of £4.6m was in line with a "Control Total" set by NHS Improvement (NHSI), and meant that the Trust was able to access £1.2m from NHSI's Sustainability and Transformation Fund (STF). The STF is a £1.8bn fund to support and incentivise NHS Providers to return to financial balance, with access to the STF dependent on meeting financial performance targets, and for acute trusts only meeting key operating targets.

> **"Whilst the Trust did not receive any additional income from commissioners in 2017/18, the Trust did exceed its 4% cost improvement programme savings target and made a number of other one-off savings"**

In 2017/18 the Trust made a surplus, before impairments, of £34.2m, which was a positive variance against plan of £38.8m. Whilst the Trust did not receive any additional income from commissioners in 2017/18, the Trust did exceed its 4% CIP savings target and made a number of other one-off savings. The most significant one-off saving arose from the sale of the land surplus to NHS requirements at the St Ann's Hospital site to the Greater London Authority. This resulted in a profit on disposal of £17.1m. As a consequence of exceeding its Control Total, the Trust also received additional STF Incentive funding of £19.9m. The sale proceeds from the sale of St Ann's will be retained by the Trust and used to fund the redevelopment of the St Ann's Hospital site. Subject to final approval of the Full Business Case for this project by NHS Improvement, we expect construction to commence in early 2019. This represents a major step forward in our plans to improve the quality of accommodation on the St Ann's Hospital site.

The Trust has four key financial statutory duties to meet each year. Our performance against these is set out in Table 7 below.

Table 7 - Trust Statutory Financial Duties

Duty	Performance	Achieved
Break-even on Income and Expenditure	£34.2m surplus	✓
Keep Capital Expenditure within our Capital Resource Limit	CRL = £6.0m Actual = £(28.4m)	✓
Remain within our External Financing Limit (EFL), our net limit on borrowing allowed	EFL = £1.5m Actual = £(59.5m)	✓
Achieve a 3.5% return on investments	Target = 3.5% Actual = 3.5%	✓

In addition to these Statutory Duties the Trust's financial performance is also assessed, on a quarterly basis, by NHSI through its Finance and Use of Resources rating. This considers a number of financial metrics and the Trust's performance as at 31 March 2018 is set out in Table 8 below, together with the plan set at the beginning of the financial year.

Table 8 - Finance and Use of Resource Risk Rating Performance

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

Note 1 – best score; 4 – worst score

Operating Income and Expenditure

The majority of the Trust's income was earned from the provision of mental health and community services to Clinical Commissioning Groups (£133.3m) and Local Authorities (£14.1m), and from the provision of specialist forensic mental health services to NHS England (£42.7m). Other major sources of non-clinical income were profit on disposal of St Ann's Hospital (£17.1m) and additional STF Incentive funding (£19.9m).

Total operating expenditure for the 12 month period ended 31 March 2018 was £206.4m. Around 75 per cent of the total operating expenditure was spent of staff costs (£154.1m). Further information on key items of expenditure is shown below:

- Drugs £3.2m
- Other Supplies and Services £7.6m
- Premises £8.8m
- Establishment £6.4m
- Purchase of healthcare £9.7m

"Other major sources of non-clinical income were profit on disposal of St Ann's Hospital (£17.1m) and additional STF Incentive funding (£19.9m)"

> "Against the total efficiency requirement for the year of £8.3 million, the Trust delivered savings totalling £9.1m during 2017/18, and £7.8m on a recurrent basis"

Efficiency and Income Generation Initiatives

As highlighted above, the Trust's planning process for 2017/18 identified a total efficiency requirement of £8.3 million (c4% of operating expenditure). This was double the assumed efficiency requirement built into the national planning assumptions for the year, reflecting the need to address a number of other local cost pressures and to make further in-roads into the Trust's underlying deficit. As far as possible the Trust continues to try to minimise the impact on front line services, and the plans therefore included estates savings which could be achieved without impacting on clinical care, workforce skill mix changes, business development opportunities and improving productivity.

Against the total efficiency requirement for the year of £8.3 million, the Trust delivered savings totalling £9.1m during 2017/18, and £7.8m on a recurrent basis. Around 50% of these savings came from schemes included in the Trust's original CIP plan, with the balance being from new schemes identified and implemented in-year or from other non-recurrent savings. The additional savings achieved in 2017/18 have been included in the Trust's plans for the 2018/19 financial year, where the Trust is confident they will continue.

2018/19 Financial and Operational Plans

In April 2017 the Trust Board approved a two-year Financial and Operational Plan covering the period April 2017 – March 2019. The plan had been developed taking into account the views of patient and carer representatives, our partners, our staff and other stakeholders. During 2017/18 the Trust continued to work with partners across North Central London (NCL) to develop and implement the NCL Sustainability and Transformation Partnership, which aims to bring the sector back to financial balance over the medium-term.

The Trust's Annual Plan for 2018/19 has been refreshed, in line with a revised Control Total set for the Trust by NHS Improvement. The Trust is now planning for a deficit of £4.9m, which if achieved would result in the Trust receiving £1.6m from NHS Improvement as part of the 2018/19 Provider Sustainability Fund, and supporting a deficit of £3.3m. In order to achieve this, the Trust will again need to make efficiency savings of around £8.2m (4%), and manage on-going cost pressures particularly in respect of the costs of inpatient activity that can't be managed within the Trust's existing capacity.

A key objective for 2018/19 will be to update the Trust's Medium Term Financial Plan for the improved financial performance delivered in 2017/18, and our revised plans for 2018/19, and demonstrate how the Trust will return to a break-even position in the shortest possible period, whilst maintaining the safety and quality of our services.

Capital Expenditure

Our Capital Investment Plans and Performance for 2017/18

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 £5.95m out of a total planned capital programme of £6.15m in 2017/18. There was an under-spend of £0.2m in the year. The main components of the Trust's capital investments in 2017/18 were as follows overleaf:

Table 9 - Capital Investments 2017/18

Programme	£'000
Statutory Compliance/Risk Management Projects	55
Backlog Maintenance	283
IM&T Programmes	1,386
St Ann's Redevelopment Enabling Works	1,158
Other projects	3,068
TOTAL	5,950

Capital Expenditure Plans for 2018/19

A capital investment budget of £18.1m has been agreed for 2018/19. This includes £6.9m for the redevelopment of St Ann's which is funded by the partial disposal of the St Ann's site in March 2018. The balance of £11.2m is funded by depreciation, other asset disposals and Department of Heath funding. The programme builds on the improvements that have been made in the last few years. A summary of the agreed capital investment plans for the year is shown overleaf:

"A capital investment budget of £18.1m has been agreed for 2018/19. This includes £6.9m for the redevelopment of St Ann's which is funded by the partial disposal of the St Ann's site in March 2018"

Table 10 - Agreed Capital Investment Plans 2018/19

Programme	£'000	%
Statutory Compliance/Risk Management programmes	1,171	6.5%
Backlog Maintenance	710	3.9%
IM&T Projects	3,800	20.9%
St Ann's Redevelopment	6,900	38.1%
Chase Farm Hospital Utility Services Re-provision	2,023	11.2%
Other Projects	3,527	19.4%
TOTAL	**18,131**	**100.0**

Trust's Working Capital Structure and Liquidity

Working Capital and Liquidity

The Trust has robust cash management and forecasting arrangements in place, which are considered at each meeting of the Board's Finance and Investment Committee. Interest of £23k was generated from cash management activities in 2017/18. In order to ensure that the Trust maintained sufficient cash resources during 2017/18 given the planned deficit, the Trust received £3.25m of Working Capital Facility Loans from the Department of Health and Social Care. This was £6.25m less than planned, reflecting improvements during 2017/18 in the Trust's process for collecting amounts owing and the underlying improvement in the Trust's financial position.

In addition the Trust completed the part-disposal of the St Ann's Hospital site in late March 2018 and ended the year with a £57.2m cash balance. The Trust is therefore in a much stronger cash position moving forward and is intending to repay in 2018/19 all of the working capital loans received in 2016/17 and 2017/18 (£13.25m).

Interest rate effects and impacts

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

Carrying Amount vs. Market Value of Land

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

Assets Held for Sale

As at the end of the 2017/18 financial year, the Trust held two assets (Baytree House and Canning Crescent) in preparation for disposal with a market value of £4.1m.

Taxpayers Equity

The Trust holds Public Dividend Capital of £147.8m, plus negative reserves relating to income and expenditure deficits generated over the years (£4.0m), and reserves from asset revaluations arising from the impact of valuations of the Trust's estate (£72.4m). The total of these (£216.1m), represents the level of taxpayers equity in the Trust.

Finance Costs

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

Pension Liabilities

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

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

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

Statement on Better Payments Practice Code

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

"NHS Trusts are required to pay their creditors in accordance with the CBI 'Better Payments Practice code'"

Table 11 - Performance against Better Payments Practice Code

	2017/18		2016/17		
	By Number	By Value	By Number	By Value	
Non NHS	90%	89%	98%	91%	
NHS	85%	80%	95%	85%	

Statement on Prompt Payments Code

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

Name of external auditor and cost of its work

The Trust's external auditors are Grant Thornton LLP. The Trust's Engagement Lead is Paul Grady and Emily McKeown is the Trust's Engagement Manager. During 2017/18, the Trust's external auditors have primarily focused on the audit work covered by the requirements of Part 5 of the Local Audit and Accountability Act 2014, having due regard to the Comptroller and Auditor General's Code of Audit Practice issued by the National Audit Office.

The Trust's Annual Governance Report for the 2017/18 financial year was presented to the Board of Directors in May 2018. Reports issued during the 2017/18 financial year were as follows:

- Draft Audit Plan 2017/18
- Interim Audit Report

The total fee for external audit for 2017/18 was £59,000 in respect of the completion of the statutory audit work.

Counter Fraud Activities

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

Cost Allocation and Charging Requirements

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

NHS Pensions and Directors Remuneration

The accounting policy in relation to directors, remuneration, pension and retirement benefits, are the same as for all other Trust employees. Non-Executive Directors are not eligible to join the NHS Pensions Scheme.

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

> **"Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales"**

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Consultancy

The Trust paid £240k in 2017/18 for consultancy services, where these are defined as "the provision to management of objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives. Such assistance will be provided outside the 'business-as-usual' environment when in-house skills are not available and will be of no essential consequence and time-limited. Consultancy may include the identification of options with recommendations, or assistance with (but not delivery of) the implementation of solutions."

Charitable Funds

The Trust operates a registered charity (number 1103407) called the Barnet, Enfield and Haringey Mental Health NHS Trust Charity which has resulted from fund raising activities, donations and legacies received over many years. The Charity consists of a number of restricted funds which are used to purchase equipment and other services in accordance with the purpose for which the funds were raised or donated, and as well as unrestricted (general purpose) funds which are more widely available for the benefit of patients and staff.

The Board of Directors act as Corporate Trustee for the Charity, and are further supported by the Trust and Charitable Funds Committee. The Committee is chaired by a Non-Executive Director and includes three further Non-Executive Directors, the Chief Finance and Investment Officer and the Executive Chief Operating Officer. The charity's accounts are not consolidated into the Trust's main accounts on the grounds of materiality, as permitted by the Department of Health and Social Care Group Accounting Manual. A copy of the charity's Annual Report and Accounts for 2017/18 is available upon request to the Chief Finance and Investment Officer.

Political and Charitable Donations

The Trust did not make any political or charitable donations from its exchequer or charitable funds during 2017/18.

Statement of Directors' responsibilities in respect of the accounts

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

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

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

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

By order of the Board

Signed: .....

Andy Graham
Interim Chief Executive
25 May 2018

Signed: .....

David Griffiths
Chief Finance and Investment Officer
25 May 2018

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	199,201	193,054
Other operating income	4	30,277	8,973
Operating expenses	6, 8	(206,399)	(208,462)
Operating surplus / (deficit) from continuing operations		**23,079**	**(6,435)**
Finance income	11	23	14
Finance expenses	12	(647)	(404)
PDC dividends payable		(6,127)	(6,089)
Net finance costs		**(6,751)**	**(6,479)**
Other gains / (losses)	13	18,640	-
Surplus / (deficit) for the year from continuing operations		**34,968**	**(12,914)**
Surplus / (deficit) for the year		**34,968**	**(12,914)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(385)	-
Revaluations	18	6,706	312
Total comprehensive income / (expense) for the period		**41,289**	**(12,602)**

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	15	2,805	2,609
Property, plant and equipment	16	170,160	200,724
Investment property	19	430	430
Total non-current assets		**173,395**	**203,763**
Current assets			
Inventories	20	91	88
Trade and other receivables	21	33,515	12,380
Non-current assets held for sale / assets in disposal groups	23	4,120	1,720
Cash and cash equivalents	24	57,193	1,303
Total current assets		**94,919**	**15,491**
Current liabilities			
Trade and other payables	25	(24,983)	(20,377)
Borrowings	28	(498)	(498)
Provisions	29	(2,203)	(2,227)
Other liabilities	27	(2,275)	(1,347)
Total current liabilities		**(29,959)**	**(24,449)**
Total assets less current liabilities		**238,355**	**194,805**
Non-current liabilities			
Borrowings	28	(20,919)	(18,167)
Provisions	29	(1,250)	(1,741)
Total non-current liabilities		**(22,169)**	**(19,908)**
Total assets employed		**216,186**	**174,897**
Financed by			
Public dividend capital		147,814	147,814
Revaluation reserve		72,400	79,717
Income and expenditure reserve		**(4,028)**	**(52,634)**
Total taxpayers' equity		**216,186**	**174,897**

The notes on pages 130 to 174 form part of these accounts.

Andy Graham
Interim Chief Executive
25 May 2018

Statement of Changes in Equity for the year ended 31 March 2018

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

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	**147,814**	**79,405**	**(39,720)**	**187,499**
Prior period adjustment	-	-	-	-
Taxpayers' equity at 1 April 2016 - restated	**147,814**	**79,405**	**(39,720)**	**187,499**
Surplus/(deficit) for the year	-	-	(12,914)	**(12,914)**
Revaluations	-	312	-	**312**
Taxpayers' equity at 31 March 2017	**147,814**	**79,717**	**(52,634)**	**174,897**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus / (deficit)		23,079	(6,435)
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,635	6,304
Net impairments	7	(756)	646
(Increase) / decrease in receivables and other assets		(21,197)	2,174
(Increase) / decrease in inventories		(3)	4
Increase / (decrease) in payables and other liabilties		6,238	(3,810)
Increase / (decrease) in provisions		(519)	198
Net cash generated from / (used in) operating activities		**13,477**	**(919)**
Cash flows from investing activities			
Interest received		23	14
Purchase of intangible assets		(1,054)	(1,708)
Purchase of property, plant, equipment and investment property		(5,956)	(2,517)
Sales of property, plant, equipment and investment property		53,000	29
Net cash generated from / (used in) investing activities		**46,013**	**(4,182)**
Cash flows from financing activities			
Movement on loans from the Department of Health and Social Care		2,752	9,502
Other interest paid		(641)	(380)
PDC dividend (paid) / refunded		(5,711)	(6,445)
Net cash generated from / (used in) financing activities		**(3,600)**	**(4,182)**
Increase / (decrease) in cash and cash equivalents		**55,890**	**(2,424)**
Cash and cash equivalents at 1 April - brought forward		**1,303**	**3,727**
Cash and cash equivalents at 31 March	24.1	**57,193**	**1,303**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Note 1.1.1 Accounting convention

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

Note 1.1.2 Going concern

These accounts have been prepared on the going concern basis.

The Trust reported a retained surplus of £34.9m in 2017/18 and is planning a deficit of £3.3m for 2018/19, which is in line with the control totals set by NHS Improvements. This 2018/19 plan includes a CIP target of £8.2m (4% of expenditure) for which schemes have been identified, although £1.5m are rated as High Risk.

Working capital support of £3.25m was received from the Department of Health and Social Care in 2017/18, with a further £10.0m having been received in 2016/17. Following the disposal of part of the St Ann's Hospital site in March 2018 these support loans were repaid in full by the Trust in May 2018. The Trust is forecast to have sufficient reserves to meet all liabilities as they arise in 2018/19 without any cash support being required.

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

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

The Department of Health Group Accounting Manual 2017/18 outlines the following in respect of the going concern assumption:

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

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

The following is clear evidence that the Trust meets the requirement highlighted above and as set out in section 4.11 of the Department of Health Group Accounting Manual 2017/18:

- The Trust is a separate statutory body
- The Trust has an agreed Constitution which is operating for the governance of its activities
- The Trust has been allocated funds from NHS England and local CCGs for 2018/19
- The Trust has not been informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

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

Note 1.2 Critical judgements in applying accounting policies

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

The Trust carries out a review at the end of each year to ensure that the Going Concern assumption can be applied to the annual accounts. This involves the review of actual performance and cash flows, budgets and latest forecast outturns as well as assessments of the position of the Department of Health and NHS Improvements regarding the Trust's financial position, any changes in regulatory or market conditions, outstanding legal claims, etc. which could impact upon the Trust's ability to meet it's statutory annual targets and financial obligations. More detail on this review is disclosed in note 1.1 above.

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

Note 1.2.1 Sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

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

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

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

The Trust carries out a review at the end of each year to ensure that the carrying value of its land and buildings are not materially different from their fair values. In 2014/15 a full valuation exercise was undertaken on land & buildings at 31 March 2015 by an independent firm of RICS approved property valuation experts. A desktop revaluation of land & buildings was completed as at 31 March 2018 by the same valuers, which is reflected in the accounts. Details of the valuation approach adopted, the significant assumptions made and the financial impact of the revaluation can be found in note 18 to these accounts. Any differences between the valuation and the net book values have been treated in accordance with Standard Accounting Practice. The carrying values of the assets in the financial statements have been amended to reflect the valuation carried out by the professional valuers. The valuation of each property was provided, analysed between structure and plant & equipment on a consistent basis. Where properties are situated on a main Trust site the land value of the site was provided in one amount which was then pro-rated across the properties based on the area occupied by each property.

Where it is known that costs have been incurred but invoices have not been received in time, estimates have been made of the relevant cost. These have been based on the value of Purchase Orders placed/ goods receipted, valuations of work completed if available and otherwise management experience and knowledge to assess the value of costs incurred before the year end. The value of holiday accrued by staff but not taken at 31 March 2018 was estimated based upon returns by ward managers/team leaders across the Trust representing over 40% of Trust employees. These were then extrapolated using total staff number and cost information.

Note 1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4 Expenditure on employee benefits

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

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. There, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.5 Expenditure on other goods and services

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

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

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

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

Note 1.6.2 Measurement

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

All assets are measured subsequently at valuation by independent RICS qualified valuers using appropriate RICS approved indices and methodology on an annual basis and a full revaluation every 5 years taking into account all market conditions and the current status of the assets. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

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

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

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

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

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

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

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

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

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

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

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

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

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

Note 1.6.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.6.4 Donated and grant funded assets

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

Note 1.6.5 Useful economic lives of property, plant and equipment

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

	Min Life Years	Max Life Years
Land		infinite
Building, excluding dwellings	-	61
Dwellings	-	-
Plant and machinery	5	15
Transport equipment	-	-
Information technology	5	5
Furniture and fittings	5	5

Note 1.7 Intangible assets

Note 1.7.1 Recognition

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

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development

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

Note 1.7.2 Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

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

Note 1.7.3 Useful economic lives of intangible assets

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

	Min Life Years	Max Life Years
Information technology	-	-
Development expenditure	5	5
Websites	-	-
Software licences	5	10
Licences and trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.8 Inventories

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

Note 1.9 Investment properties

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

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the Settlement date.

All other financial assets and financial liabilities are recognised when the trust becomes a party to the contractual provisions of the instrument.

De-recognition

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

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

Classification and measurement

Financial assets are categorised as loans and receivables.

Financial liabilities are classified as "other financial liabilities".

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities
All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs.

Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined by reference to quoted market prices where possible, otherwise by valuation techniques as appropriate. As the only financial assets held are cash or sales ledger and accrued income receivables due within less than one year, carrying value is equal to historic cost.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

Note 1.12 Leases

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

Note 1.12.1 The trust as lessee

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

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

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

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

Note 1.12.2 The trust as lessor

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

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

Note 1.13 Provisions

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

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 29.2 but is not recognised in the trust's accounts.

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

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 30 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 30, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

Note 1.15 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

(i) donated assets (including lottery funded assets),

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash

balances held in GBS accounts that relate to a short-term working capital facility, and

(iii) any PDC dividend balance receivable or payable.

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

Note 1.16 Value added tax

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

Note 1.17 Corporation tax

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

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

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

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

Note 1.19 Third party assets

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

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2017/18.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018
- IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019

Note 2 Operating Segments

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

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

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

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

The two segments disclosed below are:

Other	General Adult and Child mental health together with Community Health services within the borough of Enfield and trust wide income and expenditure which cannot be analysed between other identifiable segments
Specialist Services	Specialist Mental Health services commissioned by NHS England

	Other		Specialist Services		Total	
	2017-18 £000	2016-17 £000	2017-18 £000	2016-17 £000	2017-18 £000	2016-17 £000
Income	**174,736**	149,894	**54,743**	52,133	**229,479**	202,027
Surplus / (Deficit)						
Segment surplus / (deficit)	**19,429**	(10,403)	**11,006**	10,982	**30,436**	579
Common costs	**3,779**	(12,847)	**0**	0	**3,779**	(12,847)
Surplus / Deficit) before impairment	**23,208**	(23,250)	**11,006**	10,982	**34,215**	(12,268)

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Mental health services		
Cost and volume contract income	46,573	43,502
Block contract income	105,632	103,223
Clinical partnerships providing mandatory services (including S75 agreements)	3,822	4,540
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	12,224	10,343
Community services		
Community services income from CCGs and NHS England	23,065	22,774
Income from other sources (e.g. local authorities)	7,885	8,672
All services		
Private patient income	-	-
Other clinical income	-	-
Total income from activities	**199,201**	**193,054**

Note 3.2 Income from patient care activities (by source)

	2017/18 £000	2016/17 £000
Income from patient care activities received from:		
NHS England	42,722	42,670
Clinical commissioning groups	133,271	128,050
Department of Health and Social Care	-	-
Other NHS providers	2,434	2,589
NHS other	-	-
Local authorities	14,068	13,350
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
NHS injury scheme	-	-
Non NHS: other	6,706	6,395
Total income from activities	**199,201**	**193,054**
Of which:		
Related to continuing operations	199,201	193,054
Related to discontinued operations	-	-

Note 4 Other operating income

	2017/18 £000	2016/17 £000
Research and development	255	263
Education and training	5,535	5,267
Charitable and other contributions to expenditure	5	-
Non-patient care services to other bodies	443	560
Sustainability and transformation fund income	21,039	-
Rental revenue from operating leases	1,040	2,420
Other income	1,960	463
Total other operating income	**30,277**	**8,973**
Of which:		
Related to continuing operations	30,277	8,973
Related to discontinued operations	-	-

Note 5 Fees and charges

	2017/18 £000	2016/17 £000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 6.1 Operating expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	4,803	8,552
Purchase of healthcare from non-NHS and non-DHSC bodies	4,920	6,405
Staff and executive directors costs	154,080	152,548
Remuneration of non-executive directors	82	82
Supplies and services - clinical (excluding drugs costs)	2,023	1,647
Supplies and services - general	5,594	4,569
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	3,186	2,828
Consultancy costs	240	170
Establishment	6,355	7,576
Premises	8,825	8,755
Transport (including patient travel)	1,204	1,216
Depreciation on property, plant and equipment	5,627	5,287
Amortisation on intangible assets	1,008	1,017
Net impairments	(756)	646
Increase/(decrease) in provision for impairment of receivables	431	4,120
Change in provisions discount rate(s)	-	(20)
Audit fees payable to the external auditor		
audit services - statutory audit	57	67
other auditor remuneration (external auditor only)	15	10
Internal audit costs	103	126
Clinical negligence	1,048	908
Legal fees	417	373
Insurance	8	-
Education and training	909	1,107
Rentals under operating leases	4,036	399
Car parking and security	-	-
Hospitality	121	74
Other	2,063	-
Total	**206,399**	**208,462**
Of which:		
Related to continuing operations	206,399	208,462
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2017/18 £000	2016/17 £000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	15	10
Total	**15**	**10**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016/17: £0m).

Note 7 Impairment of assets

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(768)	646
Other	12	-
Total net impairments charged to operating surplus / deficit	**(756)**	**646**
Impairments charged to the revaluation reserve	385	-
Total net impairments	**(371)**	**646**

The impairment resulting from changes in market prices all arise from a revaluation of the Trust's Land and buildings as at 31 March 2018 by independent RICS qualified surveyors, full details of which are included in note 18.

Note 8 Employee benefits

	2017/18 £000	2016/17 £000
Salaries and wages	118,295	101,318
Social security costs	12,530	12,087
Apprenticeship levy	577	-
Employer's contributions to NHS pensions	14,864	14,309
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	8,635	25,900
Total gross staff costs	**154,901**	**153,614**
Recoveries in respect of seconded staff	-	-
Total staff costs	**154,901**	**153,614**
Of which:		
Costs capitalised as part of assets	821	1,066

Note 8.1 Retirements due to ill-health

During 2017/18 there was 1 early retirement from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £39k (£0k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Note 10 Operating leases

Note 10.1 Barnet, Enfield and Haringey Mental Health NHS Trust as a lessor

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

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	1,040	2,420
Contingent rent	-	-
Other	-	-
Total	**1,040**	**2,420**

	31 March 2018 £000	31 March 2016/17 £000
Future minimum lease receipts due:		
- not later than one year;	484	628
- later than one year and not later than five years;	84	90
- later than five years.	2,119	1,975
Total	**2,687**	**2,693**

Note 10.2 Barnet, Enfield and Haringey Mental Health NHS Trust as a lessee

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

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	4,036	399
Contingent rents	-	-
Less sublease payments received	-	-
Total	**4,036**	**399**

	31 March 2018 £000	31 March 2016/17 £000
Future minimum lease payments due:		
- not later than one year;	2,152	335
- later than one year and not later than five years;	671	847
- later than five years.	249	308
Total	**3,072**	**1,490**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2017/18 £000	2016/17 £000
Interest on bank accounts	23	4
Total	**23**	**14**

Note 12.1 Finance expenditure

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

	2017/18 £000	2016/17 £000
Interest expense:		
Loans from the Department of Health and Social Care	637	380
Interest on late payment of commercial debt	6	-
Total interest expense	**643**	**380**
Unwinding of discount on provisions	4	24
Other finance costs	-	-
Total finance costs	**647**	**404**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017/18 £000	2016/17 £000
Total liability accruing in year under this legislation as a result of late payments	6	-
Amounts included within interest payable arising from claims made under this legislation	6	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2017/18 £000	2016/17 £000
Gains on disposal of assets	18,640	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**18,640**	**-**
Fair value gains / (losses) on investment properties	-	-
Total other gains / (losses)	**18,640**	**-**

On 27 March the Trust sold part of the St Ann's Hospital site to the Greater London Authority for £53.0m. The proceeds from this disposal will be retained by the Trust and used to fund the redevelopment of the St Ann's Hospital site. This represents a major step forward in our plans to improve the quality of accommodation on the St Ann's Hospital site.

The Trust also incurred £1.5m of disposal costs associated with the sale and leaseback of St Ann's which are included within Operating Expenditure. The net profit on sale was therefore £17.1m.

Note 14 Discontinued operations

	2017/18 £000	2016/17 £000
Operating income of discontinued operations	-	-
Operating expenses of discontinued operations	-	-
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Corporation tax expense attributable to discontinued operations	-	-
Total	**-**	**-**

Note 15.1 Intangible assets - 2017/18

	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	**325**	**10,391**	**63**	**10,779**
Transfers by absorption	-	-	-	**-**
Additions	450	754	-	**1,204**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	63	(63)	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Gross cost at 31 March 2018	**775**	**11,208**	**-**	**11,983**
Amortisation at 1 April 2017 - brought forward	**240**	**7,930**	**-**	**8,170**
Transfers by absorption	-	-	-	**-**
Provided during the year	58	950	-	**1,008**
Impairments	-	-	-	**-**
Reversals of impairments	-	-	-	**-**
Revaluations	-	-	-	**-**
Reclassifications	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	**-**
Disposals / derecognition	-	-	-	**-**
Amortisation at 31 March 2018	**298**	**8,880**	**-**	**9,178**
Net book value at 31 March 2018	**477**	**2,328**	**-**	**2,805**
Net book value at 1 April 2017	**85**	**2,461**	**63**	**2,609**

Note 15.2 Intangible assets - 2016/17

	Software licences £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	**194**	**9,591**	**-**	**9,785**
Prior period adjustments	-	-	-	-
Valuation / gross cost at 1 April 2016 - restated	**194**	**9,591**	**-**	**9,785**
Transfers by absorption	-	-	-	-
Additions	1	930	63	**994**
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Revaluations	-	-	-	-
Reclassifications	130	(130)	-	-
Transfers to / from assets held for sale	-	-	-	-
Disposals / derecognition	-	-	-	-
Valuation / gross cost at 31 March 2017	**325**	**10,391**	**63**	**10,779**
Amortisation at 1 April 2016 - as previously stated	**214**	**6,939**	**-**	**7,153**
Prior period adjustments	-	-	-	-
Amortisation at 1 April 2016 - restated	**214**	**6,939**	**-**	**7,153**
Provided during the year	**26**	**991**	**-**	**1,017**
Amortisation at 31 March 2017	**240**	**7,930**	**-**	**8,170**
Net book value at 31 March 2017	**85**	**2,461**	**63**	**2,609**
Net book value at 1 April 2016	**(20)**	**2,652**	**-**	**2,632**

Note 16.1 Property, plant and equipment - 2017/18

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

Note 16.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
Valuation/gross cost at 1 April 2016 - as previously stated	**92,139**	**107,061**	**-**	**1,368**	**14,330**	**5,458**	**220,356**
Prior period adjustments	-	-	-	-	-	-	-
Valuation/gross cost at 1 April 2016 - restated	**92,139**	**107,061**	**-**	**1,368**	**14,330**	**5,458**	**220,356**
Additions	-	1,327	37	271	2,059	88	**3,782**
Impairments	413	(294)	-	-	-	(765)	**(646)**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	1,865	(1,553)	-	-	-	-	**312**
Transfers to / from assets held for sale	(469)	(1,279)	-	-	-	-	**(1,748)**
Disposals / derecognition	-	-	-	-	-	(541)	**(541)**
Valuation/gross cost at 31 March 2017	**93,948**	**105,262**	**37**	**1,639**	**16,389**	**4,240**	**221,515**
Accumulated depreciation at 1 April 2016 - as previously stated	**-**	**1,195**	**-**	**1,302**	**9,824**	**3,723**	**16,044**
Prior period adjustments	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2016 - restated	**-**	**1,195**	**-**	**1,302**	**9,824**	**3,723**	**16,044**
Provided during the year	**-**	**3,567**	**-**	**32**	**1,409**	**279**	**5,287**
Impairments	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	(28)	-	-	-	-	**(28)**
Disposals / derecognition	-	-	-	-	-	(512)	**(512)**
Accumulated depreciation at 31 March 2017	**-**	**4,734**	**-**	**1,334**	**11,233**	**3,490**	**20,791**
Net book value at 31 March 2017	**93,948**	**100,528**	**37**	**305**	**5,156**	**750**	**200,724**
Net book value at 1 April 2016	**92,139**	**105,866**	**-**	**66**	**4,506**	**1,735**	**204,312**

Note 16.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
Net book value at 31 March 2018							
Owned – purchased	65,577	99,157	1,057	257	3,629	483	**170,160**
NBV total at 31 March 2018	**65,577**	**99,157**	**1,057**	**257**	**3,629**	**483**	**170,160**

Note 16.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Information technology £000	Furniture and fittings £000	Total £000
Net book value at 31 March 2017							
Owned – purchased	93,948	100,528	37	305	5,156	750	**200,724**
NBV total at 31 March 2017	**93,948**	**100,528**	**37**	**305**	**5,156**	**750**	**200,724**

Note 17 Donated property, plant and equipment

The Trust does not hold any donated property, plant and equipment (2016/17: £nil)

Note 18 Revaluations of property, plant and equipment

The Trust carried out a revaluation of its land and buildings as at 31 March 2018 using external independent professional experts in compliance with the Treasury directive (see note 1.6). The valuation was conducted by District Valuer Services (DVS) using RICS registered valuers. The valuations were provided on a Modern Equivalent Asset Valuation (MEAV) basis for non specialised properties, and on a Depreciated Replacement Cost (DRC) basis for specialised properties (where no market exists), in compliance with the following standards:

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

The following significant assumptions were applied:

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

This valued the assets reviewed at £168,076k and resulted in a net impairment credit to the I&E of £900k and an increase in the revaluation reserve of £6,757k'.

Asset lives for each class of asset are as follows:

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

There have been no changes in the basis of revaluation in 2017/18 compared to prior years, with no changes to useful economic lives, valuation methodology or depreciation methods.

Note 19.1 Investment Property

	2017/18 £000	2016/17 £000
Carrying value at 1 April - brought forward	**430**	**430**
Prior period adjustments		-
Carrying value at 1 April - restated	**430**	**430**
Movement in fair value	-	-
Carrying value at 31 March	**430**	**430**

Note 19.2 Investment property income and expenses

	2017/18 £000	2016/17 £000
Direct operating expense arising from investment property which generated rental income in the period	-	-
Direct operating expense arising from investment property which did not generate rental income in the period	-	-
Total investment property expenses	**-**	**-**
Investment property income	-	-

Note 20 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	38	46
Work In progress	-	-
Consumables	22	22
Energy	-	-
Other	31	20
Total inventories	**91**	**88**
Of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,139k (2016/17: £1,309k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

Note 21.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	14,764	17,962
Accrued income	21,866	921
Provision for impaired receivables	(5,960)	(7,802)
Prepayments (non-PFI)	1,716	226
PDC dividend receivable	-	62
VAT receivable	602	1,011
Other receivables	526	-
Total current trade and other receivables	**33,515**	**12,380**
Of which receivables from NHS and DHSC group bodies:		
Current	26,727	11,868
Non-current	-	-

Note 21.2 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April as previously stated	**7,802**	**4,082**
Prior period adjustments	-	-
At 1 April - restated	**7,802**	**4,082**
Increase in provision	431	4,120
Amounts utilised	(2,273)	(400)
Unused amounts reversed	-	-
At 31 March	**5,960**	**7,802**

Management carried out a review of its outstanding debts in order to determine the recoverability of outstanding debt. Provisions were made on a specific basis for individual invoices which in the judgement of management might not be recovered. Factors considered include the age of the debt, details of any correspondence with the debtor, any supporting documentation held by the Trust to substantiate the debt etc.

Note 21.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables £000	Investments and Other financial assets £000	Trade and other receivables £000	Investments and Other financial assets £000
Ageing of impaired financial assets				
0-30 days	1,448	-	2,331	-
30-60 Days	1,002	-	788	-
60-90 days	831	-	48	-
90-180 days	1,519	-	2,076	-
Over 180 days	4,102	-	2,969	-
Total	**8,902**	**-**	**8,212**	**-**
Ageing of non-impaired financial assets past their due date				
0-30 days	2,441	-	5,682	-
30-60 Days	2,321	-	902	-
60-90 days	847	-	739	-
90-180 days	508	-	715	-
Over 180 days	348	-	1,190	-
Total	**6,465**	**-**	**9,228**	**-**

Management carried out a review of its outstanding debts in order to determine the recoverability of outstanding debt. Provisions were made on a specific basis for individual invoices which in the judgement of management might not be recovered. Factors considered include the age of the debt, details of any correspondence with the debtor, any supporting documentation held by the trust to substantiate the debt etc.

Note 22 Non-current assets held for sale and assets in disposal groups

	2017/18 £000	2016/17 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**1,720**	**-**
Prior period adjustments	-	-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**1,720**	**-**
Transfers by absorption	-	-
Assets classified as available for sale in the year	2,400	**1,720**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**4,120**	**1,720**

The asset held for sale at 1 April 2017 was a vacated, surplus freehold property which remains held for sale at 31 March 2018 due to a delay in the disposal process. However the negotiations are continuing and completion is expected in 2018/19.

The asset classified as held for sale during 2017/18 is also a vacated, surplus freehold property. Negotiations with the bidder are continuing and completion is expected in 2018/19.

Note 23.1 Liabilities in disposal groups

	31 March 2018 £000	31 March 2017 £000
Categorised as:		
Provisions	-	-
Trade and other payables	-	-
Other	-	-
Total	**-**	**-**

Note 24.1 Cash and cash equivalents movements

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

	2017/18 £000	2016/17 £000
At 1 April	**1,303**	**3,727**
Prior period adjustments	-	-
At 1 April - restated	**1,303**	**3,727**
Net change in year	55,890	(2,424)
At 31 March	**57,193**	**1,303**
Broken down into:		
Cash at commercial banks and in hand	54	38
Cash with the Government Banking Service	57,139	1,265
Total cash and cash equivalents as in SoFP	**57,193**	**1,303**
Total cash and cash equivalents as in SoCF	**57,193**	**1,303**

Note 24.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018 £000	31 March 2017 £000
Bank balances	690	599
Total third party assets	**690**	**599**

Note 25.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	3,358	2,059
Capital payables	539	1,599
Accruals	15,059	11,656
Social security costs	1,656	1,564
Other taxes payable	1,408	1,396
PDC dividend payable	354	-
Accrued interest on loans	35	33
Other payables	2,574	2,070
Total current trade and other payables	**24,983**	**20,377**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	8,594	3,895
Non-current	-	-

Note 25.2 Early retirements in NHS payables above

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

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-	-	-
- outstanding pension contributions	-		2,019	

Note 26 Other financial liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total	**-**	**-**
Non-Current		
Derivatives held at fair value through income and expenditure	-	-
Other financial liabilities	-	-
Total	**-**	**-**

Note 27 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	2,275	1,347
Deferred grants	-	-
Total other current liabilities	**2,275**	**1,347**
Non-Current		
Deferred income	-	-
Deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 28 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Social Care	498	498
Other loans	-	-
Obligations under finance leases	-	-
Total current borrowings	**498**	**498**
Non-Current		
Loans from the Department of Health and Social Care	20,919	18,167
Other loans	-	-
Obligations under finance leases	-	-
Total non-current borrowings	**20,919**	**18,167**

Note 29.1 Provisions for liabilities and charges analysis

	Pensions early departure costs £000	Legal claims £000	Equal Pay (including Agenda for Change £000	Other £000	Total £000
At 1 April 2017	**1,220**	**136**	**731**	**1,881**	**3,968**
Transfers by absorption	-	-	-	-	**-**
Change in the discount rate	-	-	-	-	**-**
Arising during the year	4	100	-	203	**307**
Utilised during the year	(163)	(67)	-	(61)	**(291)**
Reclassified to liabilities held in disposal groups	-	-	-	-	**-**
Reversed unused	-	-	(215)	(320)	**(535)**
Unwinding of discount	3	-	-	1	**4**
At 31 March 2018	**1,064**	**169**	**516**	**1,704**	**3,453**
Expected timing of cash flows:					
- not later than one year;	157	169	516	1,361	**2,203**
- later than one year and not later than five years;	626	-	-	163	**789**
- later than five years.	281	-	-	180	**461**
Total	**1,064**	**169**	**516**	**1,704**	**3,453**

Early Departure Costs

The pensions relating to former staff who left the NHS employment after 5th March 1995 and those who left employment after 5th March 1995 has been provided for by the Trust for a balance of £1,220k (£1,409k at 31 March 2016). These costs were calculated by using actuarial assumptions about the individuals ages which were obtained from the NHS Pensions Agency. The costs are payable on a quarterly basis over the future lifetimes of the former employees.

Provisions relating to injury benefit awards payable to staff for injuries received at work amount to £384k (£425k at 31 March 2017). Details of the costs involved were supplied by the NHS Pensions Agency using actuarial assumptions about the individuals concerned. They are payable throughout the lifetime of the individuals concerned. Other in year provisons are all expected to be resolved in 2018/19 and relate to former staff terms and conditions, property related costs and employment issues.

Note 29.2 Clinical negligence liabilities

At 31 March 2018, £3,102k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2017: £6,361k).

Note 30 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(116)	(84)
Employment tribunal and other employee related litigation	(121)	(110)
Gross value of contingent liabilities	**(237)**	**(194)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(237)**	**(194)**
Net value of contingent assets	**-**	**-**

Note 31 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	1,316	56
Intangible assets	38	86
Total	**1,354**	**142**

Note 32 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2018 £000	31 March 2017 £000
not later than 1 year	3,986	2,314
after 1 year and not later than 5 years	8,910	469
paid thereafter	-	-
Total	**12,896**	**2,783**

Note 33 Financial instruments

Note 33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with primary care organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 33.2 Carrying values of financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity at £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non financial assets	29,691	-	-	-	**29,691**
Cash and cash equivalents at bank and in hand	57,193	-	-	-	**57,193**
Total at 31 March 2018	**86,884**	**-**	**-**	**-**	**86,884**

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity at £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non financial assets	11,082	-	-	-	**11,082**
Cash and cash equivalents at bank and in hand	1,303	-	-	-	**1,303**
Total at 31 March 2017	**12,385**	**-**	**-**	**-**	**12,385**

Note 33.3 Carrying value of financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018			
Borrowings excluding finance lease and PFI liabilities	21,417	-	**21,417**
Trade and other payables excluding non financial liabilities	19,645	-	**19,645**
Total at 31 March 2018	**41,062**	**-**	**41,062**

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	18,665	-	**18,665**
Trade and other payables excluding non financial liabilities	17,416	-	**17,416**
Total at 31 March 2017	**36,081**	**-**	**36,081**

Note 33.4 Fair values of financial assets and liabilities

Management consider that the book value (carrying value) is a reasonable approximation of fair value for all financial assets and liabilities held.

Note 33.5 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	20,143	17,914
In more than one year but not more than two years	10,498	498
In more than two years but not more than five years	4,744	11,494
In more than five years	5,677	6,175
Total	**41,062**	**36,081**

Note 34 Losses and special payments

	2017/18 Total number of cases Number	2017/18 Total value of cases £000	2016/17 Total number of cases Number	2016/17 Total value of cases £000
Losses				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Cash and cash equivalents at	223	1,429	340	400
Stores losses and damage to property	1	4	1	8
Total losses	**224**	**1,433**	**341**	**408**
Special payments				
Compensation under court order or legally binding arbitration award	7	56	14	88
Extra-contractual payments	-	-	-	-
Ex-gratia payments	21	8	20	4
Special severence payments	1	28	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**29**	**92**	**34**	**92**
Total losses and special payments	**253**	**1,525**	**375**	**500**
Compensation payments received		-		-

Note 35 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Barnet Enfield & Haringey Mental Health NHS Trust.

The Department of Health and Social Care is regarded as the Trust's parent department and a related party. During the year Barnet Enfield & Haringey Mental Health NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example:

- CCGs
- NHS Foundation Trusts
- NHS Trusts
- NHS Resolution (formerly NHS Litigation Authority)
- NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the local London Boroughs of Barnet, Enfield and Haringey.

Barnet Enfield & Haringey Mental Health NHS Trust Charity (charity registration number 1103407) is regarded as a related party as the Trust Board is the Corporate Trustee of the Charity. There were no material transactions with the charity in the year.

Shown below are those organisations for which the total transacted value in the year has exceeded £500k. The table also includes local authority bodies where transaction value similarly has exceeded £500k.

Organisation	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Enfield CCG	60,436	0	2,240	525
NHS England (London Specialised Commissioning Hub)	41,000	0	596	525
Haringey CCG	35,270	0	510	258
Barnet CCG	31,957	0	1,257	0
NHS England (NHS England Core)	22,264	0	20,374	0
London Borough of Enfield	10,678	903	937	14
Health Education England	5,534	0	0	661
London Borough of Haringey	2,197	0	49	7
NHS England (London Regional Office)	2,032	0	0	0
London Borough of Barnet	1,449	177	690	0
Royal Free London NHS Foundation Trust	1,438	1,744	155	2,764
The Whittington Hospital NHS Trust	1,338	340	213	363
Islington CCG	540	0	6	20
City & Hackney CCG	510	0	48	0
NHS Pension Scheme	196	14,864	34	0
East London NHS Foundation Trust	1	3,661	1	711
NHS Resolution (formerly NHS Litigation Authority)	0	1,048	122	0
HM Revenue and Customs	0	13,107	602	3,064
NHS Property Services	0	3,753	0	3,539

Comparators to the related party transactions shown above, for 2016/17, are provided below:

Organisation	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Enfield CCG	58,666	79	1,777	325
NHS England (NHS England Core)	41,198	0	1,970	0
Haringey CCG	34,872	1	895	336
Barnet CCG	31,403	0	3,281	0
London Borough of Enfield	9,358	1,533	5,001	138
Health Education England	5,344	5	0	0
London Borough of Haringey	2,381	397	624	7
The Whittington Hospital NHS Trust	1,547	74	518	142
Royal Free London NHS Foundation Trust	1,470	2,225	831	1,202
London Borough of Barnet	1,460	549	136	30
North Middlesex University Hospital NHS Trust	547	289	509	380
Islington CCG	537	0	7	0
Camden CCG	525	0	12	0
City & Hackney CCG	507	0	141	0
East London NHS Foundation Trust	2	1,588	0	448
NHS Pension Scheme	0	14,309	0	0
HM Revenue and Customs	0	12,087	0	2,960
NHS Property Services	0	2,985	0	1,298
NHS Litigation Authority	0	908	0	0

Note 36 Events after the reporting date

Management are not aware of any events occurring after the balance sheet date which will materially affect the figures reported within the financial statements.

Non current Working Capital Support Loans totalling £13,250k from the Department of Health and Social Care were repaid in full in May 2018.

Note 37 Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	23,851	49,838	29,979	51,055
Total non-NHS trade invoices paid within target	21,377	44,534	29,396	46,673
Target	**89.63%**	**89.36%**	**98.06%**	**91.42%**
NHS Payables				
Total NHS trade invoices paid in the year	565	9,080	883	15,753
Total NHS trade invoices paid within target	478	7,280	835	13,382
Percentage of NHS trade invoices paid within target	**84.60%**	**80.18%**	**94.56%**	**84.95%**

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 38 External financing

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

	2017/18 £000	2016/17 £000
Cash flow financing	(59,490)	11,926
External financing requirement	**(59,490)**	**11,926**
External financing limit (EFL)	1,482	12,055
Under / (over) spend against EFL	**60,972**	**129**

Note 39 Capital Resource Limit

	2017/18 £000	2016/17 £000
Gross capital expenditure	5,950	4,747
Less: Disposals	(34,360)	-
Charge against Capital Resource Limit	**(28,410)**	**4,747**
Capital Resource Limit	6,231	5,650
Under / (over) spend against CRL	**34,641**	**903**

Note 40 Breakeven duty financial performance

	2017/18 £000
Adjusted financial performance surplus / (deficit) (control total basis)	33,624
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2016/17 post-accounts STF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Remove CQUIN risk reserve adjustment	588
Breakeven duty financial performance surplus / (deficit)	**34,212**

Note 41 Breakeven duty rolling assessment

	2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Breakeven duty in-year financial performance		239	274	2,023	2,021	595	(4,555)	(7,336)	(12,268)	34,212
Breakeven duty cumulative position	6,013	6,252	6,526	8,549	10,570	11,165	6,610	(726)	(12,994)	21,218
Operating income		173,628	204,547	190,725	190,518	192,748	192,988	191,931	202,027	229,478
Cumulative breakeven position as a percentage of operating income		**3.60%**	**3.19%**	**4.48%**	**5.55%**	**5.79%**	**3.43%**	**-0.38%**	**-6.43%**	**9.25%**

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Independent auditor's report to the Directors of Barnet, Enfield and Haringey Mental Health NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Barnet, Enfield and Haringey Mental Health NHS Trust (the 'Trust') for the year ended 31 March 2018. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and Notes to the Accounts, including Accounting policies and other information. The financial reporting framework that has been applied in their preparation is applicable law and the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

Who we are reporting to

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

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

- the Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of our work, including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2017-18 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- we have reported a matter in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we had reason to believe that the Trust, or an officer of the Trust, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or was about to take, or had begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we have made a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of, the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Director's Responsibilities, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the Trust.

The Audit Committee is Those Charged with Governance.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether, in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Barnet, Enfield and Haringey Mental Health NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Paul Grady

Paul Grady
Engagement Lead
for and on behalf of Grant Thornton UK LLP

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29 May 2018

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

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