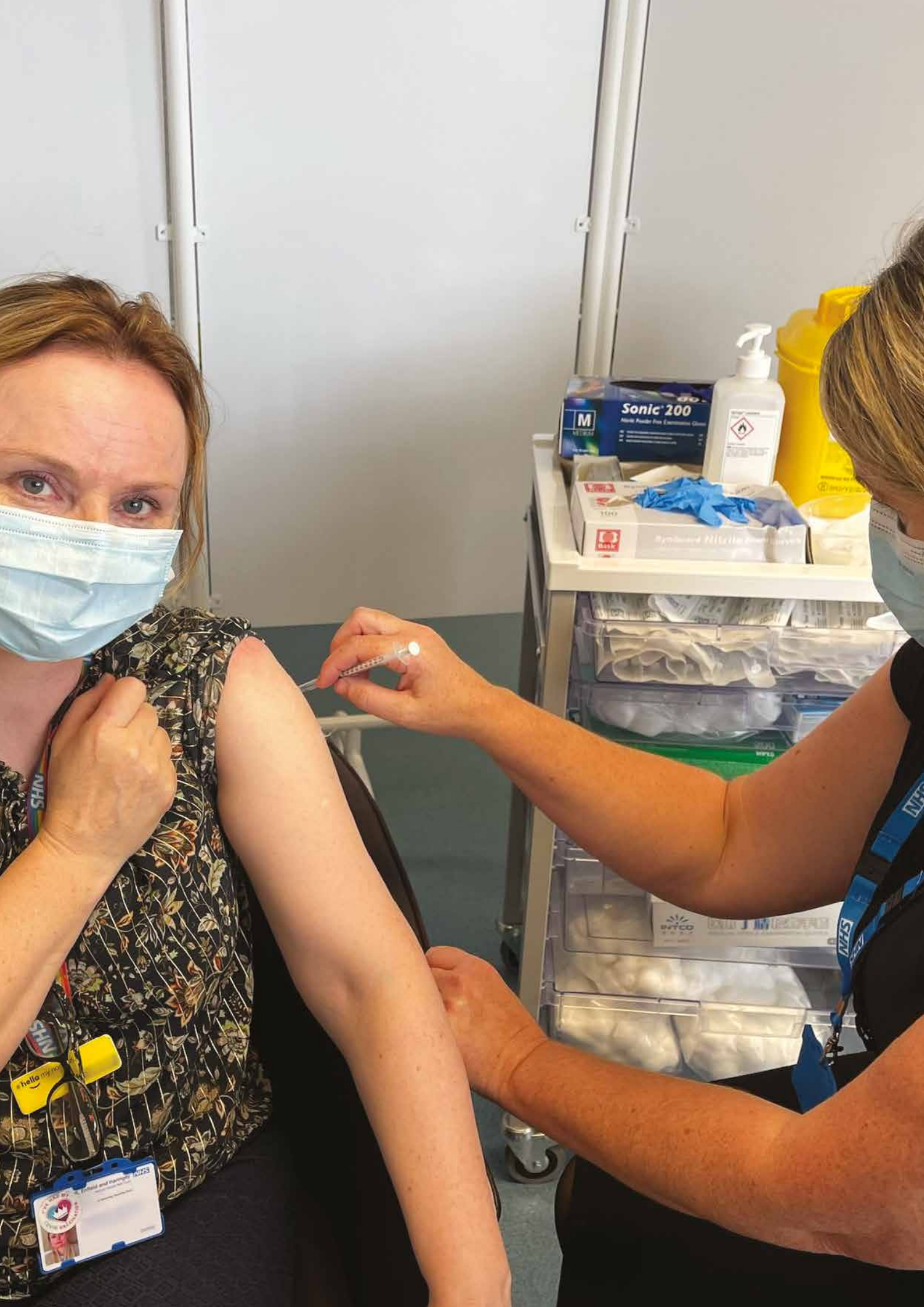
Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Annual Report and Accounts **2021-22**

Supporting healthy lives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Introduction
from the Chair of the Board and the Chief Executive

Welcome to our Annual Report

Despite the challenges we have faced over the last 12 months with further waves of the COVID-19 pandemic, we are delighted to be able to highlight some of the many positive headlines in this report on 2021-22. Partnership working is a strong theme throughout this report and will continue to be at the heart of everything we do, reflecting the bigger picture across the whole NHS as we work more closely with our partners in the wider community.

On that note, April 2022 marked the first anniversary of work starting between Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) and our neighbouring mental health Trust, Camden and Islington NHS Foundation Trust (C&I), to strengthen our working relationship in order to make a real and positive difference to our patients and service users, local communities, and staff.

Both of us have taken on additional responsibilities as part of this new partnership: in April 2021, Jackie Smith was appointed Chair of BEH in addition to her role of Chair at C&I; and in October 2021, Jinjer Kandola, the Chief Executive at BEH, became CEO at C&I, too. While the two organisations remain separate entities, our increasingly strong partnership is helping us to deliver the improvements we want to make together.

Our partnership is already making a difference to our local residents, with a new model of community mental health services across our five boroughs in North Central London. This involves multi-disciplinary teams of clinicians, social workers, local authority colleagues, and the voluntary sector working together in locations near to where people live, giving them the wraparound support they need to help stop them becoming seriously unwell.

We have also developed our first joint strategy setting out our ambition of equality, diversity and inclusion for our patients, service users and our staff. We are committed to creating a fair and just organisation where all our patients and service users have equal and timely access to care tailored to their needs and where all our staff are supported to make their best contribution to caring for our patients and to the Trust.

A massive highlight of the year was BEH maintaining our 'Good' rating and improving in a number of areas following our Care Quality Commission (CQC) inspection, building on our previous 'Good' rating in 2019. This is a significant achievement, given the very tough times we have faced over the last two years due to the COVID-19 pandemic. Despite all the pressures and difficulties, we have come out stronger than ever and this is a testament to the hard work and commitment of all our staff.

The CQC inspectors highlighted many positive developments across our Trust including more joint work with patients and service users, improvements to our estate, particularly St Ann's Hospital in Haringey, and major progress with our focus on inclusion. They also noted areas where we need to keep developing, including improving our bed flow, the recruitment and retention of staff, and sharing learning across the Trust when things go wrong.

While we are making great progress, there is more to do – we are all focused on this and have a well-developed quality improvement programme in place. To keep up the momentum and empower teams to make positive changes, we have also recently launched a BEH Innovation Fund, to help bring ideas from across the Trust to life for the benefit of our patients, service users and staff.

COVID-19 continued to impact on our services and our staff at times through the year. As in earlier waves of the pandemic, our priority has been to keep our patients and our staff safe, to continue to provide high quality care, and to support our dedicated staff. This included providing vaccinations and booster jabs, maintaining infection prevention and control measures, and encouraging all colleagues and patients to be vaccinated.

A huge thank you to all our committed and compassionate staff across BEH for everything they have done over the last 12 months, and continue to do, to provide high quality care to all our patients and service users every day.

Jackie Smith
Chair

Jinjer Kandola MBE
Chief Executive

Responding to the COVID-19 pandemic

The Trust was significantly impacted by the rise and fall of cases of COVID-19 over the year, in particular by the high levels of the Omicron variant in December and January, as case numbers in London rose rapidly. Throughout this period, as in earlier waves of the pandemic, our priority was to keep our patients and our staff safe, to continue to provide high quality care to our patients, and to support our staff through another challenging period. We continued to ensure effective infection prevention and control measures in all areas and used cohorting within our inpatient wards to minimise the spread of the virus.

In December 2021, NHS England and NHS Improvement issued new national guidance to the NHS in response to rising cases of Omicron following the government's declaration of a Level 4 National Incident. In response to this, we developed a detailed Trust Omicron and Winter Pressures Preparation Plan, which assessed our response to each of the national priority areas. In order to coordinate our response, the formal Command structure was stood up, with regular Strategic and Tactical Command meetings and daily Operational Command meetings to coordinate operational responses. Our preparation plan also included a review of all key supplies, Personal Protective Equipment and oxygen provision, so that the Trust was prepared for the increase in COVID-19 infections.

Through this time, we ensured that staff our staff were supported and that services to patients were maintained. We worked closely with our staff to encourage them to have the COVID-19 vaccinations and boosters, in line with national NHS guidance. We also worked closely with local partners, including Camden and Islington NHS Foundation Trust, our acute hospitals, local authorities and primary care colleagues to coordinate the response to COVID-19. Our Enfield Community Services stepped up their use of the 'virtual ward' and rapid response services to help care for more people at home and reduce admissions to local acute hospitals.

The Trust also focused on ensuring the general public vaccination programme targets were achieved, working closely with North Central London partners. Our two hospital vaccination hubs at Chase Farm Hospital in Enfield and St Ann's Hospital in Haringey continued to support patients and staff vaccinations. Enfield Community Services colleagues successfully met the vaccination targets for the national priority groups, including housebound patients, people with learning difficulties and serous mental illnesses and local school children, which was a significant achievement.

The past two years have been incredibly challenging for our staff, and we thank them all for their continued support and commitment to delivering the best possible care to all our patients and service users.

Celebrating the first anniversary of our partnership with Camden and Islington

April 2022 marked the first anniversary of work starting between our Trust and neighbouring Camden and Islington NHS Foundation Trust to build a strong, working partnership. The ambition for our partnership is to make a real difference to our service users, local residents and staff.

We want to:

- Reduce health inequalities
- Eliminate unwarranted variation and inconsistencies across our services
- Improve outcomes for service users
- Create a sustainable workforce model

Key milestones during our first year have been Jackie Smith's appointment as the Chair of both Trusts and Jinjer Kandola's appointment in October 2021 as Chief Executive across both organisations. This is already helping us to work more effectively together and to drive the changes we need to see to improve care still further.

A series of meetings over the summer and autumn with service users and staff helped us develop the nine priority areas that we will focus on to realise our ambitions.

Emerging priorities of the Partnership

Emerging priorities

Benefits so far for patients and service users

Our partnership is already making a difference with a new model of community services across our five boroughs. This entails multi-disciplinary teams including clinicians, social workers and the voluntary sector, working together in locations near to where people live, to offer them the wraparound support to improve their care and quality of life, and prevent them become more unwell.

As part of our partnership, we have also introduced a new model for our crisis prevention houses and this is starting to operate across our whole area. We also plan to open Crisis Cafés in more and more locations later this year.

One of our priorities is to have a single bed management process across our two organisations. This means we will be able to support each other with bed capacity and avoid having to send anybody who needs to be admitted to hospital outside our area and far from where they live. We will soon have in place a brand-new digital system to help us with this.

We are also getting specialist support to allow us to build a single patient tracking list across both our Trusts so that we can support each other in making sure that people get the right care at the right time.

We are confident this partnership will have huge benefits for those who use our services, and we look forward to updating our service users, their carers and our partners as this exciting work develops.

Trust overview

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

We employ more than 3,600 staff, which makes us one of the largest employers in our area. Last year we supported more than 134,952 people; approximately 2,312 patients and service users on our wards and over 132,640 in the community. In 2021-22 our budgeted expenditure was £393 million.

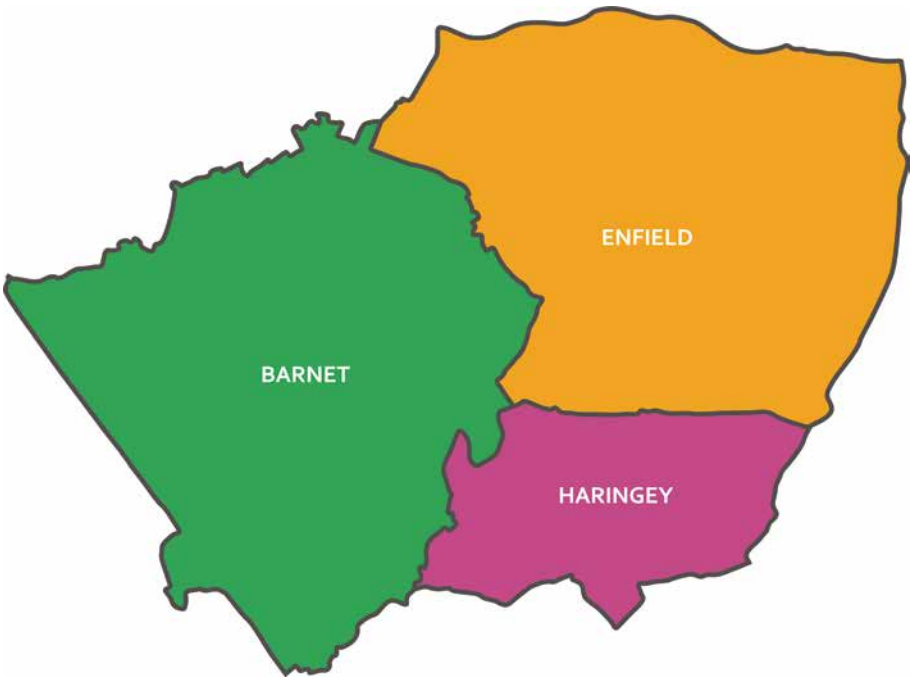
We provide our services to children, adults, and older people from over 20 sites. We support people to overcome the hurdles they face with their health and wellbeing and support them get back into the community and to live as independently as they can. We aim to give people the skills they need to look after themselves with our support in the community. When they need a higher level of care, we provide that on our wards.

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

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

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

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


ENFIELD
BARNET
HARINGEY

CQC Inspection

The Trust was rated as 'Good' by the Care Quality Commission (CQC) in its report published in February 2022.

This builds on the Trust's last inspection in 2019 when we were also rated 'Good' and the CQC recognised that the Trust is in a stronger position, with progress in a number of key areas since then.

The CQC rated the Trust 'Good' overall and 'Good' for being effective, caring, responsive and well-led. The Trust's mental health services were rated 'Requires improvement' for being safe while Enfield community health services were rated 'Good' in all categories.

The CQC found a range of improvements across the Trust, particularly in adult acute wards and psychiatric intensive care units and in adult community mental health services.

Across the Trust, the CQC highlighted positive practice and progress including:

- Patients are treated with dignity and respect and are involved in planning their care
- People with personal experience of mental ill health are employed as peer support workers to help build trust and demonstrate recovery is possible
- Responsive management of the impact of the pandemic, adapting how services were provided and setting up a specially adapted vaccination clinic for people with learning difficulties and serious mental illnesses
- Improvements in the quality of the Trust's buildings, including the large-scale redevelopment of St Ann's Hospital
- Effective leadership and a strong focus on improving the quality of services

The CQC highlighted challenges with recruitment and retention of permanent staff, some delays with completing Mental Health Act assessments, and issues with the availability of inpatient beds. However, the CQC noted that the Trust is aware of these issues and is working hard to address them.

Welcoming the report, Chief Executive Jinjer Kandola MBE said: "The CQC report reflects the continuing progress we are making, and I am very pleased that we have maintained and built on our existing 'Good' rating.

"Given the very tough challenges the whole NHS has faced over the last two years due to the COVID-19 pandemic, this is a great achievement. I'd like to pay tribute to our dedicated and compassionate staff for their commitment to delivering the best care possible for our patients every day.

"We are committed to continuing to improve our services and our ambition is to become a provider of excellent integrated healthcare in north London and beyond."

Our Strategy
Vision, Values, Objectives

We updated our 'Fit for the Future' Trust Strategy in 2021-22 to reflect the impact of the COVID-19 pandemic and wider changes across the NHS nationally and locally.

This included updating our strategic priorities as an organisation, but our four Strategic Aims remain:

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

Our Vision

Our Vision as an organisation is:

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

We summarise our Vision with our Motto:

"Supporting healthy lives"

Our Values

We developed our Values through significant engagement with our staff.

We are embedding them in everything we do, across our services and in the daily working lives of our staff. It is important that we demonstrate our values through our everyday behaviours with colleagues, service users and families. As part of our work on creating a Values-led culture in our Trust, we established a new Behavioural Framework in 2021-22 to set out our expectations (see below).

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Mental Health NHS Trust

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OUR VALUES

Compassion · Respect · Being Positive · Working Together

We bring our values to life in the way we behave every day with colleagues, service users, and families.

	WE WILL	WE WON'T
Compassion		
Kindness	be polite, civil and compassionate	be rude, hostile, dismissive or bullying
Honest	be open, honest and transparent	withhold information or mislead people
Supportive	be attentive to people's needs and offer help when needed	have a 'not my job' attitude, leaving people in need
Respect		
Respectful	treat people equally, embrace diversity and difference	be intolerant, judge others or make assumptions
Fair	act fairly with everyone whoever they are	show favouritism, blame, criticise or micromanage
Inclusive	be approachable, welcoming and involve people	isolate or exclude people, gossip or work in silos
Being Positive		
Appreciative	notice people's work and say thank you so they feel valued	ignore people's good work or take the credit
Positivity	bring an optimistic, 'can do' attitude, calm and reassuring	moan, focusing on the problem not the solution
Improving	seek to learn and grow, speak up and be open to feedback	be resistant to change, and not give or receive feedback
Working together		
Listen	give people time and listen with curiosity	ignore others' views, talk over people or argue
Understanding	show empathy for others, putting ourselves in their shoes	be dismissive of others' feelings, perspectives or stories
Communicate	communicate clearly in ways others understand	not communicate, give mixed messages, use jargon

Try using the ABC and BUILD models to help you bring our Values to life

The ABC of appreciation

A Action — This is what you said or did

B Benefit — The positive impact it had

C Continue — Thanks, please keep doing this

BUILD constructive feedback

B Describe the Behaviour. Observations not judgments.

U (Understand their context. Step into their shoes. Unsaid).

I Describe the Impact on... you, others, outcomes or the work

L Listen to them. "What was happening there?" *(Don't ask 'why?')*

D Ask 'what might you Do differently?' *It's a Dialogue*


Dorset Ward
NHS
Suffolk Ward
Key 15

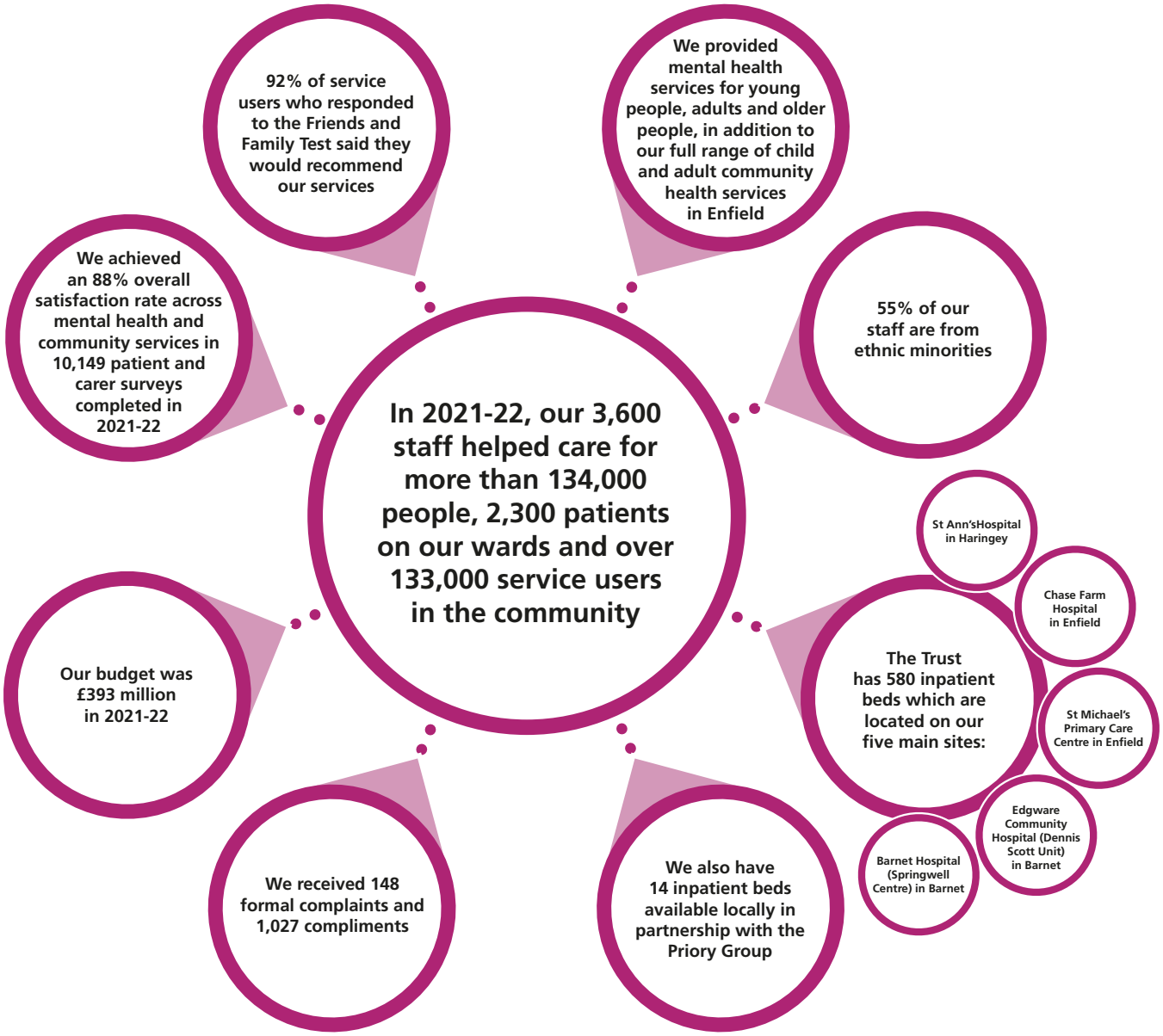
Our Annual Objectives

Our Annual Objectives for 2021-22 were developed to be explicitly aligned to our Strategic Aims. They were reviewed after the second wave of the coronavirus pandemic to ensure they remained up-to-date.

Our Annual Objectives for 2021-22 were:

Strategic Aims	Desired Outcomes	Trust Annual Objectives for 2021-22
Excellence for service users	• Patients experience consistent, high quality care, no matter what services they use	**1.** Provide high quality, safe care for our patients
	• Patients and their families shape their own care	**2.** Ensure our patients and their carers shape their care and the delivery of our services
	• We deliver high quality care locally	**3.** Enable healthy and fulfilling lives for local people and address the health inequalities across our local communities
	• Our services will address health and social care inequalities	
Empowerment for staff	• All staff feel supported, valued, included and are treated and developed equally	**4.** Create a fair, just and inclusive organisation and empower all our staff to thrive at work, to deliver great care for our patients
	• Staff are heard when they speak up to raise concerns	**5.** Support the health and wellbeing of our staff so we attract and retain high calibre staff to meet our future needs as a provider of high quality patient care
	• We attract and retain high calibre staff	
Innovation in services	• We are financially sustainable by delivering best value services	**6.** Ensure the financial sustainability of our services for our patients
	• Technology is used to deliver innovative care	**7.** Build on the increased use of digital tools over the last year to transform and innovate the way we provide services to our patients and ways our staff work
	• We have a systemic approach to improvement	**8.** Empower our staff to continuously improve our services, through innovation and best practice across the Trust
Partnerships with others	• We better meet the needs of local communities by partnering where we live and work	**9.** Develop our partnerships with other local organisations to deliver great integrated services and strengthen our contribution to the economic development of our communities
	• We are a trusted partner in the delivery of health and social care across NCL	**10.** Continue to develop our role as a leader in the North Central London and borough integrated care partnerships

Our Trust in Numbers



Our Key Risks 2021-22

The Trust Board refreshed the Board Assurance Framework (BAF) for 2021-22 at the start of the year. The framework is aligned to the Trust's Strategic Aims and sets out the strategic risks to achieving our Aims and Annual Objectives and how we are managing these. We have a range of policies, procedures and systems in place to monitor our performance against our objectives and to manage the risks of anything that could get in the way of the Trust achieving its strategic aims. The Board's Audit and Risk Committee plays a key role in overseeing these procedures and systems of internal control.

During the reporting year, the Board strengthened its Audit Committee to include risk oversight and the committee now functions as an Audit and Risk Committee. This is aligned with established good practice across the NHS.

The Committee scrutinises the Board Assurance Framework at every meeting and seeks assurance that the Trust has appropriate and effective risk management systems and procedures in place. It also oversees how other committees oversee risk management and key risk developments that fall within those committees' remit. At the end of the reporting period, the Audit and Risk Committee now has a robust system in place for gaining the right level of risk assurance on behalf of the Board.

The Trust Board also continues to review the framework quarterly, with deep dives being carried out by all Board committees. The Chair of the Audit and Risk Committee provides a summary report at every Board meeting, highlighting any key developments and important risk issues that may need to be brought to the Board's attention.

These arrangements are explained in more detail in the Annual Governance Statement later in the Annual Report.

Strategic Aims	Strategic Risk as reported in the Board Assurance Framework
Excellence for service users: We provide high quality and safe care for our patients	**1.** There is a risk that we fail to consistently provide high quality, safe care, in line with national legislation and standards (eg, CQC and Mental Health Legislation).
	2. There is a risk that we fail to provide care in appropriate therapeutic environments, resulting in poor quality care for our patients which may impact on the recovery being longer and patient experience not meeting expectations, and poor working environments for our staff which may make it harder to recruit and retain highly motivated staff.
	3. There is a risk that we will be unable to meet increasing demands for our services, driven by the direct impact of COVID-19 and the indirect wider economic impact, resulting in patients' experience and timely access to our services being compromised.
	4. There is a risk that we do not consistently enable patients and their carers to shape their care and our services, impacting on our services and reputation and a risk that we cannot evidence this sufficiently to secure our desired 'Outstanding' rating from the CQC.
	5. There is a risk that our work with partners to address health inequalities and improve our communities' health and wellbeing does not have sufficient priority to meet the needs of our communities.
	6. There is a risk that we will not be able to effectively manage the commissioning risks which we took on from NHS England under our lead provider contract for secure forensic services. As a result, the safety of patients, our sustainability and our reputation will be impacted.

Strategic Aims	Strategic Risk as reported in the Board Assurance Framework
Empowerment for staff: We create a fair, just and inclusive organisation and empower our staff to thrive at work, to deliver great care for our patients	**7.** There is a risk that our work to create a fair, just, Values-based culture is not effective or not consistent across the organisation, impacting on our staff and the delivery of our services.
	8. There is a risk that we will be unable to deliver consistent, high quality care if we are unable to recruit and retain sufficient number of appropriately skilled staff who are empowered and supported to maximise their contribution at work. As a result, the quality and sustainability of our services will be impacted.
Ensure financial sustainability of our services for our patients	**9.** There is a risk that we will be unable to deliver our financial plan, including savings required to support the NCL system level financial target with the significant financial pressures on the NHS nationally and locally, which could impact on the quality and sustainability of our services.
Innovation in services: We build on the increased use of digital tools to transform and innovate the way we provide services to our patients and ways our staff work	**10.** There is a risk that the Trust's digital infrastructure is compromised by a cyber security breach or attack, either due to an external threat or as a result of poor internal controls. As a result, key systems could be inaccessible to staff and compromise the quality and safety of care delivered.
	11. There is a risk that our digital and data maturity is unable to meet the requirements of the transformation and information sharing agendas. As a result, we will be unable to deliver our transformation objectives which could impact on the quality of our services and perception of the Trust by our partners.
	12. There is a risk that we do not develop our services and organisation as quickly and effectively as possible because we do not consistently embed a continuous improvement culture.
Partnerships with others: We develop our partnership with other local organisations to deliver great integrated services and strengthen our contribution to the economic development of our communities	**13.** There is a risk that we will be unable to realise the benefits for our patients and our communities from the Joint Mental Health Provider Review and other partnerships. As a result we will not deliver the intended improvements in a timely manner.
	14. There is a risk that we do not develop and maintain effective partnerships with system partners and fail to influence the external environment, in particular the development of integrated systems across NCL. Without effective engagement with system partners there is a risk that changes in the NCL ICS and ICPs destabilise the Trust, adversely affect our services and ultimately dilute the voice of mental health.

Key Performance Indicators 2021-22

Like other NHS providers, we have a number of key performance indicators (KPIs) which allow us to measure our performance and benchmark ourselves against other providers. The Trust Board reviews these at each meeting. Our performance during 2021-22 was impacted by the coronavirus pandemic as some services were reduced and some staff were redeployed in order to provide safe services to our patients and to keep our staff safe.

You can find the KPIs for 2021-22 in the following pages, but we have picked out a few key trends or highlights.

We identified areas where a particular focus during 2021-22 could significantly improve patient care or improve the efficiency of the Trust. In many cases, this resulted in us surpassing the relevant national targets during this difficult year.

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

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

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

Trust Performance Scorecard 2021-22

Effective	2021-22	Target
% of admissions that are readmissions within 30 days of previous discharge	10%	6%
Care Programme Approach % reviewed within 12 months	94%	95%
% of clients in settled accommodation	76%	80%
% of clients in employment	7%	6%

Trust Performance Scorecard 2021-22

Caring	2021-22	Target
Patient Survey – information provided	87%	90%
Patient Survey – treated with dignity	91%	80%
Overall Patient Satisfaction	87%	90%
Overall Carer Satisfaction	88%	90%
Patient Friends and Family Test (FFT) – Mental Health overall score	92%	90%
Patient FFT – Enfield Community Services overall score	96%	90%
% of complaints completed within agreed time frame	43%	90%
Number of compliments received	1027	None
Number of Carer and Patient surveys completed	10149	755

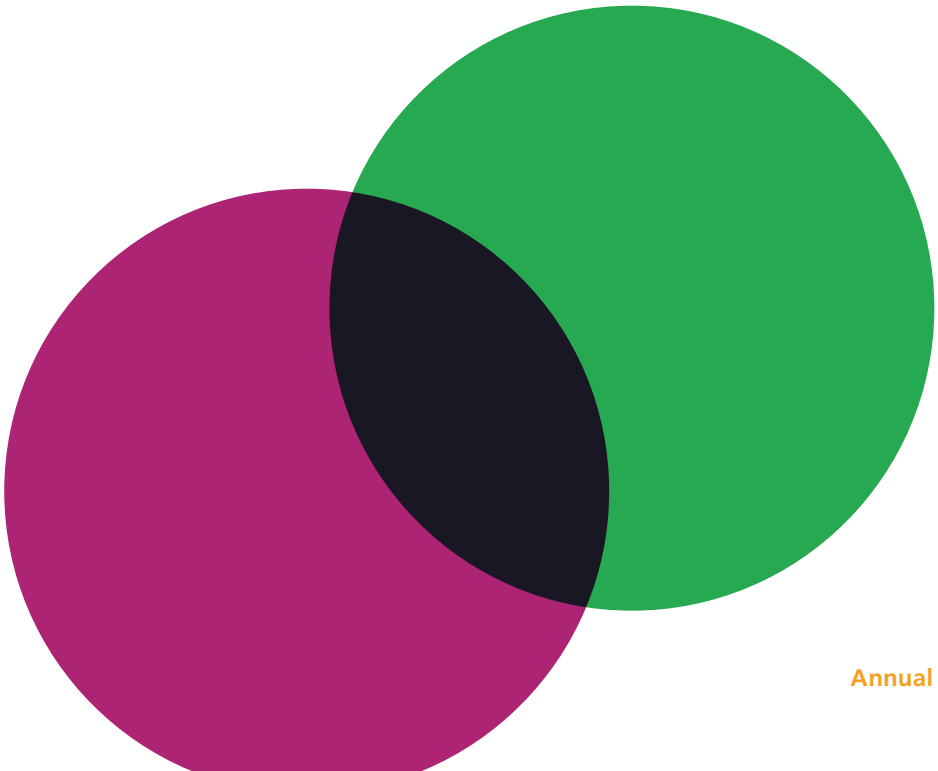
Safe	2021-22	Target
% of patients followed-up within 72 hours of inpatient discharge	79%	85%
Number of Never Events	0	0
Inappropriate use of seclusion room	2	0
Number of Serious Incidents reported to the NHS Strategic Executive Information System (STEIS)	31	0
Number of hospital acquired infections	226	0
Number of patient safety incidents	6408	0
Unexpected deaths	152	0
Suspected suicide	22	0
Sexual safety incidents	71	0
Number of incidents Involving use of physical restraint	1317	0
Number of incidents involving use of seclusion	521	0
Number of incidents involving use of rapid tranquilisation	606	0
Number of Section 135s	111	0
Number of falls resulting in harm	163	0
Grade 3 or 4 pressure ulcers	10	0

Trust Performance Scorecard 2021-22

Responsive	2021-22	Target
Delayed Transfers of Care – % of all occupied bed days due to delayed transfers	2.8%	2.5%
Delayed Transfers of Care – % of adult occupied bed days due to delayed transfer of care	2.7%	2.5%
Delayed Transfers of Care – % of older adult occupied bed days due to delayed transfer of care	5.8%	2.5%
Adults – Mean length of acute inpatient stay on discharge	41	32
Adult acute over 60 days length of stay on discharge	27	None
Let's Talk (Improving Access to Psychological Therapies – Enfield) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies – Enfield) % of people treated within 6 weeks of referral	95%	75%
Let's Talk (Improving Access to Psychological Therapies – Enfield) Recovery Rate	50%	50%
Let's Talk (Improving Access to Psychological Therapies – Barnet) % of people treated within 18 weeks of referral	100%	95%
Let's Talk (Improving Access to Psychological Therapies – Barnet) % of people treated within 6 weeks of referral	96%	75%
Let's Talk (Improving Access to Psychological Therapies – Barnet) Recovery Rate	52%	50%
Early Intervention Psychosis – % of people treated within 2 weeks	82%	56%
Memory Clinic – % of patients waiting less than 6 weeks from referral to diagnosis	63%	85%
Patients triaged by the Crisis Resolution Home Treatment Team as clinically requiring response within 4 hours. These referrals are assessed face-to-face as emergency	95%	90%
Patients triaged by the Crisis Resolution Home Treatment Team as clinically requiring response within 24 hours. These referrals are assessed face-to-face as emergency	92%	80%
Liaison Service – North Middlesex Hospital 1-hour response time for A&E referrals	87%	95%
Liaison Service – North Middlesex Hospital 24-hr response times for Acute Admissions Unit/Ward referrals	92%	95%
Liaison Service – Barnet Hospital 1-hour response time for A&E referrals	92%	95%
Liaison Service – Barnet Hospital 24-hr response times for Acute Admissions Unit/Ward Referrals	98%	95%
% of adult patients seen within 4 weeks	62%	None
% of Child and Adolescent Mental Health Services (CAMHS) patients seen within 4 weeks for assessment	68%	None

Trust Performance Scorecard 2021-22

Responsive	2021-22	Target
% of CAMHS patients seen within 13 weeks for assessment	92%	95%
% of CAMHS patients with a discharge plan agreed prior to or within 48 hours of admission	98%	100%
% of emergency CAMHS Referrals assessed within 4 hours (Tier 4)	100%	100%
Adult Acute – Number of patients Out of Area Placements	258	0
Adult Acute Out of Area Placements – Occupied Bed Days	3081	0
Enfield Community Services (ECS) – Podiatry % of non-urgent referrals assessed within 13 weeks	81%	95%
ECS – District Nursing % of routine referrals responded to within 48 hours	92%	90%
ECS – Magnolia Ward average length of stay	23	0
ECS – Magnolia % Delayed Transfers of Care	5%	2.5%
ECS – Rapid Response % of patients seen within 2 hours of referral	58%	None
Specialist – % of patients assessed within 2 working days of urgent referral	100%	100%
Specialist – % of patients assessed within 21 days of non-urgent referral	99%	100%



Trust Performance Scorecard 2021-22

Well Led	2021-22	Target
Proportion of staff compliant with individual mandatory training requirements	86%	90%
Sickness absence rate %	5%	3.5%
Agency spend as a % of employee spend	5%	8%
Bank spend as a % of employee spend	12%	10%
Total vacancy rate (% of established posts without staff members in place)	11%	10%
Nursing vacancy rate	17%	10%
Medical vacancy rate	11%	10%
Time to hire (mean number of days from advert start to provisional start date)	74	77
Staff turnover (total)	16%	15%
Staffing Day – Average fill rate – registered nurses	97%	None
Staffing Day – Average fill rate – care staff	122%	None
Staffing Night – Average fill rate – registered nurses	96%	None
Staffing Night – Average fill rate – care staff	125%	None

Quality Improvement

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

Building QI capability within the Trust is essential so that staff have a knowledge of QI and are able to understand and use the Model for Improvement. It has been our ambition to use NHS England's Quality, Service Improvement and Redesign (QSIR) programme to train staff internally. However, due to the pandemic, this continued to be postponed.

Nine staff who had previously completed the Practitioner training were able to take their assessments during the year and graduate as teachers of the QSIR Programme which will commence within the Trust in April 2022. In the meantime, we launched an internal Foundations of QI training package to support staff across the Trust which has been delivered to teams and individuals, including those on leadership pathways. We expect that over 300 staff will have completed this training by the end of March 2022. There are also 29 staff undertaking an apprenticeship programme in Service Improvement which includes QI in our Trust.

All teams are encouraged to use QI as the approach to address issues locally. For example, Ken Porter Ward at Barnet Hospital is currently looking at NEWS2, the Beacon Centre at reducing self-harm, and junior doctors in Haringey at improving handover processes. There is also significant support for staff to participate in national QI collaboratives, for example three wards (Shannon, Paprika and Dorset) are currently part of the national collaborative for reducing restrictive interventions.

Barnet Enfield and Haringey Mental Health NHS Trust (BEH) is the first NHS Mental Health Trust to be accepted to take part in the Flow Coaching Academy (FCA) programme. Built on more than a decade of improvement experience, the FCA exists to enable frontline staff across pathways, organisations and whole systems to continuously improve patient care and outcomes. It helps to alter the way improvement challenges are looked at, guided by a specific focus on team coaching within a concept of the 'Big Room' to ensure improvement is both meaningful and lasting. The Model for Improvement is utilised within this concept. Nine staff members have been trained during the year and have graduated as coaches for the FCA which will enable us to use this methodology for complex pathways.

Embedding QI across the Trust has been underpinned by the use of Life QI, a digital platform, where all QI projects are now registered. This not only provides teams with the tools to progress their work but also enables collaboration and real-time and robust reporting of QI within the Trust. There has been a substantial increase in the number of QI projects registered in 2021-22 from 40 in April 2021 to 138 at the beginning of March 2022.


NHS
fastrack
COMPASS
GROUP
Security
Contractor

Quality Priorities for 2021-22

In March 2021, staff from across the Trust, including the Chair and Chief Executive, were joined by service users, peer support workers, commissioners and representatives from other statutory and voluntary organisations to discuss and agree the Trust's quality priorities for 2021-22.

Our four Quality Priorities for 2021-22 were designed to support our aim to deliver excellent care for our diverse population. They take into consideration suggestions from stakeholders and the strategic objectives of the Trust. The priorities were aligned to our Brilliant Basics and therefore taken forward through the work being carried out by the existing working groups to reduce variation in services and improve the quality of care and service delivery across all teams and our staff health and wellbeing.

Excellence for service users

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

Aim: To introduce Dialog+ in 90% of community mental health services and develop a rollout plan for all other areas by 31 March 2022.

Dialog+ has been introduced to a limited number of services across the Trust. The wider rollout has been hampered by challenges brought about by IT interface issues. Recognising the issues, the Trust has pledged to take appropriate action to ensure Dialog+ can successfully be implemented across the Trust in the year ahead. An alternative solution is being explored to resolve the identified issues and complete successful rollout by the end of April 2022.

Several initiatives have already been completed or commenced to drive the implementation of Dialog+ forward:

- DIALOG+ clinical champions
- DIALOG+ Standard Operating Procedure completed
- Communication and Engagement Plan approved and now active
- Service user DIALOG+ information leaflet
- Training plan package.

Empowerment for staff

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

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

In 2021-22, the Trust employed a Health and Wellbeing Lead to develop and drive forward a Trust-wide wellbeing programme for staff. A vast range of services and support forums have been made available to all staff. The Staff Survey 2021 indicated that there was raised staff awareness of health and wellbeing and recognition of the commitment by the Trust to support their psychological and physical wellbeing

Staff wellbeing was also one of the new Brilliant Basics in 2021-22, driving forward quality improvements.

Going forward, the further development of the Health and Wellbeing Strategy will be informed by the Brilliant Basic programme and staff input.

Innovation in services

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

Aims:

- Train an additional 300 staff in QI Foundations by 31 March 2022.
- Every new Trust staff member to receive basic QI training as part of their Induction by 31 March 2022.
- Increase the number of QI projects by 20% by 31 March 2022 monitored through Life QI.

Building QI capability within the Trust is essential so that staff have a knowledge of QI and are able to understand and use the Model for Improvement. We launched our bespoke QI training package, QI Foundations in April 2021. Our aim was for 300 staff to be trained which we are on track to achieve.

The central QI team attend monthly Corporate Induction to provide a basic awareness of QI for all new staff. They also attend the Junior Doctors induction.

All QI projects are now registered and shared on the Life QI online platform. It provides teams with the tools to progress their projects as well as enabling real-time and robust reporting of QI at BEH.

We increased the number of projects registered on LifeQI from under four per month in 2020-21 to over nine per month in 2021-22.

Partnerships with others

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

Aims:

- Deliver the Trust's key commitments in the 2021-22 North Central London (NCL) Mental Health Delivery Plan, including the planned additional financial investment to continue to improve the Trust's services.
- Formally engage local voluntary and community sector partners in supporting the Trust's transformation of community mental health services.
- Ensure the Trust is effectively represented in the NCL Integrated Care System, borough Integrated Care Partnerships and the NCL Provider Alliance.

The Trust has developed effective partnerships with local NHS and other organisations to plan and deliver improved services for our service users and staff.

Progressing our partnership with Camden and Islington NHS Foundation Trust is helping to improve services for our patients by:

- Reducing health inequalities.
- Delivering consistently high-quality services.
- Improving staff retention and recruitment.

Additionally, we are working closely with other local NHS organisations, primary care, local authorities and voluntary sector organisations, a range of local voluntary and community sector organisations engaging in our expansion of community mental health services and directly engaged in the new NCL Integrated Care System, borough Integrated Care Partnerships and NCL Provider Alliance.

Quality governance

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

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

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

Additionally, the Trust's Clinical Audit and Quality Assurance programme includes a rolling programme of audit against performance and quality indicators and is monitored through the Clinical, Audit and Effectiveness Group, a sub-group of the Safe, Effectiveness and Experience Group, which reports directly to the Quality and Safety Committee.

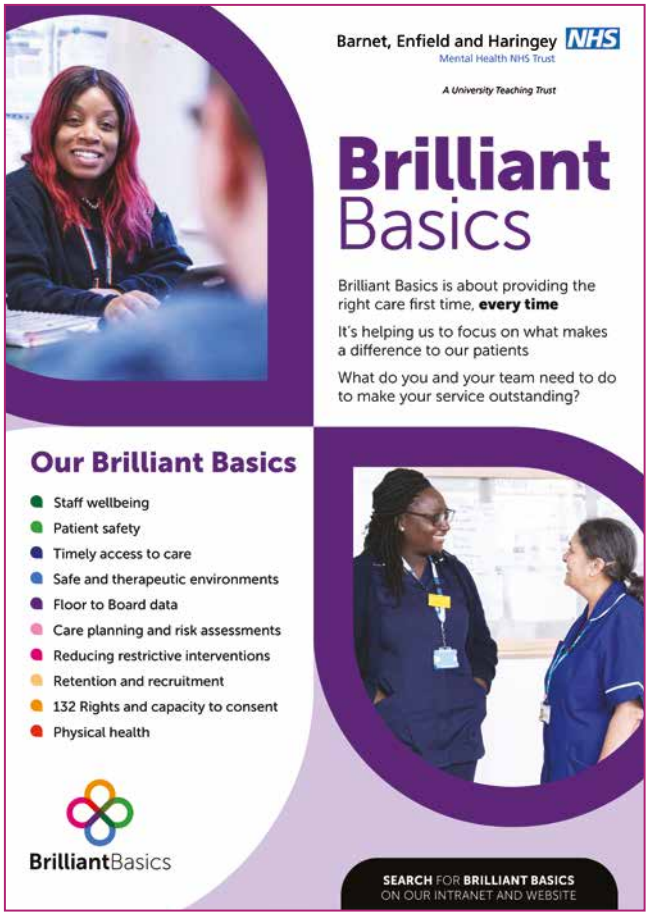
Our Board continues to focus proactively on the achievement of quality in all our services, as well as its other statutory duties around service and financial performance. We have integrated and embedded our quality governance structures and processes into our day-to-day operations. We will continue to work with our service users and carers as Experts by Experience to ensure our quality governance arrangements are coproduced and to support the embedding of high-quality care and services for all our service users.

We also recognise that having a strong organisational culture that is fair and inclusive helps create the conditions necessary for safe and effective patient care and experience, and staff wellbeing.

Our just and inclusive approach to quality governance supports, inspires and motivates staff at all levels to deliver safe and effective care and experience to our service users, and promotes staff wellbeing.

Brilliant Basics

Our improved Care Quality Commission (CQC) rating in 2021 resulted from significant work across the Trust to ensure excellence for our service users.



At the heart of this progress was our Brilliant Basics programme which has provided a 'golden thread' throughout BEH from team level right through to Trust-wide initiatives. We reviewed and updated our 10 Brilliant Basics at the start of the year.

Each Brilliant Basic has continued to be the focus of a quality improvement (QI) collaborative and supported by a member of the central QI team, with a senior sponsor and an operational lead. Progress is reported and monitored at the Trust-wide Brilliant Basics meeting which is chaired by the Deputy Director for Quality Improvement and Chief Nurse, and also presented at the Trust's Transformation Group.

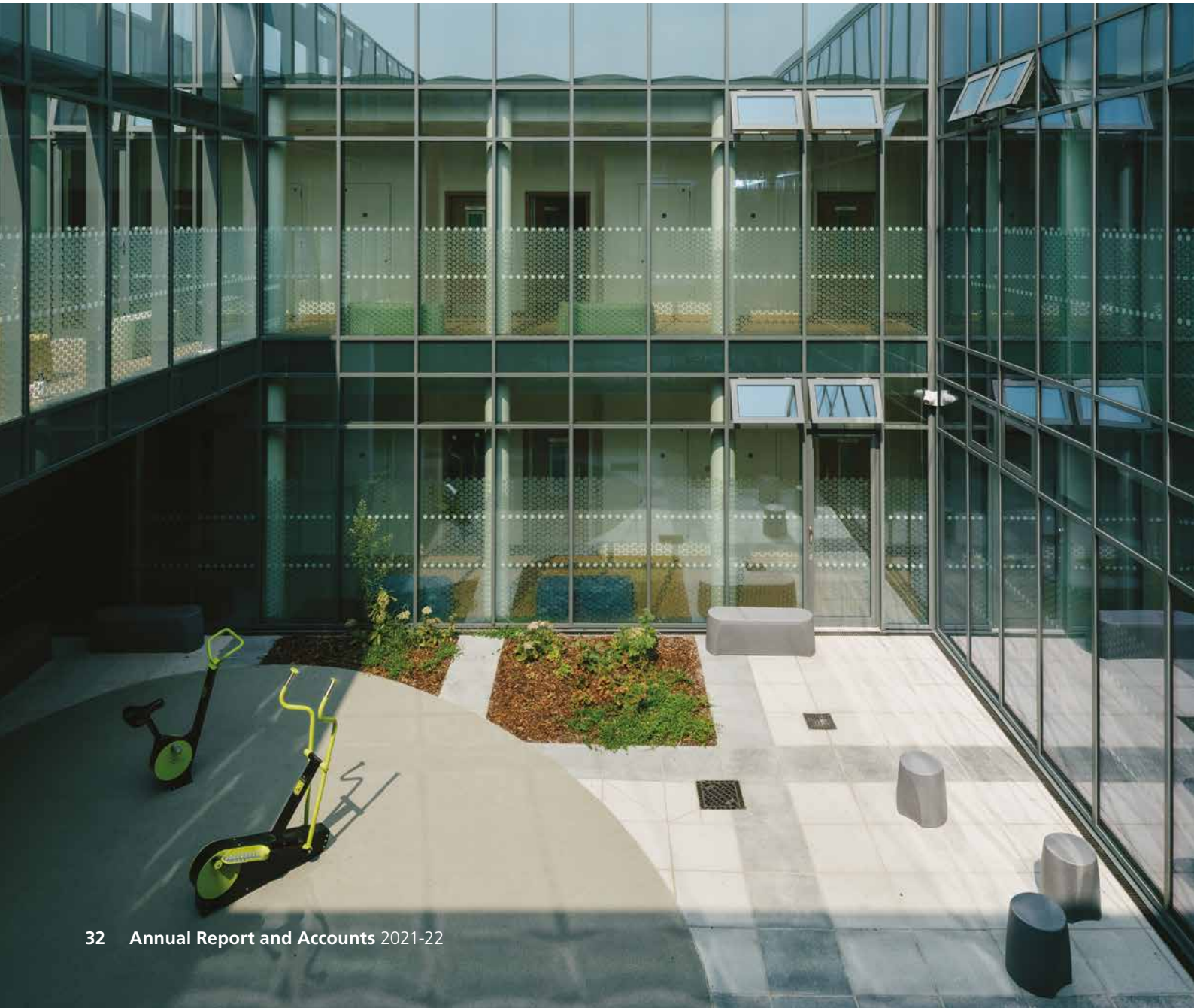
In 2021-22, although there have been challenges associated with further waves of COVID-19, there has been progress in each of the 10 Brilliant Basics.

Highlights of 2021-22

We have highlighted some of our developments and achievements during 2021-22 against our four Trust Strategic Aims:

- Excellence for service users
- Empowerment for staff
- Innovation in services

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



Excellence for service users

Redeveloping St Ann's Hospital in Haringey

Following completion of Phase 1 of the redevelopment of St Ann's Hospital in Haringey in summer 2020, the brand-new inpatient building, Blossom Court, has made an enormous difference to improving the care of our patients, and to the working lives of our staff.

Phase 2 of the redevelopment began in autumn 2020 and has progressed successfully on time and on budget. It is due to be completed by late 2022, when all of the Trust's services are due to vacate the land being leased back from the Greater London Authority (GLA). The GLA's residential development is then due to begin in 2023.

Phase 2 includes the refurbishment of the 1930s blocks for patient and support staff re-accommodation, the construction of a new restaurant, education and training facilities, improvements to G and H Blocks and Block 7, a range of other site infrastructure improvements including revised roadways, landscaping and car parking and alternative accommodation for the Estates and Facilities Department on the retained part of the site. All of this is necessary to enable the Trust to vacate the part of the site sold to the GLA.

The first part of Phase 2, refurbishing the old 1930s buildings, where the old wards were, finished in October 2021, and patient related services, including the Haringey Day Therapies services, moved in on the ground floor and corporate services, including the new Trust Headquarters, moved in on the first floor in autumn 2021. The next part of Phase 2 – the new patient and staff restaurant (known as the Hawthorn Restaurant) and the new meeting suite and training and education centre (known as the Mulberry Centre) – opened in February 2022. The final part of Phase 2 involves refurbishing Blocks G, H and 7 and the installation of new site roads and landscaping which will be completed at the end of the programme in late 2022.

This means that by the end of 2022, the retained St Ann's Hospital site will have been fully redeveloped, leaving much improved facilities for patients, staff, visitors and local people. The redevelopment of St Ann's Hospital sets the standard for the quality of environment we aspire to for all our patients and staff. We have continued to improve our estate throughout 2021-22, building on the elimination of all shared bedrooms, ligature reduction and other improvements we made last year.

Excellence for service users

Patient Experience

We put our service users, carers, staff and communities at the heart of everything we do. We want our service users and carers to be able to feedback easily, freely and in a variety of ways. We thank our service users and carers by responding with action. We continue to strive for excellence by demonstrating that we will listen and act as a result. This approach enables us to be assured that we are consistently striving to and delivering the highest standards of care.

The Service User Experience Engagement and Involvement Team gather both quantitative and qualitative data in a number of ways:

- Service User and Carer Surveys
- National Friends and Family Test
- Service User and Carer Forums
- Responding to feedback in compliments and complaints

How we used these channels this year is summarised below.

Friends and Family Test

The national Friends and Family Test asks services users and carers about their overall experience of our services. During 2021-22, 9,855 service users and carers responded to this question, almost double the number in 2020-21 where 5,646 responses were received. Of those who responded in 2021-22, 92.5% had a very good or good experience and while this result is down slightly from last year's score of 94.7%, it is still above our 90% target.

We continue to monitor this monthly at every level of the organisation. Divisions focus on individual service scores to respond at service level to ensure our overall results are consistent across BEH.

Patient and carer surveys

The Trust's 'Your Experience' survey provides those using our services the opportunity to give feedback under three key domains: involvement, information, and dignity and respect.

During 2021-22 a total of 10,149 surveys were completed which is nearly double the total of 5,879 in 2020-21. This year we introduced the use of SPC charts to enable us to use the data for each question to get a better understanding of key areas of focus.

The Service User Experience Engagement and Involvement team support services to access the IQVIA system to review survey results in real time so they can instantly identify areas for improvement and get assurance when they are doing well. Services have been using the functions within the system to promote our You Said, We Did culture, in response to individual service user feedback

Just some of the examples of changes brought about from service user and carer feedback are:

- Service users in Specialist Services inpatient wards wanted an improved mealtime menu, so senior service leads engaged with caterers to develop a new menu which was implemented in early 2022 following taste testing sessions with inpatients and staff
- Service users and carers gave feedback on Child Development Team Psychology services. As a result, the Mindful Mealtimes group takes place earlier; there are more face-to-face appointments, and all families are now offered the choice; an expanded range of groups is on offer; groups with positive feedback are continued; and staff make sure families are clear on who to contact for support following discharge. As a result, feedback, which was previously negative, has been 100% positive.

New service user involvement and engagement strategy and coproduction

People who have lived experience of mental health conditions and services are helping us to shape the changes we are making to mental health care and services.

Our Service User Experience Engagement and Involvement team has been progressing and meeting the objectives set out in our Service User Involvement and Engagement Strategy at pace. While there was an initial delay due to the pandemic, we are now confident that we can achieve the aims set out. We have increased the involvement of people with lived experience across BEH in Peer Support roles, Expert by Experience (EbE) Coordinators and have employed our first band 7 staff member with lived experience, to focus on supporting our training for Personality Disorder Knowledge and Understanding Framework. We have employed four EbE Coordinators to support us in driving forward our engagement and involvement work.

Our EbEs are coproducing their career pathways and we have introduced a system to capture their aspirations, their strengths and areas where they want to develop further. This information is helping to identify training and development opportunities, which may include shadowing or matching EbEs to roles that enable the individual to be involved in work across the organisation in a meaningful way.

Our EbEs attend meetings, committees, chair service user and carer forums, sit on interview panels and more. An EbE may develop to become a Peer Support Worker or may wish to work in other services such as finance, nursing, governance, or management, bringing important lived experience to all areas of our NHS workforce. Our ambition is to remove barriers so that EbEs can pursue their career aspirations without limits.

BEH is also working with Camden and Islington NHS Foundation Trust to define and strengthen our peer support workforce, to ensure they become equal members of the multidisciplinary team. Developing this revolutionary role as a discipline in its own right will enable us to truly deliver person-centred care and break the stigma surrounding mental health.

We are working with the divisions, our Peer Support Workers and our EbEs to strengthen BEH's Service User Forums. This includes training our EbEs and Peer Support workers to chair meetings and making sure we act on feedback and share the actions we have taken.

Peers and EbEs will also be offered training to strengthen their engagement and involvement in all Trust activities to enable coproduction to be at the heart of everything we do, including how we hear and respond to feedback effectively and compassionately.

During 2021-22 Experts by Experience continued to be involved in many workstreams, including designing new questions for the patient and carer surveys, contributing to a QI project on improving service user involvement in care planning (particularly in the community) via the Person-centred Care Nursing Strategy meetings, and designing the logo for the Recovery Strategy.

Expert by experience feedback on coproduction

"I've been involved in setting up a Service User Forum in Enfield, with staff members. This has meant learning from existing forums, thinking of ways to get the word out to other service users, chairing the forum, and building a system where service user voices are fed upward, heard and acted upon. It's also a way to keep service users informed of changes and developments in the Trust. It's been interesting being the bridge between staff and service users."

Excellence for service users

Complaints and Compliments

We welcome and invite service user and carer feedback, both the good and the bad – we see all feedback as an opportunity to learn and enable us to continue to deliver high quality person-centred care across all of our services.

The Trust received 158 formal complaints during 2021-22 compared to 93 formal complaints during 2020-21. While this is an increase from the previous year, the increase is likely attributable to the national pause of formal complaints for a four-month period in the previous year due to the pandemic. We view each concern as an opportunity to make improvements within our services.

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

- Juniper Ward (Specialist Services) has implemented an improved storage system for service users' property. When a patient is admitted, the ward has introduced more specific documentation of property to more accurately track service users' belongings, especially when they are transferred.
- The Medical Records team has updated the Subject Access Request form to allow patients to clearly state their preferences for receiving their medical notes.

We are committed to building on what we do well too, and we received 245 compliments from service users and their families. Compliments have included:

- Enfield Place of Safety: "Felt respected, staff kind and caring, updated at all times with my care and what is going on."
- Dorset Ward: "Thanks to all staff, thanks for the care and support provided during critical times"

Safeguarding

The Safeguarding Team developed an online integrated Level 3 safeguarding training course to ensure our staff were up to date in this vital area of care and over 90% of our staff are compliant with this training. Key messages from the training are "Make every contact count, See the adult and see the child. Professional curiosity consistently considering early help."

This year saw the role of the Safeguarding Champion strengthened with training provided on parental mental health, PREVENT (counter-terrorism), domestic abuse, gangs and county lines, modern slavery and safeguarding supervision. Champions meetings focused on addressing those areas of safeguarding that are more high-risk including domestic abuse, sexual violence and neglect. One of the main areas of focus this year has been prevention of domestic violence and enhancing sexual safety on inpatient wards. Working groups and forums set up to inform improvements and develop staff skill have been implemented in these areas. We have further developed resources and toolkits to support staff with preventing abuse and neglect.

Safeguarding Declaration 2022

The Trust remains committed to ensuring safeguarding is part of our core business and recognises 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 individuals' human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, discrimination, embarrassment or poor treatment. The Safeguarding Team has worked with all internal and external partners to ensure safeguarding is everyone's business.

We take all reasonable steps to promote safe practice and protect children, young people and adults at risk from harm, abuse and exploitation. We are fully engaged in the work of the Barnet, Enfield and Haringey Safeguarding Boards, and their associated sub-groups for both children and adults.

We are fully compliant with the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (updated September 2019).

The Chief Nurse is our Executive Lead for safeguarding across the Trust. This responsibility has been delegated to the Head of Safeguarding who is supported by a team of named professionals for safeguarding children and adults at risk.

Our Integrated Safeguarding Group is chaired by the Chief Nurse. This Group leads and supports all safeguarding activity in line with our Safeguarding Strategy and underpinning work plan and ensures that the Trust executes its statutory duties in relation to safeguarding of children and adults at risk. This meeting is held on a quarterly basis. The Trust Board takes safeguarding extremely seriously and receives an Annual Safeguarding Report as well as update reports to the Quality and Safety Committee.

The Trust adheres to its statutory duties in line with Section 11 of the Children Act 1989. The three local Safeguarding Children Boards provide robust challenge around our assessment of compliance with Section 11 of the Act.

The Trust meets statutory requirements in relation to Disclosure and Baring (DBS) checks – all staff employed at the Trust undergo a standard or enhanced DBS check prior to employment. The Trust is committed to ensuring DBS checks are repeated every three years.

All eligible staff are required to undertake relevant safeguarding training, and this is regularly reviewed to ensure it is up to date. The Trust has a training strategy in place regarding delivering safeguarding training at appropriate levels as defined in the relevant Intercollegiate Documents for both Safeguarding Children and Safeguarding Adults. All safeguarding training Level 3 is at 90% compliance across the Trust.

Excellence for service users

Estates and Facilities

Estates

The new Mulberry Education and Meeting Centre at St Ann's Hospital has opened, enabling individuals and teams to book rooms and desks. This contributes to our Sustainability Plan by using space more effectively. The plan will be rolled out throughout the Trust so that all bookable space is managed through one portal which will maximise its efficiency.

The new Hawthorn Restaurant at St Ann's Hospital has also opened and feedback is that the space is much improved compared to the former restaurant.

Teams at St Ann's have relocated to their new offices and spaces and feedback has been very positive. Improvements have been made both to the office environment and to the safety and compliance of the spaces.

Over the next 12 months, the grounds around St Ann's will be improved. Service users and staff will be invited to work with the Trust on a monthly landscape diary, each month working on aspects that enhance the natural landscape.

Major works are going on at the Chase Farm Hospital site, with two new schools being built on the old hospital site and the car parks alongside the BEH areas being improved.

The much-awaited Cumbria Villa Ward on the Chase Farm site is opening in 2022; this will be a decant ward enabling many wards to be refurbished over the next few years.

The replacement of Fortis House is due for completion in June 2022. A fully refurbished building will be opened offering more available bed spaces and greater service provision in a purpose designed property.

A new Estate Strategy is being developed to make sure all our buildings are effective and efficient, including improving and enhancing patient areas and enabling more agile working by staff.

Facilities

In advance of the NHS Food Review, our catering provider Medirest audited all wards they provide food to against their standards and has been working with the Trust to make the necessary improvements. The NHS Food Review will be completed nationally in 2022 and all Trust results will be publicly available.

Together with Medirest, we have offered additional Food Safety training and over 700 staff have enrolled on the level 2 course via e-learning. A monthly update is provided by Medirest and forwarded to the Safe and Therapeutic Environment Group.

Food tasting has been provided not only at ward level but also to the ward managers, dietitians, divisional heads of nursing and senior management teams to showcase the quality of food on offer each day to the patients. These opportunities have been very well received as these groups of staff otherwise generally do not see or taste the food offered to patients. Medirest has received lots of very positive feedback on the taste, and this has also enabled greater understanding of what patients are entitled to at mealtimes to ensure that they are not hungry and can get a balanced diet.

Catering continues to work with the ward teams on improving the way they are serving the food to ensure that the food is looking its most appetising as we recognise that this affects the way the patients feel about food.

We have introduced electronic ordering for food at St Michaels to speed up service and improve record keeping for patients. This has gone down well, and we will be extending this across the other wards.

The Medirest Head of Cleaning has been part of the NHS working group designing the new National Cleaning standards and has been working closely with the Estates and Facilities and Infection Prevention and Control teams to assist the Trust implementing these.

Catering has received compliments across the site including:

"Catering at St Ann's – congratulations on your sustainable stance. Congratulations to our wonderful catering department at St Ann's. Not only do you do the most wonderful fish and mushy peas on a Friday, but you have replenished the ward kitchens and the café with the most wonderful sustainable disposable cartons and cutlery."

"Joint environmental audits are regularly held with Medirest to ensure standards are maintained and this is supported by the Clinical Friday visits with senior nursing staff looking at best practice. Deep cleans of our wards have continued throughout the pandemic to ensure they continue to be safe for our patients and staff."

Excellence for service users

New Clinical Strategy 2021 – 2026

During the last year we joined together with our service users, carers, staff and partners to co-create an ambitious vision for the kind of care we want to provide over the years ahead.

The COVID-19 pandemic has resulted in significant disruption and trauma for many people, and new and increased physical and mental health needs have emerged. It has also shone a bright light on social and health inequalities and there is a recognition that we need to do more to reach everyone who needs care and to make sure there are positive outcomes for all.

As our Medical Director Mehdi Veisi wrote in an open letter to people who use our services, never has there been a more important time to review our clinical approach and renew our commitment to providing excellent care.

We have developed clinical principles, which will guide every aspect of the way we provide our services and which set out what behaviours and actions our patients and carers can expect from us:

- People at the heart
- Whole person care
- Kindness matters
- Accessible and flexible, recovery-focused and inclusive
- Providing safety
- Addressing inequalities
- Open, honest, trustworthy and transparent
- Best evidence and outcome focused
- Collaborative and coproduced

These principles will help us achieve our clinical priorities for the next five year which include transforming urgent, crisis and community mental health care for both adults and children, developing our physical health services, and maintaining the excellence we have in our specialist services.

We recognise there is more to be done to address health inequalities across our three boroughs. Until we have achieved this, we cannot be confident that our new clinical services are available to everyone who needs them. We pledge to continue to lead on ensuring equality and inclusion in health and being innovative and bold in our ideas to implement our vision for integrated healthcare.

Our Clinical Strategy places equal importance on mental and physical health, confirming our commitment to using new digital technologies to address poor mortality rates in mental health patients and to improve outcomes for all our patients. We also commit to reducing variation in care and access to treatment to ensure all those we serve receive consistently high-quality care where and when they need it.

Sustainability

The BEH Green Strategy was launched during 2021-22 and work is now progressing to develop a programme and timescale for delivery of the Green Plan.

New heat exchangers have been fitted as part of the St Ann's Hospital refurbishment. This reduces reliance on fossil fuels, and we intend to roll these out in all our buildings where possible.

Car charging is being fitted around the Trust to enable staff and visitors to easily charge electric vehicles.

LED lighting is being fitted as a standard for all new and refurbishment schemes as energy is a fraction of the cost with LED lights.

A culture change programme is going to be introduced in 2022 following on from staff requests for more involvement in sustainability and environmental action. Staff will be invited to share their ideas and aspirations as well as learning from other organisations in an interactive way using an app. Staff and service users will be encouraged to develop methods to reduce waste and carbon usage which will reduce costs in terms of both the Trust's carbon footprint and the cost to heat and light the built environment.

Co-designing service transformation

Enfield Child and Adolescent Mental Health Services (CAMHS) appointed a Project Lead for Transformation and Coproduction to help co-design our service transformation. This involves six focus groups using the existing structures of the Young People participation group, links with the Our Voice Group that supports parents of children and young people with Special Educational Needs, and a national initiative supported by the Anna Freud Centre for improving school links with headteachers and senior mental health leaders across the system.

Coproduction and participation in My Young Mind Enfield

Coproduction has been embedded in the work of the Enfield CAMHS schools Mental Health Support Team from the outset. For example, focus groups were held with children and parents from a range of educational settings to consult on the development of the team during its initial implementation. This contributed to changing its name locally to 'My Young Mind Enfield' as all groups expressed concern that the word mental health was a potential barrier to accessing support

Young people in schools voted on the new name and helped develop a new logo. Adaptions were made to leaflets and pathways to access support based on the feedback from young people.

During summer 2021, the service coproduced with Our Voice parents psychoeducational information on autism for families from minority ethnic backgrounds. The guidance was based on user experience and feedback.

Enfield Step and Thrive – a co-designed new model of care

As demand for mental health services increases, it becomes imperative to find new models of care in psychology services which can reach more people and can be delivered alongside evidence-based therapies. The vision of the NHS Long Term plan is to provide care in communities, not in outpatient offices. In Enfield Community Psychologist Lucy Gore and Divisional Lead Anna Mandeville are co-designing with service users a new model of care called 'Step and Thrive'.

The name was chosen by service users who told us they need more protected spaces to help them 'step out' and transition from mental health services and on into 'thriving' in community life. Service users also told us that while they may not feel ready for more intensive psychological therapies, they are looking for a safe space where their psychological needs are understood. Step and Thrive uses psychological approaches (community psychology, strengths-based approaches, trauma informed care, mentalisation and recovery models) to 'wrap around' activities service users tell us they need.

Co-designed pilot groups include Working with nature (Enfield Community Garden); walking in our community; learning better English; narrative of life; and Tree of Life.

The 'Step and Thrive' model of care will take an iterative approach co-designing, testing and evaluating community groups as it develops. It is a community psychology approach which focuses on the creation of communities characterised by equality and wellness.

Excellence for service users

Delivering COVID-19 vaccinations

Our Enfield Community Services (ECS) was the first provider to start delivering first dose COVID-19 vaccinations to 12–15-year-olds in London. ECS ran a joint campaign with the local authority to encourage uptake among this age group, including webinars and parent engagement sessions.

During 2021-22, ECS delivered over 1,500 vaccinations to housebound patients in the borough.

The service made a successful funding bid to NHS England for a 12-month behavioural science project on vaccine equity and improving uptake for school age vaccinations within difficult to reach communities in the borough. The learning from this project will be published and shared across the UK.

Transforming care for children and young people

BEH has launched a transformation and improvement programme to ensure that children and young people in North Central London receive the best possible mental health care.

The transformation of Children and Adolescent Mental Health Services (CAMHS) will focus on meeting national standards on quality of care and access to treatment in line with local Integrated Care System principles.

The aims of the programme are:

- Children and young people in Barnet, Enfield and Haringey will receive the best possible mental health care, enabling them to grow up confidently and with resilience to fulfil their lives.
- There will be seamless and equitable access to mental health care across the three boroughs and wider North Central London system with minimal waits for treatment.
- Culturally sensitive care will be provided in schools, community settings or at home wherever possible and young people requiring an inpatient admission will receive multi-disciplinary therapeutic care close to their home.
- Children and young people experiencing a mental health crisis will be given immediate support that can be easily accessed, either by phone or online, at home or in community settings.
- Children and young people, their families and the wider system will be active partners in developing care plans and driving innovations in services.

Flow Coaching Academy

BEH is proud to be the first mental health trust in England to be selected and receive funding from the Health Foundation to become a Flow Coaching Academy (FCA).

The FCA uses weekly coached 'Big Rooms' to bring people together to work collaboratively with complexity, co-designing improvements in services. The BEH Child and Adolescent Mental Health Services (CAMHS) teams and their partners have been working with the coaches in FCA Big Rooms using Quality Improvement (QI) methodology to develop efficient and effective care pathways for children and young people.

Key areas of focus have been:

- Developing a digital referral form to gather complete information from referrers first time which is available for clinicians at the start of the pathway.
- Learning from all boroughs to develop a more effective access and triage pathway across all three boroughs.
- Aligning our clinical model to the North Central London backed 'Thrive' model to provide a responsive all systems approach to helping families.
- Developing a tri-borough neurodevelopmental pathway for children referred for ADHD and autism spectrum disorder assessments to reduce the waiting time for assessment and treatment.
- Planning a summit to further co-design the changes in CAMHS.

An important aim for the Big Room is to streamline the CAMHS services at BEH to minimise unwarranted variation and maximise good practice. The Big Room has completed an in-depth process mapping of all the CAHMS services to understand the current situation before any re-design. Staff have reported that having protected time to engage in the Big Room and be fully involved in improving services has improved their wellbeing and morale.

Reducing challenging behaviour through the Positive Behaviour Support approach

With a focus on reducing violence and aggression and improving patient experience across the learning disability pathway, Forensic Services have embraced and embedded Positive Behaviour Support (PBS). PBS is an ethical and effective way of working collaboratively with people with learning disabilities who are at risk of behaviour that challenges.

The services have developed a bespoke training package for staff and recruited a PBS coordinator who provides ongoing support and training to local PBS champions. They also supported a service user to take on the role of PBS Expert by Experience who has contributed to staff training and Provider Collaborative conferences.

Working collaboratively with service users, a PBS plan was developed for each person with the aim of rewarding positive behaviours and improving quality of life. Through reflective practice spaces, the PBS plans are reviewed regularly, and staff develop expertise and skills in supporting patients with this new approach.

Using a Quality Improvement (QI) approach, the services record data and monitor change ideas with the aim of reducing episodes of seclusion and restraint. A specialist PBS activity worker works with service users on an individual basis to engage them in meaningful activity, offering alternatives to any risky or challenging behaviour. Over the first six months, the QI project has evidenced a reduction in violence and aggression by 40%, episodes of restraint by 78%, and seclusion by 72%.

Excellence for service users

Empowerment for staff

Equality, Diversity and Inclusion Strategy

Equality, diversity and inclusion is everyone's business.

Together with Camden and Islington NHS Foundation Trust we launched our first joint Equality, Diversity, and Inclusion (EDI) strategy to help address inequalities, spread good practice, and improve outcomes for patients, carers, and staff across our organisations and local communities.

The aim is to create and sustain a fair and just environment where all our staff are supported to make their best contribution, and have their experience, concerns and ideas heard. We want all of our patients to have equal and timely access to care that continues to be tailored to their needs, building on our role as an "anchor" organisation in the local economy to bring tangible benefits to the communities that we serve.

Delivering excellent care for diverse populations

Our primary function is to deliver excellent care for the diverse populations of North Central London. We are committed to developing our services to ensure we deliver the best possible integrated care across all our boroughs.

We will collaborate with NHS colleagues, primary care, our local authorities, and the voluntary and community sector to deliver integrated care and prevention initiatives at neighbourhood level near to where patients and service users live and work.

Our staff are at the heart of our organisations and it is our responsibility to ensure they are supported to deliver the best care possible. With staffing challenges across the NHS, we will create a culture where we champion and develop our staff and promote inclusion across the partnership between our two Trusts.

We will encourage a healthy work-life balance for all our staff, develop collective leadership at all levels of our organisations, and realise individual development opportunities. We will cultivate collaborative working with our partners to share best practice and enable integrated care delivery.

Five areas of focus

In order to keep our focus and to stay on track with delivering the strategy, we have developed a detailed action plan for each trust with five main areas of focus. These areas align with the objectives of national EDI standards (Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap), have been developed in partnership with our Staff Networks and service user groups, and complement other Trust strategies as part of the wider cultural transformation agenda.

The five areas of focus are shown in the diagram below:

Progress will be measured through national benchmarking, and regular engagement with staff, service users, and communities. This will allow us to keep an active watch on improvements and any areas of concern.

SERVICE USERS AT THE CENTRE OF ALL WE DO

Objective 1: Improve service user access and experience

We want to ensure our services are accessible to all our service users and carers. We also want to ensure the information we provide can be adapted to meet individual needs.

Applying our Trust values, we will strive to provide personalised and compassionate care while respecting different people's needs, aspirations, and priorities. We aim to ensure service users and carers have a positive experience of our services and are not disadvantaged in any way.

Objective 2: Better health outcomes

We want to identify where there are health inequalities in our services and have systems in place to tackle these in an open and transparent way. We want to ensure inequalities are flagged and transformed into improvement measures, which are evident in-service planning.

On a personal level, we aim to ensure all our service users are supported to achieve their health and wellbeing goals. We want to empower our service users, who at times may struggle to have their voices heard in society, and provide them with choices, effective advocacy, and compassion and enable them to take control of their care and treatment.

Our Workforce

Our staff have faced another very challenging year, caring for our patients, keeping patients and each other safe and helping each other to maintain high quality services throughout the ongoing COVID-19 pandemic.

We made sure that staff had the appropriate Personal Protective Equipment (PPE) and were trained in its use. We also ensured that social distancing measures were in place throughout the organisation and, where possible and appropriate, staff worked from home to help reduce the spread of the virus.

We also ensured that our workforce continued to have access to lateral flow testing kits as soon as possible and asked them to use the tests and record the results regularly. We also encouraged all our staff to have their COVID-19 vaccinations and boosters as soon as possible. At critical times during the year, some clinical staff were redeployed to support our crisis and inpatient services and staff in non-clinical areas were also able to support clinical areas where appropriate

As a Trust, we provided a wide range of support for our staff, including helplines and guidance and advice on our dedicated coronavirus intranet pages. A regular 'All Staff Coronavirus Update' email was sent to all staff, with the latest guidance and advice. Frequent staff webinars were held with the Chief Executive, members of the Executive Leadership Team and external speakers to allow any member of staff to raise questions and receive direct answers. All of our staff were fully supported with rapid access to free and unlimited access to confidential face-to-face counselling and talking therapies, as well as bereavement and confidential staff support lines. The hard work and commitment of our staff was recognised and celebrated during the year with 'Recognition' days and vouchers for staff to spend on their own wellbeing.

Throughout the year, we also continued to develop our culture, to support and develop all our staff and promote fairness, inclusion and equality across our organisation. We developed stronger work relationships with local authorities and Job Centres to support younger people and those in longer term unemployment back into work from our surrounding local community. We have also been actively involved in attracting, training and supporting those new to the NHS into care support roles.

Some of our key initiatives to develop our culture further are outlined below and a newly appointed Just and Inclusive Culture Lead will progress the development of this work. Our Trust People Plan sets out our ambitions to continue to empower our staff, promote a healthy work-life balance, and ensure they thrive personally and professionally at work.

Despite the pressures and challenges of the last year, the hard work and commitment of all of our staff has resulted in the Trust retaining its 'Good' status with recognition by our regulators the Care Quality Commission of many positive improvements across our services.

Empowerment for staff

Staff Survey

In 2021, 1,835 staff completed the national Staff Survey reflecting a significant increase from 44% the previous year to 55% this year. The results from this year's NHS Staff Survey show that the work done over the last two years to make BEH a great place to work is having an impact.

The survey showed an improvement in fairness in recruitment and development opportunities as well as in leadership development and supporting and developing teams at BEH. There has been an increase in staff feeling safe to speak up about anything that concerns them in this organisation. There have also been reductions in staff reporting experiences of harassment, bullying or abuse at work from patients, service users, line managers and colleagues.

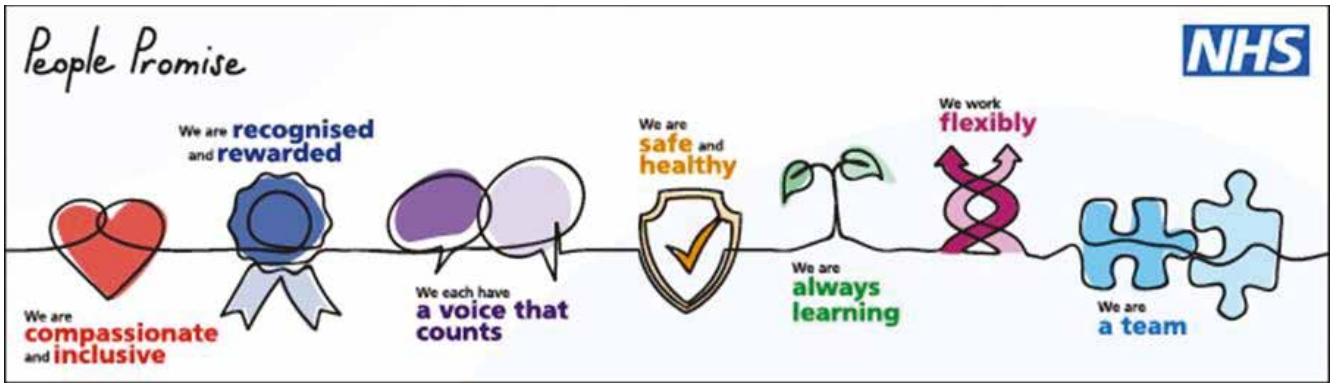
The NHS Staff Survey was redesigned in 2021 to align with Our 'People Promise' which commits to us all working together to improve the experience of working in the NHS for everyone. It comprises seven principles which enable a positive, compassionate, and inclusive culture.

Freedom to Speak Up Guardian Service

In response to feedback from staff we launched a new, independent Guardian Service in January 2021 to develop a culture where all staff feel able to safely speak up about any issues or concerns they may have about any aspect of work at BEH, including patient care and safety.

The new 24/7 Guardian Service is external to the Trust and replaced the previous in-house service which had limited availability. The new service is completely independent and confidential and provides an accessible team of guardians from a range of diverse backgrounds, to reflect our diverse staff. The new guardians bring experience and expertise from working with staff in other NHS Trusts and the service has been central to the development of our Just and Inclusive culture.

The Freedom to Speak Up Guardian has been welcomed in the Trust and in the first year has exceeded anticipated levels of contact. While individual concerns remain confidential, key issues and themes have been identified together with recommendations and shared with the Executive Leadership Team to inform changes to approach.



The Trust scored its highest results for 'we are compassionate and inclusive', staff engagement, and 'we are a team'. BEH is above the average and in line with the best benchmarked score across the comparators for 'we are always learning', 'we are safe and healthy' and staff engagement but is below the average for 'we work flexibly'.

The survey showed, however, that equality, diversity and inclusion (EDI), staff wellbeing and retention remain a hot spot with a high percentage of staff thinking about leaving the organisation. The Trust has made and continues to make great strides towards tackling these issues. We have launched a new EDI Strategy, recruited a Just and Inclusive Culture Lead, launched a new values and behaviours framework (which underpins our new values-based appraisal and recruitment process), and we are committed to strengthening our wellbeing support for staff. We know that conversations create culture and so we have held and continue to run series of workshops geared towards equipping our teams and managers to be able to have courageous and effective conversations. We aim to ensure every single member of Team BEH feels fairly treated and valued.

INCLUSION PROGRAMME

We are committed to developing a values-based culture where all staff have a voice, everyone feels supported and able to thrive both personally and professionally as we deliver excellence in patient care. To support this, we launched our Trust-wide Inclusion Programme in 2020 in partnership with the Trust's Staff-Side Chair, and our Staff Network Chairs. This work was supported by two charitable organisations with expertise in making equality happen within organisations, the King's Fund and brap.

The first phase of the programme, gathered information from staff on their experiences, thoughts and feelings around inclusion, and started a dialogue around how things stand currently, and our ambitions for a better, fairer and more inclusive culture. Phase two has focused on how to embed our Trust values of Compassion, Respect, Being Positive, and Working Together across all our services and departments and what this looks like in action. We engaged our workforce through a series of 'Values into Action' workshops to gain their feedback and have used this to create a new, shared 'Living our Values' Behavioural Framework.

To further support embedding this cultural change we have also delivered a number of well-attended Masterclasses on Inclusive Leadership and 'Having Difficult Conversations' and have held an all-staff webinar on how we can embed our values and behaviours framework within our teams. We have built this approach into how we recruit new colleagues, how we run induction and how we appraise staff so that our whole culture is based on our Values.

This programme continues to inform our wider inclusion agenda which is set out in our Inclusion Action Plan as part of our Equality Diversity and Inclusion Strategy. Our new Just and Inclusive Culture Lead will also ensure that learning from this programme is not lost along the way and that inclusion is kept at the forefront of our organisational culture.

Empowerment for staff

Workforce Race Equality Standard (WRES) progress

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

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

Table 1: Workforce Race Equality Scheme (WRES)

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

	2017	2018	2019	2020	2021
White: BEH	30.1%	33.4%	35.8%	29.9%	28.4%
Ethnic minorities: BEH	37.8%	38.2%	37.2%	34.3%	36.1%
White: Average	28.1%	27.8%	27.6%	25.4%	26.2%
Ethnic minorities: Average	33.4%	33.3%	35.5%	32.1%	31.8%

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

	2017	2018	2019	2020	2021
White: BEH	24.4%	27.1%	27.5%	31.0%	21.8%
Ethnic minorities: BEH	30.5%	28.3%	26.9%	27.6%	23.6%
White: Average	20.4%	21.2%	20.6%	19.6%	18.1%
Ethnic minorities: Average	23.8%	27.1%	24.8%	25.0%	22.9%

% believing that Trust provides equal opportunities for career progression or promotion

	2017	2018	2019	2020	2021
White: BEH	51.4%	53.3%	50.2%	53.9%	52.8%
Ethnic minorities: BEH	45.9%	41.7%	38.4%	40.3%	46.8%
White: Average	60.4%	58.3%	59.0%	60.9%	61.0%
Ethnic minorities: Average	49.5%	46.3%	45.8%	45.5%	46.8%

Personally experienced discrimination at work from staff, manager or colleagues

	2017	2018	2019	2020	2021
White: BEH	8.5%	8.8%	7.0%	7.2%	9%
Ethnic minorities: BEH	13.3%	12.5%	13.5%	15.9%	14.4%
White: Average	6.1%	5.9%	5.8%	5.6%	6%
Ethnic minorities: Average	13.0%	13.6%	13.4%	15.1%	14.4%

Staff Networks

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

Table 2: Staff costs and average number of employees (subject to audit)

	2021-22			2020-21
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	156,920	-	**156,920**	151,728
Social security costs	16,797	-	**16,797**	15,974
Apprenticeship levy	765	-	**765**	727
Employer's contributions to NHS pension scheme	26,601	-	**26,601**	26,045
Temporary staff	-	14,815	**14,815**	10,494
Total gross staff costs	**201,083**	**14,815**	**215,898**	**204,968**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**201,083**	**14,815**	**215,898**	**204,968**
Of which				
Costs capitalised as part of assets	461	365	**826**	904

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

	2021-22			2020-21
	Permanent	Other	Total	Total
Medical and dental	211	33	**244**	231
Ambulance staff	-	-	**-**	-
Administration and estates	290	90	**380**	317
Healthcare assistants and other support staff	1,169	342	**1,511**	1,389
Nursing, midwifery and health visiting staff	900	216	**1,116**	1,081
Scientific, therapeutic and technical staff	661	49	**710**	642
Other	6	-	**6**	8
Total average numbers	**3,237**	**730**	**3,967**	**3,667**
Of which:				
Number of employees (WTE) engaged on capital projects	7	4	**11**	10

Table 4: Reporting of compensation schemes — exit packages 2021-22 (subject to audit)

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	–	–	–
£10,000 - £25,000	–	1	**1**
£25,001 - £50,000	–	1	**1**
£50,001 - £100,000	–	–	–
£100,001 - £150,000	–	–	–
£150,001 - £200,00	–	–	–
> £200,000	–	–	–
Total number of exit packages by type	**–**	**2**	**2**
Total cost (£)	£0	£61,000	**£61,000**

Table 5: Reporting of compensation schemes — exit packages 2020-21 (subject to audit)

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

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

	2021-22		2020-21	
	Number of payments agreed	Total value of agreements (£)	Number of payments agreed	Total value of agreements (£)
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	61	1	33
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HM Treasury approval	-	-	-	-
Total	-	-	**1**	**33**
Of which:				
Non-contractual payments requiring HM Treasury approval made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

Empowerment for staff

CASE STUDY

Team working

Teams are the bedrock of any organisation. To promote effective team working, the Trust launched The Affina OD Team Journey this year. This is a team assessment and development tool for team leaders to use with their teams which improves performance by giving teams a structured, evidence-based experience they will value and enjoy.

Research suggests that collective team-based working is key to high quality, continually improving and compassionate care. That is why BEH is committed to a culture of collective, compassionate and inclusive leadership and has invested in developing a team of Affina Coaches to support this approach with our teams across the organisation.

The Affina Team Journey is an evidenced-based tool to help teams improve performance, ranging from a simple team assessment to cross-system team development designed to give our teams responsibility for their own development, with support provided from the trained, accredited in-house team coaches.

During this journey, the teams gain insight and commit to actions that they can apply immediately to keep improving and achieving their goals.

CASE STUDY

The Affina team journey

Fiona O'Leary, Senior Specialist Dietitian, has been on the Affina Team coach training programme and is working towards accreditation with the rest of the group. She has been working with the team leaders from the BEH Telephone Crisis Service, who provide a 24/7 service to patients across Barnet, Enfield and Haringey boroughs.

Fiona O'Leary, Senior Specialist Dietitian, has been on the Affina Team coach training programme and is working towards accreditation with the rest of the group. She has been working with the team leaders from the BEH Telephone Crisis Service, who provide a 24/7 service to patients across Barnet, Enfield and Haringey boroughs.

Fiona says "The team journey and coach training helps to shine a light on what it means to be an effective team. It is really empowering to have good conversations, truly constructive debate and work in partnership together to actively move toward this goal. Although the team has experienced wide ranging changes, they have worked together to develop their team identity, defining roles and responsibilities. They have developed their team charter together, agreeing how the Trust Values are embedded within their shared goals and working practices. I feel that the practical approaches and supportive culture which this creates will be really powerful for everyone involved. The journey is led by the team leader, who gets support from a coach, and this ensures that the approaches and awareness that the journey creates will be a long-lasting legacy as this continues through the years and teams which the team leader will lead."

So far, we have nine trained team coaches at BEH and have invested in 30 licences for teams who would like to go on this journey. One of the greatest challenges we have experienced in working with teams is time constraints. Many of our teams work on extremely busy wards and community teams, covering wide geographical areas and a variety of shift patterns. We are exploring ways in which we can make this journey more practical for teams. The Affina Team Journey is a real team development opportunity which can really transform performance and support teams to work together in the Trust.

Supporting the next generation of nurses

At BEH, we take great pride in and place strong emphasis and value on looking after and developing our students and learners. We work collaboratively with higher education institutions to provide the highest quality practice placement and education and support all our students and learners whether they are Trainee Nurse Associates, Registered Nursing Associates, student nurses or Trainee Graduate Mental Health workers to develop in their career. The student nurses and all learners have reported that they have found the various forums and workshops we run both supportive and informative.

The Preceptorship programme also includes the practice assessors training to enable the newly qualified nurses to support our student nurses and learners in clinical areas. Out of the 52 newly qualified Band 5 nurses who have completed their Preceptorship programme, 18 have applied to undertake the Preceptorship module, which will award them 30 academic credits at Masters Level with Middlesex University. The Preceptorship programme for the Nurse Associate post-qualified has also been successful with 16 Nursing Associates successfully completing the Preceptorship programme and embarking on their Registered Nurse Degree Apprentice Programme with the Open University for 18 months.

We continue to offer pre-preceptorship forums for the final year student nurses who are approaching qualification and registration. Our aim is to make their transition onto the Nursing and Midwifery Council (NMC) register smooth and to showcase wider developmental opportunities that the Trust offers.

Our fast-track recruitment model – which was reviewed last year to develop a better recruitment approach for newly qualified nurses who have trained in the Trust – has been incredibly successful, with the majority of our students choosing to stay at BEH when they complete their training. We have already started recruitment for students graduating in September 2022 and the response has been very encouraging – 52 newly qualified nurses who joined BEH this year have successfully completed their Preceptorship programme.

From our pilot group of 14 Trainee Healthcare Assistants (Band 2s) who successfully completed their one-year training, which includes the Care certificate and the Band 3 Competency Framework, 11 as Band 3 Healthcare Support Workers. Out of the 14, six have expressed interest in pursuing the Trainee Nurse Associate Programme which will be starting in October 2022.

Empowerment for staff

Living our values awards

The Living our Values Awards are one of the most hotly contested categories in our annual Celebrating Excellence awards. These awards are given to colleagues who demonstrate how they put our values into practice every day and we again had a large number of nominations this year demonstrating how many stars we have across BEH.

Living our Values Award – Compassion

Winner – Sally Hubbard

This year, Sally has excelled her normal amazing self, enabling patients to understand their potential and achieve more than expected. Sally supported her team when it was really stretched and under significant pressure. She is a role model and a key change agent for any project improving patient care. Sally carried on supporting her patients and her team even when her husband was in intensive care and subsequently, very sadly, passed away.

Living Our Values Award – Respect

Winner – Natalie Shearer

Natalie puts respect for all at the heart of everything she does. She has done exceptional work over the past year, supporting some marginalised and vulnerable young people. Natalie's service works with young people who present with mental health needs within the criminal justice system and are often mistrustful of professionals. Natalie was described as having a deeply respectful, sensitive and kind approach. **The mother of one service user said:** "Natalie provided support when my son was in crisis. She helped us to realise our own strengths and I will always be grateful for that."

Living Our Values Award – Being Positive

Winner – Emilie Camalapen

Emilie was described as bringing dynamism and motivation to her team, having a bright outlook on life and in her work. She is supportive, not only of her immediate team but of all staff and will willingly take the lead on projects to improve teamwork and to tackle challenges. Emilie goes beyond her traditional role and always steps up to advocate for her patients. She leads by example and from the front and is kind and encouraging to junior staff.

Living Our Values Award – Working Together

Winner – Phil Jackson

Nominated for having a deep-rooted belief in the potential of every person, Phil's enthusiasm and non-hierarchical approach means that he is a natural collaborator. He has created a range of spaces for people to work together, train together, learn together and reflect together. Most significantly, he embodies a commitment to working with patients in partnership and co-production and has made sure that the patient voice has stayed central to the service, despite the challenges of the pandemic. When a ward or team are struggling due to patient acuity or staff illness, he rolls up his sleeves and steps in to support them.

Operation Cavell (It's not OK)

The NHS, Metropolitan Police Service and Crown Prosecution Service (CPS) work in partnership in a scheme known as Operation Cavell which aims to increase prosecutions of people who assault NHS and care staff on the frontline. The initiative sees a senior police officer review all reports of assaults and hate crime against staff and work with local teams to help staff to report these incidents with the ultimate view to reduce staff assaults.

A pilot scheme took place across five south London boroughs between October 2020 and January 2021. Out of 63 investigations in this period, there was a 26% charge rate compared to only 6% previously in the years before. The scheme was rolled out across London from 31 March 2021 and both BEH and our partner Camden and Islington NHS Foundation Trust are both committed to it.

We have run a poster campaign to raise awareness of the 'It's not OK' message and held a series of staff webinars where CPS, Metropolitan Police and NHS colleagues have come together with staff to explore what we can do to prevent assaults on NHS staff.

We have a staff support pathway and a senior lead who can support staff if they have been assaulted and encourage staff to feel confident that all incidents will be pursued by our police colleagues.

Flu and COVID-19 vaccine uptake

Throughout 2021-22 BEH has continued to respond to the challenges of the pandemic and ensure provision of COVID-19 vaccinations and flu vaccinations to all staff and patients.

Since the start of the campaign BEH has administered approximately 15,000 COVID-19 vaccinations. This has been delivered through several different routes:

- Staff vaccinations through hospital hubs at St Ann's and Chase Farm hospitals – we extended our offer to neighbouring NHS services.
- Inpatient vaccinations either through attendance at the hospital hubs or on wards via a roving model.
- Care home residents, care home staff, housebound patients, and school children in Enfield – delivered by Enfield Community Services.
- Outreach vaccination offer for BEH patients diagnosed as having learning difficulties and severe mental illnesses.

Learning from the first vaccination phases, we adjusted our approach to ensure wider and easier access for staff through the combination of online booked appointments and walk-in appointments available across hospital hubs run by both BEH and Camden and Islington NHS Foundation Trust.

The hospital hubs offered first, second and booster COVID-19 vaccinations and flu vaccinations. The COVID-19 and flu vaccinations could be given at the same time or staff had the option of returning and having them separately. Data has shown that most staff chose to have their vaccinations at the same time.

As of March 2022, 91% of all staff (4,478 employees) have had their first COVID-19 vaccination; 87% have had their second vaccination; 76% of those eligible for a booster have been vaccinated; and at the end of our flu vaccination campaign, 40% of staff had been vaccinated.

It is important to note that the 40% flu vaccination figure is based on an all staff offer, whereas in previous years, this has been based on a frontline offer only. Our 2021-22 campaign saw 1,812 staff have their flu vaccination. Comparatively, the 2020-21 flu uptake closed at 75% (1,912 staff), compared to 65% in 2019-20 and 58.4% in 2018-19.

We continued to offer COVID-19 vaccinations to all eligible patients. We built on our previous delivery models and continued to adjust our offer and provision to ensure equity of care.

The BEH specialist mental health hub for people with learning disabilities and serious mental illnesses in Enfield continued to offer referral appointments and community outreach. Our work with North Central London colleagues has focused on improved access and a standardised approach to improve equity of offer.

Enfield Community Services has continued their strong partnership and collaborative working with Enfield Primary Care Network and successfully offered all eligible referred housebound patients their booster by 31 December 2021. We are piloting a bespoke scheduling system through Total Mobile to maximise vaccinations and to support the clinical complexity of this group of patients. By 31 December 2021, 86% of those eligible and referred for housebound vaccination had been triple vaccinated.

Our School Aged Immunisation Service became the pilot and first service in North Central London to provide COVID-19 vaccinations to 12 to 15-year-olds. The service worked closely with Enfield Public Health and local schools to provide a 100% offer of vaccination and visited all schools to provide education and support to parents and children about the vaccine. To date they have vaccinated 7.4% of eligible schoolchildren and are planning to start vaccinations for healthy five to 11-year-olds. This has taken place alongside mass vaccination sites to ensure children have access to a site suitable for their needs.

Empowerment for staff

Celebrating International Nurses Day

Meet some of our nurses

Kezuri Bramble, Junior Sister, Magnolia Unit, Enfield Community Services

Through working as a care assistant, senior carer in a care home and also caring for her brother, Kezuri has always been passionate about helping others.

Kezuri says: "The COVID-19 pandemic was challenging for myself and my team members but my leadership skills, coordinating skills and clinical experience gained as a discharge nurse allowed me to manage the staffing levels and smoothly run the ward. I was therefore promoted to a Ward Manager role for three months providing treatment for COVID positive recovering patients.

"I believe that a career in nursing is a rewarding path that requires the right approach, namely compassion, commitment, good communication skills, flexibility and enthusiasm. I would recommend it to anyone."

Muhammad Jaunbocus, Ward Manager, Shannon Ward, Barnet

When he arrived in the UK, Muhammed was impressed with how many of his relatives were nurses. Their rewarding careers pushed him to explore mental health nursing.

Muhammed says: "I started my journey as a health care assistant, and I chose mental health nursing as a field because I think it is a career that is very rewarding and it's satisfying to help people suffering from mental illness.

"The best part of my job is seeing patients recover from their mental illness. It can be very difficult for some patients when they are very unwell. However, when we are able to see them recover from their crisis or acute stage and get well, this makes mental health nursing very satisfying."

Moreblessing Mureewi, Deputy Team Manager, West Locality Team, Haringey

Growing up in Zimbabwe, Moreblessing was part of an extended community which was caring and looked after the young, the vulnerable and the aged. She was also inspired by pioneering nurses like Mary Seacole and Kofoworola Abeni Pratt, the first African woman recorded to have worked in the NHS.

Moreblessing says: "The best thing about my job at present is working in my community team, West Locality Team. It is a vibrant team of professionals that are hardworking and committed to improving patient experience and I am happy to be part of such a committed and dedicated group of people. Working with a manager who believes in me has boosted my confidence and made me appreciate the value of creating opportunities for others to flourish and to go the extra mile."

ENFIELD STAFF WELLBEING INITIATIVE

Enfield Mental Health division has engaged with staff and recognised wellbeing as an area that should be a priority.

As part of the wellbeing initiative, the division started a weekly football session for all in the evening. This has been very popular with staff and, as well as contributing to wellbeing, it also provides an opportunity for staff from different teams to network and get to know about each other's services.

The teams are mixed with male and female staff playing together.

Empowerment for staff

Happy staff means happy patients

Our Barnet division has a strong focus on staff wellbeing and collaboration. They celebrate success and appreciate staff in their monthly newsletter and a special lanyard.

The division uses coaching and mentoring to give staff a sharper awareness of what their strengths are and how to optimise them. Managers prioritise effective conversations with staff, taking time to listen to them in one-to-one meetings, appraisals and checking-in sessions.

Staff are encouraged to work with other professions that they can learn from and to take up opportunities for training and new tasks to help their professional development and to enable them to grow in confidence. Meanwhile, the management team takes time to work shifts on the wards or in the community and also invites staff to shadow them for a morning or afternoon.

Investing in staff training to support our service users

Our Specialist Services have invested in a broad range of training aimed at improving the knowledge and skills of staff of all disciplines and so improving patient experience across inpatient and community-based services. The training has been commissioned based on staff and service user feedback and a commitment to working within a trauma informed model of care

Over 150 staff have taken part in bespoke courses including trauma informed approaches, cognitive behavioural therapy, motivational interviewing, and Reinforce Appropriate, Implode Disruptive (RAID) training to set and reinforce positive behaviours.

Staff have also focused on addressing health inequalities and developing culturally sensitive approaches through Tree of Life training, a collaborative, culturally sensitive counselling methodology, which has been put into practice with service user groups. Other courses have included Care Act training, aftercare for people detained under the Mental Health Act, and working with survivors of domestic abuse.

Over 95% of attendees have reported high levels of satisfaction with the training and recent positive Staff Survey results and recruitment rates demonstrate the importance of investing in our staff.

RAF'S STORY

How I went from being detained under the Mental Health Act to being employed to change the system

Raf Hamaizia, now 28, first started experiencing mental distress in his early teens and has spent a significant part of his life in various institutions, starting with a period in a Child and Adolescent Mental Health Services unit at the age of 14. After an episode in his teens, Raf found himself on the healthcare wings of numerous young offenders' institutions. He was later transferred to Camlet, our medium secure unit at Chase Farm Hospital in Enfield before being discharged into the community in 2015, supported by one of our resettlement teams.

Raf says he is: "Grateful to the responsible clinician in charge of my treatment in hospital who continued to oversee my care when I returned home: Dr Asim Suddle is an absolute legend! It was a very difficult period of my life, but Dr Suddle really listened to me and made me feel that what I said mattered which made such a difference, I also stayed in touch with him and some of the other Trust staff following my discharge."

Now the Expert by Experience Lead for Cygnet Healthcare, an independent provider of services for individuals with mental health needs, autism and learning disabilities, Raf is passionate about improving services.

He explains: "I believe coproduction – designing services with service users as equal partners – is at the heart of meaningful change. It's how you get buy-in because then people have a personal investment in making the changes happen.

It's really positive that there's been so much change in my lifetime. There's been a revolution in the care provided in mental health hospitals with much less physical restraint. Now there's a more person-centred approach people are now really assessed on an individual basis.

But there's still a huge way to go and I am going to keep pushing for change – for example, people with serious mental illnesses are still dying a lot earlier than the average so we need to tackle physical health issues, such as being overweight and smoking. I want to leave a positive legacy so that something good comes out of what I went through."

MEBRAK GHEBREHIWET, a nurse in the BEH Eating Disorders Service, won the top prize in the Health Hero Awards

Mebrak, who qualified as a nurse just four years ago, was congratulated by the Prime Minister for her 'heroic' work in transforming care for patients with eating disorders. She was nominated by Daily Mail readers for her work in devising ways of minimising the use of restraint of patients who were not eating.

Mebrak, who works in Iris Ward, Blossom Court at St Ann's Hospital, said she was "overwhelmed" to win the top prize and hoped it would shine a spotlight on the efforts of all staff working in mental health wards. Many patients and their families have singled out Mebrak for her acts of compassion, which included spending her own money to buy them books or soft toys.

Steve Cook, Managing Director of Specialist Services says: "We are all really proud of Mebrak and delighted to see a mental health nurse recognised with this prestigious award!."

Empowerment for staff

MOHAMMAD TALUKDHAR

kickstarts his career with BEH

Kickstart is a government-backed scheme to help get 16 to 24-year-olds on Universal Credit into employment by organising six-month placements with employers. As a condition of the scheme, employers had to demonstrate in applications how they would support participating young people with looking for long-term work, CV and interview preparation, and training and skills development.

Haringey division has successfully used the Kickstart scheme to place five young people in roles throughout the division. We asked one of the participants, Mohammad Talukdhar, about his experience and his hopes for the future.

"I've been working with one of the administrative teams at St Ann's hospital and my experience with the team has been nothing short of delightful. The team has been very welcoming and insightful as to how the NHS works. I have learned a wide range of information from aspects of the clinical side to the admin side of the NHS. As I am only 18, I have very little experience in how a large organisation works, however within my first three weeks here I have learned a lot. This is due to the kindness and hospitality of all the staff I have met over the past three weeks.

I was employed under the Kickstart scheme which allows younger people to get a taste of how it feels to work in a professional environment. The NHS is a perfect example of a professional environment, especially considering the wide array of jobs, projects, and opportunities available which have been presented to me over the past weeks. This has been an eye-opening experience for me to learn, develop and understand the responsibilities of an individual and how it affects the rest of the team and the services they deliver. Furthermore, I have built my confidence and gained skills when it comes to working with others in a professional environment.

I feel very fortunate that my work coach referred me to get my placement with the Trust as it has been a very insightful and beneficial experience."

FEMI GBADAMOSI

now a Peer Support Work Coordinator at Chase Farm Hospital, looks back at the time he spent as a patient in the same hospital

Femi went to university to study Business Administration with Accounting and Finance but failed his first-year exams and had to retake. His acute anxiety was exacerbated by fears that he would end up in prison when the police started investigating a fight he and some friends were involved in at a nightclub at his university. The situation escalated as Femi started having delusions and stopped eating and sleeping.

Femi explains: "My mother called the police for help but in my paranoid state I thought it was MI5 coming to get me, so I lashed out and attacked a police officer. I feel really bad looking back because I would never intentionally hurt anyone, but I didn't know what was happening and I thought my mum had betrayed me."

Femi was charged with GBH and affray. He was detained under the Mental Health Act and placed in a forensic unit – a secure unit for people with serious mental illnesses who are involved in the criminal justice system. He spent the next 20 months as a patient in the North London Forensic Services at Chase Farm Hospital in Enfield which are run by BEH.

Femi says: "When I first arrived at Chase Farm, I was really frightened that the medications I was being asked to take would harm me but as I worked with my psychologist, I started to become more trusting, and I gained more insight. I took part in different therapeutic activities in the hospital – the gym, football, cookery classes, anything to distract myself. I was really lucky that my family lived nearby, so I had visits nearly every day which helped a lot."

As Femi started to feel better, he spent a lot of time talking to other patients on his ward and offering them advice. BEH staff encouraged him to become an Expert by Experience and Femi got involved in coproducing workshops, giving presentations and sitting on interview panels.

He started working for BEH as a Peer Support Worker and in 2020 was promoted to Peer Support Work Coordinator, helping to run therapeutic activities and to encourage and advocate for patients.

He adds: "Service users are always happy to talk to me as they know I share some of their lived experiences of mental illness as well as some of their experiences as an inpatient in hospital. I think it gives them hope that they can recover too when they see how far I've come."

Empowerment for staff

Innovation in services

Community Transformation Programme

Our community services are undergoing major changes. In the summer of 2021, we embarked on a three-year £25m transformation programme, across Barnet, Camden, Enfield, Haringey, and Islington which is creating hundreds of new roles and changing the way we deliver care.

The Community Mental Health Transformation Programme is a partnership with Camden and Islington NHS Foundation Trust; we are working together to identify mental health conditions earlier so that people can be treated sooner, reducing the chance that their condition becomes so acute they require hospital care. A key feature is that people are supported in their communities and given help to access local organisations and support networks.

Among the new roles that have been created, are community outreach specialists, occupational therapists, peer coaches, psychologists, psychiatrists, and specialist nurses. Some of these are employed by voluntary community sector organisations, such as Hestia, Mind, Age UK, Meridian Wellbeing, and others, who are working alongside us in this programme. Mental health practitioners, jointly funded by GPs, have been recruited and will be based in GP practices to give specialist support in the community.

As part of the programme, we have started introducing a new care planning tool across the Trust called DIALOG+, which makes it much easier to coproduce a personalised care and support plan with people and will replace the Care Programme Approach (CPA). Research shows DIALOG+ significantly improves quality of life and care experience. DIALOG+ is being rolled out gradually across BEH, as part of a London-wide initiative.

This new approach to community mental health care is being rolled out during the three-year programme in consultation with service users, carers, local communities, health and care partners, voluntary community sector organisations, and others. By 2024, thousands more will receive care and ongoing support.

Crisis Transformation Programme

As part of our Crisis Transformation Programme, our Crisis Prevention Houses have continued to develop and embed a peer supported model of care based around lived experience. This has enabled more people to access short term mental health residential support direct from the community or A&E. Work continues to develop self-referral pathways into this service, enabling people to access the right support for their needs as early as possible. Building upon this work, a key priority in 2022-23 is the relocation of our Haringey Crisis Prevention House to a larger refurbished building at Canning Crescent. This enables innovative co-location of services and joint working across our Crisis Prevention House, Crisis Café provided by MIND, and the Clarendon Recovery College provided by the local authority, to holistically support local people.

Meanwhile, since November 2021, additional staffing and the development of a joint physical and mental health streaming approach with the North Middlesex University Hospital (NMUH) A&E team have enabled people attending A&E who need mental health support to be seen quicker by the Mental Health Liaison Team at both NMUH and Barnet hospitals.

Digital developments

As well as our continued use of the North Central London Health Information Exchange, we have started to contribute data from our electronic patient record system to the HealtheIntent platform, which supports population health management in the Integrated Care System and ensures the best possible outcomes for all local resident.

The crisis plans agreed with our service users are also made available via the National Record Locator Service to colleagues in the London Ambulance Service. To date over 3,250 plans have been uploaded and 481 have been accessed by paramedics, improving the quality of the care provided, and ensuring our patients are transported to the most appropriate provider for support.

The Trust's Topol Digital Fellow Emily Burch successfully completed the course and her project and has secured a Florence Nightingale Foundation Digital Leadership Scholarship to enable her to apply this work practically. Working with Health Education England, Emily has developed a framework for digital skills needed by the mental health workforce; BEH will be a pioneer in piloting this work and ensuring our staff have the skills they need to use technology to provide excellent care.

The rollout of Microsoft Office 365 across the Trust has made good progress, and our staff not only have access to the latest versions of key software but are making use of the collaborative tools to work together more effectively.

Building on the changes that have become embedded following the pandemic, we have installed large screens, professional standard audio and video equipment and Microsoft Teams rooms in the new conference suite that has opened at St Ann's Hospital, to enable staff to fully participate in meetings remotely.

We are in the second year of our five-year rolling hardware refresh programme to deliver staff the tools they need to do their job. We have procured a large number of laptops and desktop computers to replace old machines which are slow and not fit for purpose. We are supporting our staff to work in a more agile way, by moving away from fixed desktop machines and providing docking stations that allow staff to use their laptop at any Trust site.

We have built our cloud-based data warehouse and launched the first set of dashboards using Microsoft Power BI. We are now able to use data from several of our key systems and present it in a single report or dashboard that can be viewed from Board to ward level. This gives us much more insight into our services. We will continue to develop more reports and add more systems into the data warehouse over the coming year.

We have also implemented a caseload management system. This will use data from the data warehouse to help keep caseloads well managed and, using an Artificial Intelligence algorithm, will help identify patients whose mental health is deteriorating and may be at risk of going into crisis so that we can make an intervention before that happens.

The deployment of our electronic Prescribing and Medicines Administration (ePMA) system has made good progress. The Trust secured some additional national funding to allow us to procure smart dispensing cabinets that will improve safety, quality and efficiency of medicines administration across our services. We expect to launch the system in our first three wards in July 2022.

We continue to invest in developing our electronic patient record system RiO and the quality of our clinical records. Over the last year we have successfully tested an interface that will enable us to send discharge letters and other communications directly to GP surgeries. We have purchased an integration engine that will form the basis on our interoperability ambitions and ensure RiO holds up-to-date information from the new ePMA system when it launches.

The Trust secured significant national funding in the second half of the year, which is enabling us to improve some of our core infrastructure and our cyber security defenses. We are implementing a Network Access Control system which will help detect and prevent unauthorised connection to our network, and an intelligent security dashboard that helps monitor the status of key systems and software.

We are also investing in our WiFi infrastructure to improve coverage and performance and implementing GovRoam to enable our staff to access secure WiFi in all public buildings. We have also purchased technology that enable single sign-on to improve our staff experience of how they connect to key systems without having to remember multiple complex passwords.

Innovation in services

Specialist Services Research Hub

The Specialist Services Research Hub was launched in 2021. The hub aims to create opportunities for staff and students from all disciplines to develop outstanding research, audits and service evaluations, provide in-house training, supervision and consultancy, as well as signpost individuals to relevant services. Connecting research with policy and practice is key, and Specialist Services are committed to incorporating findings from research projects into their work.

During the last 12 months, research projects have included:

- predictors linked with readmission in low secure forensic settings
- peer support-led interventions in forensic settings
- exploring the benefits of offering the Tree of Life group sessions to our service users

These projects have led to an increase in the number of group treatment programmes offered in low secure settings, an increase in the number of peer support worker roles as well as an increase in the activities offered by them, and an increase in the number of Tree of Life groups offered.

Enfield Community Services embrace QI

Our Enfield Community Services have run effective Quality Improvement (QI) initiatives on tackling pressure ulcers, making best use of bed spaces, and reducing falls. Building on this success, ECS staff were keen to introduce a more diverse range of QI initiatives to improve patient care and these have gained momentum.

These have included developing new clinical supervision models in children's and young people's services and new ways of working to reduce waiting times for clinics.

Another example is the use of iPads in the BEH Magnolia Unit which provides short-term inpatient care focusing on rehabilitation at St Michael's Primary Care Centre in Enfield. Staff have introduced iPads to speed up ordering meals which has saved time they now spend on face-to-face care for patients, encouraging them to improve their nutritional intake.

The Community Matrons team has developed a productive health educational programme enabling and empowering vulnerable adults to manage their hydration needs. The Community Therapy team is using a QI approach to cut waiting times for patients with chronic respiratory disease to receive speech and language therapy

Integrating mental health professionals in Primary Care Networks

The importance of having a mental health professional within each Primary Care Network (PCN) has been recognised nationally by including these roles within the Additional Roles Reimbursement Scheme (ARRS) since April 2021. The overall aim is to reduce health inequalities and improve service users' experience.

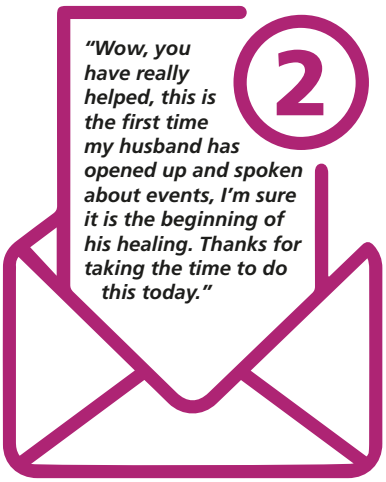
There are seven ARRS roles in Barnet, six Advanced Clinical Practitioners and one Mental Health Practitioner, six of the seven staff in these roles are studying for a master's degree apprenticeship in Advanced Clinical Practice at City University. The staff are based in GP surgeries and are managed jointly by the PCNs and BEH with the aim of actively strengthening partnerships to deliver integrated care for our community.

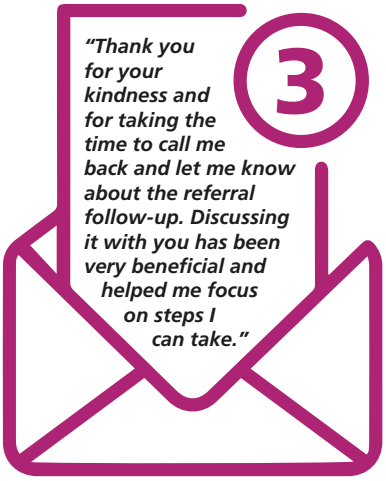
The scheme offers mental health appointments that would normally be booked with the duty GP if they cannot wait for a routine GP appointment and provides access to specialist advice and urgent help, relieving pressure on the GPs.

The staff contact patients with mental health needs who are requesting an appointment by phone and risk assess whether the patient needs to be offered a face-to-face appointment or whether they can be signposted to other services or resources. Where necessary, the practitioner will see the patient face-to-face to carry out a strengths-based assessment, formulate and agree initial treatment plans, interventions and support for the patient that can delivered within primary care, or refer them onwards if needed.

THE ROLES FEED INTO THE PATHWAYS AND DEVELOPMENTS CURRENTLY UNDERWAY IN OUR THREE-YEAR COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME.

Even though these roles are still in their infancy, the verbal feedback received to date has been fantastic:





Innovation in services

Partnerships with others

Working with our partners across North Central London

We are continuing to strengthen our partnership with neighbouring mental health trust Camden and Islington to help improve our services across all the five boroughs we serve and to improve the working lives of our staff. Working together, we can help provide better services, more consistently, for all those who use our services.

Our partnership with Camden and Islington NHS Foundation Trust is part of how we are working even more closely with health, social care and other partners locally, to the benefit of those we serve. Many aspects of our care are provided jointly with others, including primary care, acute hospitals, community health services, local authority social care and children's services, and, importantly, the voluntary and community sector.

As North Central London becomes a formal Integrated Care System, along with the rest of the NHS in England, we will continue to strengthen our collaborative working with our partners, as this helps deliver joined-up, integrated care for local people and helps to address the current health inequalities we see across North Central London. Our increasing partnership working also helps to ensure that the voice of people with mental health needs is heard effectively and that mental health services receive the support and resources needed to deliver high quality care, particularly as demand for services has increased over the last two years as a result of the COVID-19 pandemic.

North London Forensic Consortium

The Trust is the lead provider within the North London Forensic Consortium (NLFC), which is a provider collaborative of five NHS Trusts commissioning and providing adult secure services for the population of North London.

In 2021-22 NLFC commissioned a new community model across north London. This followed a two-year pilot in eight boroughs. The new model ensures equity of access and provision and is funded at a sustainable level. The new teams will work closely with accommodation providers and other third sector and statutory agencies at neighbourhood level to ensure they are meeting the needs of the local population.

To improve patient participation and engagement, the NLFC commissioning team has recruited people with lived experience to work in a quality assurance role. This involves them speaking directly to patients about their experience of services and informs quality improvement. To complement this, a Patient Engagement Group consisting of people currently receiving inpatient care across the collaborative meets weekly. This group works with the commissioning team on coproduction.

The number of people placed outside of the consortium has reduced by more than 50% and clinicians from the consortium are proactively involved in the monitoring of all placements to ensure they are safe and receiving the right care and treatment.

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

Tackling mental health inequalities for young black men and boys

Barnet staff are working with Mind in Barnet and Enfield, Meridian Health, and Inclusion Barnet to create a programme to tackle health inequalities for young black men and boys in the borough.

This work strongly aligns to the NHS Long Term Plan call for more action on prevention and inequalities and partnering with local communities and voluntary care sector organisations to prioritise prevention strategies to provide services and support to vulnerable and at-risk groups.

The collaboration also provides a strong foundation to align with the North Central London Integrated Care System vision to engage with local communities to understand our residents' needs and priorities.

KUF training

The Knowledge and Understanding Framework (KUF) is a national training programme designed for anyone working with people with complex mental health needs associated with a diagnosis of personality disorder. The training takes a coproduced, multiagency, trauma-informed approach to working with the complexities associated with this diagnosis.

The Barnet Personality Disorder Team has welcomed a KUF Advanced Lived Experience Practitioner, Ioanna Xenophontes, to their team.

Ioanna brings a wealth of experience in co-designing and conceptualising lived experience groups and projects to various NHS trusts, and she will be leading on and delivering KUF training for Barnet and across BEH as well as strengthening the lived experience voice within our service.

The framework is designed to enable staff to work more effectively and feel more confident in working with people who are impacted by early developmental trauma or complex mental health issues. The KUF training is delivered by two trainers, one from a lived perspective of receiving services for complex emotional needs or personality disorder, and the other from a working perspective of delivering services for people with complex emotional needs or personality disorder.

Voluntary care sector roles as part of the Community Transformation

The Barnet division has agreed an honorary contract with Voluntary Care Sector (VCS) partners for them to provide staff to work within the division's Core Community Mental Health Teams as part of BEH's Community Mental Health Services Transformation. This exciting partnership consists of 14 new roles with Wellbeing Together Community Interest Company (CIC).

These new roles will really support the Core Community Teams to address the clinical and social determinants of mental and physical health of people in our communities. The VCS colleagues will also form part of the 'step down' offer where service users are supported to transfer back to Primary Care and no longer require the input from secondary care services.

The Wellbeing Together CIC is made up of four organisations who operate within Barnet: Meridian Wellbeing, Mind in Enfield and Barnet, Community Barnet and Inclusion Barnet.

There are 14 VCS staff roles, including Peer Engagement Practitioners, Community Engagement Practitioners, and a Young Persons Transitions worker who supports young people transitioning from CAMHS to Younger Adult Services.

Partnerships with others

Bringing the outside inside

The therapeutic power of gardening in prisons

Dr Chantal Scaillet is a consultant clinical psychologist for BEH, working at HMP Aylesbury, a young offenders' institution. She works on Pathways, a complex needs service that is run jointly by the prison and healthcare systems. The programme aims to help the young people to maintain their own safety and physical and mental wellbeing while serving their sentence, with the aim of eventually living successfully in the community. There are around 40 men in the service currently who have experienced complex trauma and personality difficulties.

In early 2019, the team received funding to develop an outdoor space at the prison and decided to transform it into a sensory garden. The hope was for a calmer environment that could be used all year round to give both the young men and staff members working with them, fresh air and space to reflect and get out of the prison mindset. From the start, this has been a true partnership between healthcare, prison staff and the men in prison themselves. The young men have been involved in the initial design of the garden, the construction and now the ongoing planting, maintenance and harvesting.

"The aim of the garden is to support these young people to stabilise after their trauma and to engage in something that doesn't require them to be on guard or suspicious of other people," says Chantal. Staff in uniform work alongside the young men to plant, care for and later harvest the vegetables. Chantal explains: "They even get to cook with what they grow later on, so it's truly a cycle of seeing the outcome of their work and helping something grow."

Sean Corr is the Operational Pathways Prison Officer who led the work. He says: "These men have had some incredibly traumatic and abusive experiences in their lives and the garden environment helps us to break down those barriers with them. The shift we see in behaviour and attitudes after spending time in the garden is really encouraging. It lets them build relationships and have ownership over something and really improves their outlook on their future."

During the pandemic, one prisoner who was struggling with his mental health was given access to the garden. He helped prepare it for spring, which not only improved his mental health but provided him with a sense of achievement. He said: "I felt like I was not in prison for a while, and I felt lucky to be coming. It helped distract from negative thoughts for a bit." The transformation and its impact didn't go unnoticed either. The team was delighted to win the Windlesham Trophy Award from the Royal Horticultural Society in September 2021 in the 10x10m category."

The power of art in Blossom Court at St Ann's Hospital in Haringey

Art is an incredibly powerful force, one that can forge connections between people and help them on their journey of development. Recognising the power of art, Mind Murals was started in order to offer a creative route to mental health resources, for the community, made by members of that same community.

It has been a creative year at Blossom Court, our state-of-the-art mental health inpatient unit at St Ann's Hospital in Haringey. When patients and staff moved into the brand-new building in August 2020, it was a blank canvas waiting for art on the walls.

The Mind Murals project was a collaboration between two local artists, Aoife van Linden Tol and Matt Dosa, and Haringey staff. To create the designs over the two floors of the foyer, six workshops were held with service users and staff in the community at the Bridge Renewal Trust and on each of the wards at Blossom Court. Those who attended the workshops reported a transformative and positive experience. Service user Maria said: "They made me feel comfortable, I felt welcomed. I talked to people and everyone was so nice. They taught me the skills of using masking tape, so I achieved a good result which was much more than I imagined. I'm looking forward to seeing the finished mural."

Drawing inspiration from the service users' work, the final designs were created and installed. The reaction so far to the finished products has been overwhelmingly positive.

The artists behind the work also commented on how much they've enjoyed working with staff and service users on the murals. Aoife said: "It's such beautiful and meaningful work. I'm honoured and humbled to work with the service users and staff on the wards." Matt said: "Having lived in Haringey my whole life, I jumped at the chance to be involved in this project. It's also been great reconnecting with some of these patients while installing the murals."

Supporting marginalised young people at risk

The Trust is lead provider in an innovative pilot funded by NHS England and NHS Improvement to support young people and reduce violence across North Central London.

BEH is working in partnership with Camden and Islington Foundation NHS Trust, local authorities and the voluntary care sector to lead the London Vanguard scheme on behalf of the Integrated Care System.

This exciting three-year pilot seeks to reach the most marginalised and vulnerable children and young people aged up to 25 years, who are impacted or are at risk of serious youth violence, drug offences or gang affiliations. The pilot will use the Community Multi-Systems Violence Reduction Programme, developed by the Mayor's Violence Reduction Unit and NHS England and NHS Improvement with input from a number of partners with expertise in this area.

The strategic objectives of the London Vanguard include improving mental health and wellbeing and reducing violence using psychologically informed interventions targeted at individuals, communities and systems to address inequality and social exclusion.

The pilot has analysed geographical need in the five North Central London boroughs to respond to inequalities in access and uptake of services and will prioritise areas of highest need. A phased approach to mobilisation is being taken across the five boroughs with the first site launched in Haringey in January 2022. Consultation with communities and local young people in each locality will inform the design and setup of the services.

Partnerships with others

Supporting our services and staff

Information Governance

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

We continue to ensure service provision through the design and implementation of services that meet the needs of our diverse population and ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

In 2021-22 we have enhanced our services to support the NHS service inter-operability for the Integrated Care System framework by aligning information sharing between our partners to improve care outcomes for our communities. We continue to participate in various national information sharing initiatives across the health service for 'direct care' purposes to support timely delivery and safe care to our service users when they go to receive treatment at any care setting.

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

We also contribute data to the HealtheIntent platform that will provide shared care records across North Central London and support clinicians to identify local residents who are at risk of certain diseases and illnesses. We have also started using the National Record Locator Service which enables paramedics from London Ambulance Service to access patient crisis plans where needed to support transport to the most appropriate care setting.

We successfully completed the Data Security and Protection Toolkit for 2020-21 and have embedded a Data Security Improvement Plan to ensure any weaknesses that do exist are being tracked and monitored.

During 2021-22, the Trust had no serious Information Governance incidents requiring investigation by the Information Commissioner's Office (ICO), although two incidents were reported to the ICO in line with national regulations.

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

Health and Safety

We believe that excellence in safety performance protects our employees, service users and visitors.

Over the last year the Health and Safety Team continued to support local teams to make sure that all Trust workplaces were COVID-19 secure and adhering to the latest guidance on secure work environments from the Health and Safety Executive by conducting continuous monitoring.

The Health and Safety Team worked closely with Infection Prevention and Control colleagues to ensure that all staff working on wards with patients with a confirmed COVID-19 diagnosis were 'fit tested' for masks in accordance with the latest advice from the UK Health Security Agency and the Health and Safety Executive.

A review of the Trust's Health, Safety and Risk Management Policies was carried out in 2021-22 to ensure they are up-to-date and aligned with current legislation, prevent health and safety risks, and promote good safety practice. Fact sheets and a brief summary have been developed for all the Health and Safety policies on the Trust intranet to make them easier for staff to integrate into daily tasks.

The Health and Safety Team has carried out a review of the First Aid arrangements across the Trust portfolio and implemented a plan to make improvements including:

- Appropriate first aid box for areas based on risk. For example, burn first aid box for kitchens, eye wash station in maintenance staff office, travel first aid kit in all Trust vehicles, and sport first aid kit in gyms.
- Identified clinicians as appointed person for first aid on wards.
- Training staff in administrative areas as first aiders.
- Keeping stock of items to replenish used or missing items in first aid boxes.

Ligature Risk Assessments have been completed for all inpatient wards in the Trust during 2021-22. The Health and Safety Team support and assist ward managers to undertake ligature risk assessments in both inpatient and outpatient areas.

This approach ensures that anchor points are identified, assessed for level of risk, and managed accordingly. It allows effective clinical risk assessment, health and safety risk management skills and use of structured professional judgement to be combined in identifying risk factors that apply to an individual and their care environment in reaching a conclusion on the likelihood of a serious or untoward incident occurring.

The Health and Safety Executive (HSE) issued new guidance to employers on effective ventilation such as natural flow of air in work areas (opening of windows) to dilute concentration of airborne pathogens to mitigate the risk of COVID-19. The guidance also includes a requirement for workplaces to be assessed to identify poorly ventilated areas.

Staff are encouraged to allow natural ventilation like keeping vents open and regularly opening windows especially in spaces that are shared with other people help improve ventilation. Ventilation should be applied as part of the hierarchy of risk control and is effective against airborne transmission of COVID-19.

Emergency Preparedness, Resilience and Response (EPRR)

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

The Trust has continued to achieve this during the past year by being an active participant in Barnet, Enfield and Haringey Borough Resilience Forums and also at the various North East and North Central Emergency Preparedness Response and Resilience Meetings hosted by NHS England/Improvement. The Trust has recruited an EPRR Lead jointly with Camden and Islington NHS Foundation Trust to promote good practice and develop continuously improving EPRR processes across both Trusts.

During 2021-22 the Trust maintained compliance with the Civil Contingency Act of 2004, national NHS standards, and the standards of other regulatory bodies. This will be improved in 2022-23 by a full review of the Incident Response Plan and the development of an integrated business continuity management process.

The Trust achieved a rating of Substantial Compliance in the 2021-22 assurance process. A number of standards were removed for this year's process and others modified to reflect the potential interruptions from the pandemic on the usual planning cycles, but this does not detract from their importance within EPRR. The Trust is now developing a robust work plan for 2022-23 in line with recommendations from NHS England and NHS Improvement to:

- Update our Major Incident Plan to reflect the recent changes to government bodies and agencies.
- Update our Major Incident Plan to reflect the correct points of contact within the London Region EPRR Team for North East and North Central London.
- Look at embedding a hybrid Incident Coordination Centre model into business continuity plans in order to better manage these incidents.
- Provide evidence to confirm that standards have been met for Data Protection and Security Toolkit by 31 December 2021 (Core Standard 50).

We will provide an update to NHS England and NHS Improvement (London) following the independent business continuity audit once available.

Counter Fraud

During 2021-22, our Local Counter Fraud Specialists' (LCFS) approach focused on raising awareness among Trust staff around the increased level of fraud risk during the pandemic. The team delivered training sessions throughout the Trust, including the entire Finance team as well as the Recruitment Team and the Board. The LCFS has also reviewed several policies for the Trust from a counter fraud perspective providing comments for consideration and conducted two proactive exercises in the area of Conflict of Interest and Accounts Payable.

During International Fraud Awareness Week, they shared a wide range of fraud awareness materials focusing on the key fraud risk areas and various scams related to the COVID-19 pandemic. The LCFS also updated the Trust's induction video for all new starters and junior doctors' induction sessions to reflect the update of the Counter Fraud Authority Government Functional Standards and current fraud and bribery risks.

Supporting our services and staff

Modern Slavery and Human Trafficking Act (2015)

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

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

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

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

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

Compliance with Nolan Principles

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

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability

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

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

Honesty

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

Leadership

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

Conclusion

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

Jinjer Kandola MBE
Chief Executive

20 June 2022

Supporting our services and staff

Directors' Report

The Trust Board

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

The main role of the Board is to:

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

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

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

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

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

During 2021-22, due to the COVID-19 pandemic and in line with government advice, the Board continued to hold its meetings virtually. All Board meetings were open to the public, with agendas and reports for all meetings available on the Trust's website. When discussing issues of a confidential nature, the Board resolved to meet in private, in accordance with the Public Bodies (Admissions to Meeting) Act 1960 s1 (2). The Board held seven meetings in private including one extraordinary meeting, solely for the approval of the annual report and accounts.

The Trust held its Annual General Meeting virtually on 20 September 2021, at which we presented our Annual Report and Accounts 2020-21, as well as our Quality Account.

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

The Trust's Standing Orders, Standing Financial Instructions and Reservation of Powers to the Board and Scheme of Delegation of Powers, were most recently reviewed in November 2020 by the Audit Committee and subsequently ratified by the Board. A further review has been schedule for May 2022 which will take into account governance requirements emerging from the Partnership the Trust is forming with Camden and Islington NHS Foundation Trust (C&I).

The Board comprised a majority of Non-Executive Directors during the year. The Board routinely considers its composition and the balance of skills needed to be effective and did so specifically in preparation for recruiting to two Non-Executive Director vacancies which arose during the year. The Board is satisfied that it has in place the right mix of skills to support the Trust moving forward. The Trust Board regularly has training sessions and holds Board Workshops to improve its effectiveness. This included a joint Board Seminar with the Board of C&I in February 2022.

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

Board Members

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

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

Jackie Smith

Trust Chair

Term of office:
1 April 2021 – 31 January 2023

Sue Rubenstein

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

Term of office:
1 September 2019 – 31 August 2022

Catherine Jervis

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

Term of office:
Reappointed:
1 March 2022 – 30 September 2023
(first appointed on 1 March 2015)

Neil Brimblecombe

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

Term of office:
1 September 2020 - 31 August 2022
(first appointed on 1 September 2018)

Mr Brimblecombe resigned from the Trust Board on 30 November 2021

Farah Jameel

Non-Executive Director

Term of office:
24 January 2022 – 23 January 2024

Paul Pugh

Non-Executive Director
Chair of Quality and Safety Committee
from 1 December 2021

Term of office:
1 January 2021 – 31 December 2022
(first appointed on 1 January 2020)

Anu Singh

Non-Executive Director

Term of office:
4 May 2021 – 23 May 2023

Ruchi Singh

Non-Executive Director

Term of office:
15 January 2021 – 15 January 2023
(first appointed 16 January 2017)

Ms Singh resigned from the Trust Board on 30 September 2021

Charles Waddicor

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

Term of office:
1 March 2022 – 30 September 2023
(first appointed on 1 May 2015)

Claud Williams

Non-Executive Director

Term of office:
24 January 2022 – 23 January 2024

Jinjer Kandola MBE

Chief Executive Officer

Appointed July 2018

Natalie Fox

Deputy Chief Executive and Chief Operating Officer

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

David Griffiths

Chief Finance and Investment Officer

Appointed September 2017

Mehdi Veisi

Medical Director

Appointed December 2019

Amanda Pithouse

Director of Nursing, Quality and Governance

Appointed October 2018

Lisa Anastasiou

Director of People and Organisational Development

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

Sarah Wilkins

Chief Information and Performance Officer

Appointed March 2019

David Cheesman

Director of Strategy, Transformation and Partnerships

Appointed January 2020

Board Members

Balance and appropriateness of the Board of Directors

The make-up and balance of the Board is kept continuously under review by the Chair. The Non-Executive membership has extensive experience in the NHS, public, private and non-profit sectors, digital technology, financial management, strategic leadership, medical and mental health nursing. To strengthen the Board's overall skills mix, diversity and inclusivity, two new Associate Non-Executive Director roles were established in November 2021. These roles are designed to give individuals an opportunity gain Board-level experience which they would otherwise not have access to, and to develop the talent pipeline for future Non-Executive Director appointments not only within this Trust but the wider NHS.

Ms Sheetal Balani and Dr Ivan Beckley were appointed to these roles and started their 18-month terms of office on 24 January 2022. Mentoring arrangements have been put in place to support Ms Balani and Dr Beckley in their development.

Changes to the Trust Board during the period 1 April 2021 – 31 March 2022

- Ruchi Singh resigned from the Trust Board effective 30 September 2021
- Neil Brimblecombe resigned from the Trust Board effective 30 November 2021
- Anu Singh joined as a Non-Executive Director from 24 May 2021 while continuing as a Non-Executive Director at Camden and Islington NHS Foundation Trust
- Dr Farah Jameel was appointed as a Non-Executive Director on 24 January 2022
- Claud Williams was appointed as a Non-Executive Director on 24 January 2022
- Jinjer Kandola was seconded to Camden and Islington NHS Foundation Trust on a part-time basis to take on the CEO and Accountable Officer role in a joint capacity in line with the partnership between the two Trusts effective 1 October 2021
- Amanda Pithouse was seconded to Camden and Islington NHS Foundation Trust on a part-time basis to take on the Chief Nurse role in a joint and interim capacity in line with the Partnership between the two Trusts effective 1 January 2022
- Reappointments are detailed in the section above

Board Committees

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

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

Committee Responsibilities

Audit and Risk Committee

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

Remuneration Committee

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

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

Quality and Safety Committee

The Quality and Safety Committee provides scrutiny and seeks assurance on all aspects of quality and clinical safety, including strategy, delivery, clinical governance and audit. It provides regular reports and recommendations to the Board in relation to patient safety, clinical effectiveness and patient experience that support the achievement of the Trust's objectives.

Mental Health Law Committee

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

Finance and Investment Committee

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

People and Culture Committee

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

Trust Charitable Funds Committee

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

Provider Collaborative Commissioning Committee

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

Table 7: Board Membership of Committees *(as at and up to 31 March 2022):*

	Audit and Risk Committee	Remuneration Committee	Quality and Safety Committee	Mental Health Law Committee	Finance and Investment Committee	People and Culture Committee	Trust and Charitable Funds Committee	Provider Collaborative Commissioning Committee *
Jackie Smith Trust Chair	–	Chair	–	–	–	–	–	–
Charles Waddicor Non-Executive Director	–	–	–	–	Chair	–	Chair	Chair
Catherine Jervis Non-Executive Director	Chair	–	–	–	–	–	–	–
Ruchi Singh Non-Executive Director (left the Trust on 27 September 2021)	–	–	–	–	–	–	–	–
Anu Singh Non-Executive Director (joined the Trust on 21 May 2021)	–	–	–	–	–	–	–	–
Farah Jameel Non-Executive Director (joined the Trust on 24 January 2022)	–	–	–	–	–	–	–	–
Claud Williams Non-Executive Director (joined the Trust on 24 January 2022)	–	–	–	–	–	–	–	–
Neil Brimblecombe Non-Executive Director (left the Trust on 30 November 2021)	–	–	Chair	Chair	–	–	–	–
Paul Pugh Non-Executive Director	–	–	Chair	–	–	–	–	–
Sue Rubenstein Non-Executive Director	–	–	–	–	–	Chair	–	–
Jinjer Kandola Chief Executive	–	Executive Lead	–	–	–	–	–	–
Natalie Fox Deputy Chief Executive and Chief Operating Officer	–	–	–	–	–	–	–	–
David Griffiths Chief Finance and Investment Officer	Executive Lead	–	–	–	Executive Lead	–	Executive Lead	Executive Lead
Amanda Pithouse Director of Nursing, Quality and Governance	–	–	Executive Lead	Executive Lead	–	–	–	–
Mehdi Veisi Medical Director	–	–	–	–	–	–	–	–
David Cheesman Director of Transformation, Strategy and Partnerships	–	–	–	–	–	–	–	–
Sarah Wilkins Chief Information and Performance Officer	–	–	–	–	–	–	–	–
Lisa Anastasiou Director of People and Organisational Development	–	–	–	–	–	Executive Lead	–	–

Table 8: Board and Committee Attendance *(1 April 2021 – 31 March 2022):*

Numbers indicate the total number of meetings attended out of the possible during each Director's term in office or membership of a committee. Due to the impact of the COVID-19 pandemic, only the Mental Health Law committee suspended some of its meetings during the year in line with government guidance and operational priorities. However, the Board continued to receive written assurance reports from committee members throughout the reporting year and could therefore maintain its oversight of this area.

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

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

Board Member:	Interest Declared:
Jackie Smith Trust Chair	• Board member of College of Policing (since June 2018); • Former Chief Executive of the Nursing & Midwifery Council (December 2011 – July 2018); • Director of social media platform @wenurses • Non-Executive Director on the NCL Provider Alliance Board • Chair of Camden and Islington NHS Foundation Trust • Co-Chair of the Cavendish Square group of Chairs of Mental Health Trusts (from January 2022)
Jinjer Kandola Chief Executive	• Accountable Officer for Barnet Enfield & Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust • From February 2022, a Director in husband's company RDK Holdings, a private company operating in real estate and leased own real estate. No conflict with NHS business
Sheetal Balani Associate Non-Executive Director	• Vodafone - Small ESPP Shareholding • Non-Executive Director with Hilling Credit Union (100 hours per year)
Ivan Beckley Associate Non-Executive Director	• Director and shareholder of Suvera Ltd • Trustee for community techaid charity (Registration no 1193210) • Employed as CEO at Suvera Ltd
Natalie Fox Deputy Chief Executive / Chief Operating Officer	• None
Farah Jameel Non-Executive Director	• Chair, General Practitioner's Committee in England, British Medical Association • Elected Member, Camden Local Medical Committee • Member, Royal College of General Practitioners • Husband is a Consultant Neurologist at North Middlesex Hospital and Honorary Consultant at UCLH • GP in Camden at Museum Practice
Catherine Jervis Non-Executive Director (Senior Independent Director)	• Non-Executive Director for the Independent Office for Police Conduct. • Deputy Chair, Hillingdon Hospital NHS Foundation Trust. • Member of Camden and Islington NHS Foundation Trust Audit and Risk Committee
Amanda Pithouse Chief Nursing Officer	• Also holds the statutory role for Chief Nurse and Director of Infection Prevention and Control at Camden and Islington Foundation Trust.
Paul Pugh Non-Executive Director	• Director, KCBD Consulting Ltd. • Governor Middlesex University • Trustee, Campus Educational Trust • Non-executive Director, Institute of Customer Service • Wife is Deputy Head of Mental Health, NHS England

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

Sue Rubenstein Non-Executive Director (Vice Chair)	• Chair of Bloody Good Period – a charity that campaigns for menstrual equity and provides period products to asylum seekers and refugees. • Director of Corum Investments Ltd • Director of the Grove, Maidenhead Ltd Periodically provides consultancy services to the NHS but none currently within the North Central London system
Anu Singh Non-Executive Director (from 24 May 2021)	• Non-Executive Director at Parliamentary and Health Service Ombudsman; • Non-Executive Director at Camden and Islington Foundation Trust • Member of NDPB Committee on Fuel Poverty; • Non-Executive Board Member at South East London and Birmingham & Solihull Integrated Care Boards • Independent Chair, Lambeth Safeguarding Adults Board.
Charles Waddicor Non-Executive Director	• Member of the Advisory Board CHKS (CHKS is part of CAPITA and specialises in informatics and quality improvement to the healthcare sector) • Non-Executive Director, Camden and Islington NHS Foundation Trust • Close family member employed by St George's Mental Health Trust
Sarah Wilkins Chief Information / Digital Officer	• None
Claud Williams Non-Executive Director	• Shareholder in GN Capital Partners LTD • Associate NED at a C&I NHS Trust • Trustee/Chairman at CityHill London • Non-Exec Director at Hexagon Housing Association • Independent Committee Member at Portman Group • Enterprise Consultant at Birkbeck University • Founder of Dream Nation (part of GN Capital Partners LTD)
Susan Young Interim Chief People Officer	• Director and owner of PSCA Consulting Ltd - since 2015. (Consultancy business with clients in healthcare and NHS) • Interim Chief People Officer for Camden and Islington NHS Foundation Trust
Darren Summers Deputy CEO / Executive Director for Partnerships	• None
David Wragg Chief Finance Officer	• Married to the Director of Operations (National Joint Registry) at the Healthcare Quality Improvement Partnership (HQIP), which is a charity and a company limited by guarantee that promotes clinical audit and has contracts with the Department of Health and NHS Bodies.
Dr Vincent Kirchner Chief Medical Officer	• MH representative sitting on the Prime Site IQVIA Board for UCL Partners geography. IQVIA works on linking up commercial research projects with NHS Trusts. (Unpaid role)

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

Jess Aleister Q Lievesley Interim Executive Director of Strategy, Transformation and Organisational Effectiveness	• Starts 4 July
Previous Board Members' Interests *(from Register prior to departure from role)*	
Mark Lam Trust Chair	Non-Executive Director, Social Work England Private business consultant Former Chief Technology and Information Officer, Openreach, a BT Group business Chair, East London NHS Foundation Trust Vice Chair, North Central London Provider Alliance Chair, Royal Free London NHS Foundation Trust (incoming)
Ruchi Singh Non-Executive Director	Director, Kaleidoscope Transformations Ltd, a strategy consulting company Business Advisor – Transformation – First Class Partnership (Rail Consultancy) Business Advisor – Transformation Incendium (Real Estate Consultancy) Programme Director (COVID-19 response) – Money and Pension Service (MaPS)
Neil Brimblecombe Non-Executive Director	Professor of Mental Health, London South Bank University – developing mental health related research and service evaluation (one day per week) Chair, Research Committee, Mental Health Nurse Academics UK Individual consultancy to NHS organisations Consultant Editor, 'Mental Health Practice', a professional nursing journal Trustee, The Zimbabwe Life Project, a registered charity supporting the development of healthcare workers in Zimbabwe Member of Thrive London, Suicide Prevention Reference Group since 2016 Periodically provides consultancy services to the NHS but none currently within the North Central London system.

Annual Governance Statement

Scope of Responsibility

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

The purpose of the system of internal control

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

Throughout the year, the Trust continued to respond to the changing situation resulting from the Corona virus pandemic, implementing the latest national guidance and adjusting our emergency responses through stepping up or down formal major incident command and control arrangements. At certain peak times, the situation did impact on the Trust's normal corporate and clinical governance processes but the Trust managed these situations effectively and safely in all circumstances. The Trust Board and its various committees and sub-groups continued to monitor the emerging situation effectively ensuring appropriate and timely responses were implemented. The Trust Board also continued to oversee all governance arrangements to ensure they remained robust and resilient in view of the changing demands throughout the reporting year.

The system of internal control has been in place in Barnet, Enfield and Haringey Mental Health NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

The Trust's Internal Auditors completed their planned 2021-22 audit programme and were able to offer the following overall opinion:

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

Capacity to handle Risk

During this reporting period the Trust has considerably increased its capacity to handle risk by further strengthening existing systems and procedures, but also by widening the remit of the Audit Committee to scrutinise and oversee risk management on behalf of the Board.

At its meeting in November 2021, the Board approved the revised terms of reference for the Audit and Risk Committee, giving that committee a clear mandate to include risk assurance in its range of responsibilities. Since then, the committee has reviewed the Board Assurance Framework at every meeting, reviewed its risk management strategy and it approved a new Risk Management Procedure. Since January 2022, the committee has also been reviewing the Corporate Risk Register at every meeting. The committee has also widened its focus to include seeking assurance from other committees of their risk scrutiny activities within their respective remits. The Audit and Risk committee receives regular risk deep-dive analyses and it monitors the risk deep-dives undertaken by other committees. All key committees are represented at the Audit and Risk Committee and they provide summary reports on key risk developments at every meeting.

The annual internal audit on the Board Assurance Framework and Risk Management Culture provided reasonable assurance to the Board.

The Board engaged the Good Governance Institute (GGI) in September 2020 to carry out a focused review of the Trust's leadership and governance arrangements using NHS Improvement's Well-led Framework.

Due to delays resulting from the pandemic, this review was completed in quarter one of this reporting period and the final report was presented to the Board at a workshop on 22 July 2021.

At this workshop the GGI facilitated a detailed discussion on risk appetite and risk tolerance, and the Board reviewed the methodology for scoring this. These improvements are now embedded in the Board Assurance Framework and are the focus of the committee's assurance activities.

Leadership to the risk management process is given through a number of measures, including designation of Executive and Non-Executive Directors to committees within the Trust's governance structure. Each of the risks on the BAF is assigned to a Board committee and has a named executive lead who ensures the continuing updating and reporting. The Executive Leadership Team has been holding monthly risk scrutiny meetings to review ongoing risk developments and to ensure that these are reflected in committees' workplans and priorities. Towards the end of the reporting period, work has been underway to strengthen the connectivity between operational, corporate and strategic risks which his being scrutinised by the Audit and Risk Committee which will continue focusing on this throughout the coming reporting year.

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

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

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

The Operational Risk Management Group (accountable to the Executive Leadership Team) meets monthly to ensure effective Trust-wide management of risk. The Corporate Risk Register which includes risks with a score of 15 and above is reviewed monthly by the Executive Leadership Team, and since January 2022 at every meeting by the Audit and Risk Committee and quarterly by the Board.

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

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

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

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

Arrangements in response to the COVID-19 pandemic

As the COVID-19 pandemic continued throughout the reporting year, the Trust maintained its emergency response procedures in line with national guidance. The Gold, Silver and Bronze command and control structures continued to function effectively in an agile way to ensure quick and effective response as the impact of the pandemic changed throughout the year. In its second year of managing the COVID-19 pandemic, the Trust made significant progress in learning from the pandemic and implementing this learning across the organisation and in key service areas. In the second half of the year, the remaining risks from the COVID-19 risk register were reviewed and incorporated into the main corporate and operational risk registers as appropriate. These continued to be monitored through existing processes as highlighted above.

All Board, committee and governance activities returned mostly to pre-pandemic level with only minor adjustments at peak periods, for example, during the winter months as a result of the Omicron variant and an increase in demand during that period. All meetings of the Executive Leadership Team, the Board and its committees continued throughout the year in line with the normal, pre-pandemic cycle. Board workshops and away-days continued to be held and management of the Trust's response to the pandemic was embedded in business-as-usual activities wherever possible.

Ensuring that patients continued to receive high quality and safe care across all Trust services remained a key focus for the Trust throughout as was the focus on the safety and wellbeing of staff.

Regular reporting on key performance indicators relating to quality and patient safety, staff and finance was maintained throughout the year and the Board reviewed the Integrated Performance Report at every meeting along with the Board Assurance Framework.

The Risk and Control Framework

Key elements of the Risk Management Strategy

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

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

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

More detailed information of the Trust's approach to risk management and how the Trust manages risks can be found in our Risk Management Strategy which is located on our website.

Board Assurance Framework and Corporate Risk Register

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

Key risks as highlighted by the BAF and Corporate Risk Register inform the assurance and scrutiny activities of the Board and its committees. This includes regular risk deep-dive analyses at committee meetings and targeted reporting against key risk areas.

Quality Governance Assurances

The Trust continued to strengthen its quality governance structure and flow of assurances, implementing relevant recommendations from the GGI Well-led Review. This includes the development and implementation of a Performance and Accountability Framework across the Trust's divisions which is underway.

The Quality and Safety Committee plays a key role in seeking assurance of the continued effectiveness of all quality governance arrangements and that the Trust continues to meet its quality targets. Reports in this regard are received at ever committee meeting and the committee Chair provides a summary report at every Board meeting, highlighting key developments, issues and any other items that need to be brought to the Board's attention.

The quality of performance information is assessed through the Data Security and Protection Toolkit (DSPT) and through scrutiny of the annual Quality Account. Assurance on compliance with CQC registration requirements is obtained through the role and work programme of the Quality and Safety Committee, the performance framework, and from the Trust's own schedule of deep-dives to services and Executive and Non-Executive walk-arounds and service visits in as far as they were able to be undertaken in light of the ongoing pandemic.

Workforce Strategy

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

In January 2022 the Board approved a three-year Equality, Diversity and Inclusion strategy which is being jointly delivered in line with the Trust's partnership with Camden and Islington NHS Foundation Trust. A detailed action plan is already in place which augments and strengthens the overall Workforce Strategy the Trust continues to deliver.

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

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

An inpatient skill mix review is undertaken annually and was last reported in the Quality and Safety Committee in March 2022.

Care Quality Commission Compliance and Well-Led Inspection

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

The CQC carried out a core inspection of our services in October 2021 followed by a well-led inspection in November. The Trust maintained its overall rating of 'Good' but with noticeable improvements in key areas from the previous 'Good' rating. Further information is provided in Section 1 of the Annual Report.

A quality improvement action plan was put in place to address issues highlighted by the inspections and an action plan has been developed to address the recommendations from the well-led review.

Register of interests and gifts and hospitality

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

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

The Trust Executive Team has approved the implementation of a procedure to ensure compliance with the new requirement of the NHS Standard Terms and Conditions (section 27.2) by which the names of those staff required to make a declaration of interest fail to do so are published. This will be implemented from 1 April 2022 and builds on the Trust's existing procedures to require all relevant staff make at least an annual disclosure.

NHS Pension Scheme

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

Equality, Diversity and Inclusion

In January 2022 the Board made a significant step forward by approving an ambitious Equality, Diversity and Inclusion (EDI) strategy. This is a joint strategy in line with the Trust's Partnership with Camden and Islington NHS Foundation Trust and further builds on the work undertaken with the Kings Fund and Brap during the previous year. The delivery action plan from that work is now well underway and continues to be monitored by the People and Culture Committee which is also overseeing the implementation and delivery of the joint EDI strategy.

Throughout the year, the Trust continued to strengthen its Freedom-to-speak-up culture with the Trust's Guardian Service been providing regular reports to the People and Culture Committee and the Board. The Freedom to Speak up Guardian has continued direct access to the Chief Executive Officer and the Trust Chair to ensure issues can be highlighted and escalated at the most senior level, as required.

As the Guardian Service is becoming more embedded, emerging key themes and lessons learnt are being identified which the Board uses to make further improvements in this area going forward.

The Head of Equality, Diversity and Inclusion (EDI), who was appointed during the previous reporting period, is now well-embedded in the organisation and has been instrumental in the development of the joint EDI strategy. His work focused on further developing the various staff networks which has been progressing albeit at a slower a slightly slower pace due to the ongoing pressure on staff arising from the pandemic.

Towards the end of the reporting year, the Board has set itself another ambitious target to become an Anti-racist Organisation, setting a clear vision and mission statement for the culture the Trust wishes to promote.

The Trust continues to have robust control measures in place to ensure that the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon reduction and Greener NHS

The Trust continues to have in place its sustainable development management plan which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

In line with the national Greener NHS programme, the Trust developed its new 'Green Plan' which was approved by the Board in January 2022 in line with the national requirement. The plan has been developed in the context of the NHS Long Term Plan to help address the climate health emergency and the transition to Net Zero carbon emissions.

The Trust is currently exceeding its previous objective of reducing CORE emissions by 29% by 2020, relative to the 2013 baseline. However, the Green Plan will enable the Trust to meet the new targets as part of wider transformation of services and how they are being delivered.

The Trust is collaborating with local partners on the development of a wider, shared plan as part of the Greener North Central London programme. This work is underway at the time of writing this report.

The Trust has established a Sustainable Development Oversight Group to support the Executive Leadership Team in driving and overseeing the delivery of the Green Plan.

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

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

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

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

Information Governance

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

In 2021-22 the Trust reported two incidents to the ICO. One incident was confirmed as a voluntary report and no further action would be taken. The second incident reported was accepted as being a mandatory report, and ICO accepted the Trust's incident investigation and lessons learned as sufficient and acceptable measures requiring no further action.

The number of data incidents reported to the ICO remains low with none resulting in regulatory action or a fine.

There has been an increase in subject access request related complaints to the ICO this year due to the effect of the pandemic and staff absence. The Trust has policy and guidance documents in place to inform patients of the right of access to their information and the Trust process.

The Trust continues to review and update our procedures and processes to ensure improved awareness and best practice in its data handling obligations.

We continue to design and implement services that meet the needs of our diverse population and ensure all information is accurate, available and reliable to enable the Trust to provide exceptional patient care.

The Trust continues to participate in various information sharing initiatives for purposes that support direct care and the timely delivery and safe care to our service users when they receive treatment from other providers. BEH is currently participating in the North Central London Health Information Exchange (HIE) which enables health care professionals to view real time health data about patients. We have also started using the National Record Locator Service which enables paramedics from London Ambulance Service to access crisis plans where needed to support transport to the most appropriate care setting.

Annual Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Quality Account is developed and published annually, with consultation with all stakeholders to ensure that it presents a balanced view. A stakeholder event took place in March 2022 to seek the views of the Trust's stakeholders as part of the Trust's preparation for the 2020-21 Quality Account.

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

The Quality Account contains two main parts of information: performance against the quality indicators for 2021-22 and details of the Trust's quality priorities 2022-23. The draft report is reviewed by the Board and stakeholders to ensure it represents a balanced view.

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

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

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

Review of effectiveness

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

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

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

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

In his audit opinion for 2021-22, 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 controls to ensure that it remains adequate and effective".

The Trust has a Counter Fraud service in place, in line with the NHS standard contract. This includes undertaking the Annual Counter Fraud Functional Standard Return (CFFSR) Self Review Tool, which last year resulted in an overall green rating, meaning that Trust was fully compliant with NHS Counter Fraud Authority Functional Standards and can demonstrate the impact of the work undertaken. The Audit and Risk Committee receives regular reports from the Counter Fraud service at every meeting.

Internal control issues

During 2021-22, the Trust's Internal Auditors have not given any 'no assurance' reports. They issued four internal audit reports where they provided 'reasonable assurance' and two with 'partial assurance'. These were as follows:

Clinical Effectiveness	**Partial assurance**
Inclusion, Health and Wellbeing	**Partial assurance**
COVID-19 Recovery	**Reasonable assurance**
Key Financial Controls – Accounts Payable	**Reasonable assurance**
New Models of Care	**Reasonable assurance**
Risk Management Culture	**Reasonable assurance**

In addition, the internal auditors also carried out an advisory benchmarking review on the Audit and risk Committee.

Internal audit partial assurance opinions

Clinical Effectiveness: The review focused on the areas defined by the Department of Health as "the application of the best knowledge, derived from research, clinical experience and patient experiences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice".

The audit considered a number of tools including NICE guidelines, Quality Assurance Reviews, Patient Reported Outcomes Measure and Participation in National Clinical Audits. As part of this audit, a Clinical Effectiveness Questionnaire was completed with 41 responses received.

The audit identified four Medium priority management actions in the following areas:

- Patient Report Outcome Measures were not embedded in all teams or outcomes were not shared through the teams
- Decline in local audit activities in the Barnet Division
- Recording actions and responsible owners relating to National Clinical Audit of Psychosis and Early Intervention in Psychosis report
- Embedding of learning from the Clinical Effectiveness Questionnaire

Inclusion, Health and Wellbeing: With the previous 18 months placing significant strain on the NHS, there has been an inevitable focus on the wellbeing of staff working through the COVID-19 pandemic. For many Trusts, including Barnet, Enfield and Haringey Mental Health NHS Trust, the pressures of 2020 and 2021 mean there is significant risk to staff retention. Understanding if there is any risk within the Trust's employee processes associated with wellbeing concerns formed the basis for this review.

The audit identified three High and three Medium priority management actions in the following areas:

- Finalising the health and wellbeing strategy (high)
- Mental health and wellbeing policy not in place
- Gap in development of line managers to effectively support staff in the areas of inclusion, health and wellbeing (high)
- Survey findings show low levels of morale and engagement (high)
- Signposting to resources available to staff not tailored to individual needs
- Low staff awareness of the Trust's work on health and wellbeing and issues regarding effectiveness of tools and resources available

The internal audit opinion

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

Conclusion

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

Jinjer Kandola MBE
Chief Executive

June 2022

Statement of Accounting Officer's Responsibilities

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

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

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

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

Jinjer Kandola MBE
Chief Executive

June 2022

Remuneration and Staff Report

The Remuneration Committee

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

The Remuneration Committee will review the salaries of executive directors on a regular basis based on individual director performance, external job market factors, changes to Director portfolios and any national requirements. The Remuneration Committee met on six occasions in 2021-22. 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 2020-21 or 2021-22.**

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

	2021-22					2020-21				
Name and Title	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)
Jackie Smith Chair (from 1 April 2021)	40-45	N/A	N/A	N/A	40-45	N/A	N/A	N/A	N/A	N/A
Mark Lam Chair (to 31 March 2021)	N/A	N/A	N/A	N/A	N/A	35-40	6	N/A	N/A	35-40
Neil Brimblecombe Non-Executive Director	5-10	N/A	N/A	N/A	5-10	10-15	0	N/A	N/A	10-15
Catherine Jervis Non-Executive Director	10-15	N/A	N/A	N/A	10-15	10-15	0	N/A	N/A	10-15
Charles Waddicor Non-Executive Director	10-15	N/A	N/A	N/A	10-15	10-15	0	N/A	N/A	10-15
Paul Ryb Non-Executive Director	N/A	N/A	N/A	N/A	N/A	5-10	0	N/A	N/A	5-10
Ruchi Singh Non-Executive Director	5-10	N/A	N/A	N/A	5-10	10-15	0	N/A	N/A	10-15
Sue Rubenstein Non-Executive Director	15-20	N/A	N/A	N/A	15-20	10-15	0	N/A	N/A	10-15
Paul Pugh Non-Executive Director	10-15	N/A	N/A	N/A	10-15	10-15	0	N/A	N/A	10-15
Anu Singh Non-Executive Director (from May 2021)	10-15	N/A	N/A	N/A	10-15	N/A	N/A	N/A	N/A	N/A
Claud Williams Non-Executive Director (from January 2022)	0-5	N/A	N/A	N/A	0-5	N/A	N/A	N/A	N/A	N/A

Name and Title	2021-22					2020-21				
	Salary (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)	**Salary** (bands of £5,000)	**Expense payments** (to nearest £100)	**All pension-related benefits** (bands of £2,500)	**Compensation for loss of office** (bands of £2,500)	**TOTAL** (bands of £5,000)
Dr Farah Jameel Non-Executive Director (from January 2022)	0-5	N/A	N/A	N/A	0-5	N/A	N/A	N/A	N/A	N/A
Dr Ivan Beckley Associate Non-Executive Director (from January 2022)	0-5	N/A	N/A	N/A	0-5	N/A	N/A	N/A	N/A	N/A
Sheetal Balani Associate Non-Executive Director (from January 2022)	0-5	N/A	N/A	N/A	0-5	N/A	N/A	N/A	N/A	N/A
Jinjer Kandola Chief Executive	130-135	0	52.5-55	N/A	185-190	175-180	0	62.5-65	N/A	240-245
Mehdi Veisi Medical Director	140-145	0	375-377.5	N/A	515-520	135-140	0	N/A	N/A	135-140
David Griffiths Chief Finance and Investment Officer	135-140	0	40-42.5	N/A	175-180	135-140	0	45-47.5	N/A	180-185
Natalie Fox Deputy Chief Executive and Chief Operating Officer	140-145	0	92.5-95	N/A	230-235	130-135	0	50-52.5	N/A	180-185
Lisa Anastasiou Executive Director of Workforce	115-120	0	30-32.5	N/A	150-155	115-120	0	80-82.5	N/A	200-205
Amanda Pithouse Director of Nursing, Quality and Governance	105-110	0	37.5-40	N/A	145-150	125-130	0	32.5-35	N/A	155-160
David Cheesman Director of Transformation, Strategy and Partnerships	130-135	0	45-47.5	N/A	175-180	125-130	0	47.5-50	N/A	175-180
Sarah Wilkins Chief Information and Performance Officer	115-120	0	(12.5)-(10)	N/A	105-110	110-115	0	32.5-35	N/A	145-150

Where a director has only served for part of 2021-22, their starting or leaving dates are given above.

Two Executive Directors were also directors of Camden and Islington NHS Foundation Trust during 2021-22, with their salaries being paid in full by the Trust and a recharge made to Camden and Islington Foundation Trust for the portion of their time spent on Camden and Islington business. The remuneration figures disclosed here exclude the amounts recharged, which are reported within the Camden and Islington Foundation Trust's annual report and accounts. **These Directors are:**
Jinjer Kandola, Chief Executive from 1 October 2021
Amanda Pithouse, Chief Nurse from 1 January 2022

There were no taxable benefits, performance pay or bonuses paid in 2020-21 or 2021-22. There were no payments to past directors or payments for loss of office in 2020-21 or 2021-22.

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

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

Pension Benefits of Senior Managers							
Name and Title	**Real increase in pension at age 60** (bands of £2,500)	**Real increase in pension lump sum at aged 60** (bands of £2,500)	**Total accrued pension at age 60 at 31 March 2022** (bands of £5,000)	**Lump sum at age 60 related to accrued pension at 31 March 2022** (bands of £5,000)	**Cash Equivalent Transfer Value at 31 March 2022**	**Real increase in Cash Equivalent Transfer Value**	**Cash Equivalent Transfer Value at 31 March 2021**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jinjer Kandola Chief Executive	2.5-5.0	0.0-2.5	75.0-80.0	170.0-175.0	1600	65	1501
Mehdi Veisi Medical Director	17.5-20.0	27.5-30.0	15.0-20.0	25.0-30.0	284	271	0
David Griffiths Chief Finance and Investment Officer	2.5-5.0	0.0-2.5	60.0-65.0	135.0-140.0	1223	49	1148
Natalie Fox Deputy Chief Executive and Chief Operating Officer	5.0-7.5	5.0-7.5	55.0-60.0	120.0-125.0	1024	85	914
Amanda Pithouse Director of Nursing, Quality and Governance	2.5-5.0	0.0-2.5	20.0-25.0	0.0-5.0	299	22	257
Lisa Anastasiou Executive Director of Workforce	0.0-2.5	0.0-2.5	25.0-30.0	55.0-60.0	546	27	499
Sarah Wilkins Chief Information and Performance Officer	0.0-2.5	(5.0)-(2.5)	30.0-35.0	60.0-65.0	596	(9)	585
David Cheesman Director of Transformation, Strategy and Partnerships	2.5-5.0	0.0-2.5	50.0-55.0	110.0-115.0	993	46	923

Fair Pay Multiple *(subject to audit)*

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2021-22 was £140,000-145,000 (2020-21, £175,000 - £180,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th percentile total remuneration ratio	25th percentile Salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2021-22	14.9	4.1	11.3	3.1	8.6	2.4
2020-21	7.0	5.1	5.4	3.9	4.1	3.0

In 2021-22, no employees (2020-21: none) received remuneration in excess of the highest-paid Director. Individual remuneration ranged from £16k to £143 (2020-21 £15k to £183k).

Compensation for loss of office (subject to audit)

There were no redundancy payments to former Directors in the financial year 2021-22 (2020-21: none).

Payments to past directors (subject to audit)

There were no payments to former Directors in the financial year 2021-22 (2020-21: none).

Off-payroll Reporting

Table 12: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last for longer than six months

No. of existing engagements as of 31 March 2022	0
Of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

Table 13: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022, 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 2021 and 31 March 2022	0
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

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.	20

Conclusion

To the best of my knowledge and belief, the 2021-22 Accountability report is fair, true and accurate.

Jinjer Kandola MBE
Chief Executive

June 2022

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 2022, together with a review of the Trust's financial plans for 2022-23.

Going Concern

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

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

The following is evidence that the Trust meets these requirements and those set out in section 4.24 of the Department of Health and Social Care Group Accounting Manual 21-22:

- 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 2022-23
- The Trust has not been informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

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

Financial Performance, including efficiency initiatives

During 2021-22 the interim NHS financial regime started in the second half of 2020-21 by NHS England and Improvement Investment continued, with North Central London Integrated Care System receiving fixed allocations including funding for managing the financial impact of the COVID-19 pandemic. Normal NHS contracting mechanisms remained suspended throughout 2021-22.

The Trust also received significant continued investment in 2021-22 from the Mental Health Investment Standard (MHIS) and Service Development Fund (SDF), which is targeted at achievement of the NHS Long Term Plan. This includes investment in the transformation of our community mental health services for adults and children, crisis services for adults and children and extending access to IAPT services. The Trust also received additional investment in Enfield Community Services to support the aging well agenda.

The Trust delivered a surplus of £2.3m in the first half of 2021-22 and agreed a plan for the second half of the year to deliver an overall surplus for 2021-22 of £3.8m. This included a full year effect cash releasing efficiency requirement of £6m (1.5%).

These savings were achieved and the final reported position for 2021-22 against the NHSI financial performance metric was a surplus of £22.6m. The positive variance against the planned surplus was due mainly several to a number one-off financial benefits materialising in year that will not continue into 2022-23.

The overall financial position as per the Trust accounts on pages 108 to 111 shows a surplus of £21.4m. The reasons for the difference is that Impairments (reductions) in the value of the Trust's Non-Current Assets do not count towards the NHSEI financial performance metric. A full reconciliation is shown in Table 15 below.

Table 15: Performance against NHSI control total

	Surplus per statutory accounts	**21,358**
LESS:	Items excluded from Key Statutory Duties	
	Impairments	1,237
	Adjusted surplus against Key Statutory Duties	22,595
LESS:	NHSI adjustments to Financial Performance Metric	
	Capital donations	4
	Net impact of consumables donated from other DHSC bodies	30
	Net Adjusted Financial Performance Metric	22,629

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

Table 16: Trust Statutory Financial Duties

Duty	Performance	Achieved
Break-even on Income and Expenditure*	**Target:** £(0.0)m breakeven **Actual:** £22.6m surplus	✓
Keep Capital Expenditure within our Capital Resource Limit	**CRL** = £22.2m **Actual** = £22.3m	✓
Remain within our External Financing Limit (EFL), our net limit on borrowing allowed	**EFL** = £(3.3m) **Actual** = £(3.3m)	✓
Achieve a 3.5% return on investments	**Target** = 3.5% **Actual** = 3.5%	✓

*The Trust's performance against its break-even duty is cumulatively assessed over a rolling three-year period. The Trust met this requirement with a cumulative three-year surplus at the end of 2021-22 of £25.3m.

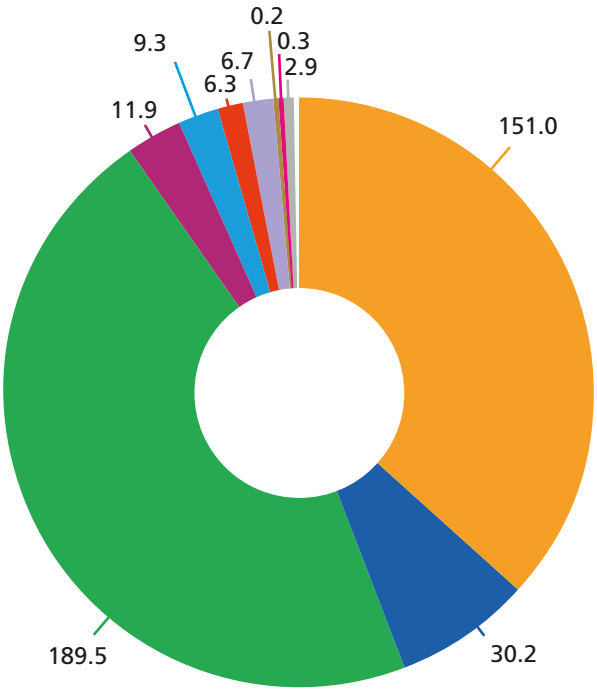
In previous years the Trust's financial performance was also assessed, on a quarterly basis, by NHSEI through a Finance and Use of Resources rating. The use of this remained suspended throughout 2021-22.

Operating Income and Expenditure

On 1st October 2020 the Trust became the lead provider for the North London Forensic Consortium, which increased the Trust's income from NHSE by £73.6m in the second half of 2020-21. The full year impact of this is shown in the 2021-22 accounts, leading to a further increase in the Trust's income from NHSE of £77.6m. Further details can be found in Note 2 (operating segments) on page 124 of the Trust's Annual Report and Accounts. The majority of the Trust's income was earned from the provision of mental health and community services to Clinical Commissioning Groups (£189.5m) and Local Authorities (£9.3m), and from the provision of specialist forensic mental health services to NHS England (£182.2m). The major source of non-clinical income was education and training (£6.7m).

The Trust operating income in 2021-22 of £409.3m can be analysed as below:

Table 17: Source of Trust Operating Income



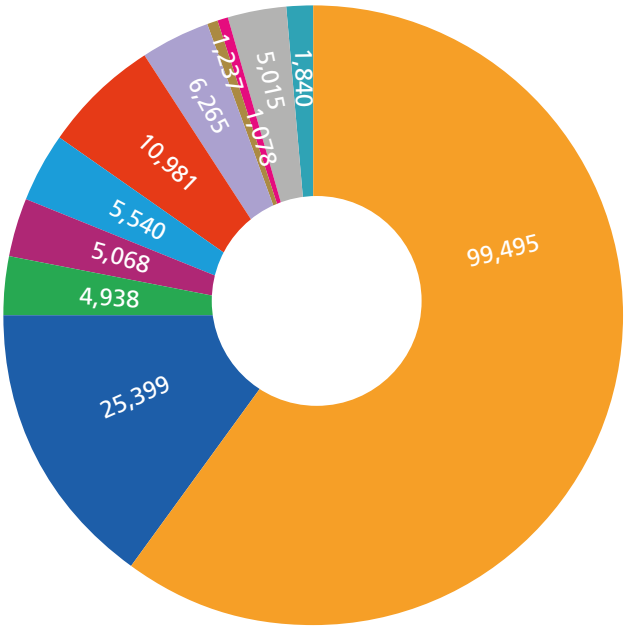
- NHS England – NLFC
- NHS England – non NLFC
- Clinical commisioning groups
- Other NHS providers
- Local authorities
- Non NHS patient care: other
- Other income – Education & training
- Other income – Refurbishment and top up funding
- Other income – Inventory donated by DHSC
- Other income – misc

Total operating expenditure for the 12-month period ended 31 March 2022 was £382.0m.

Around 56% of total operating expenditure was spent of staff costs (£215.2m). Of the total amount spent on staff costs around £175.7m was spent of substantive staff (81%), with £25.1m on bank staff (12%), and £14.4m on agency and contract staff (7%). The remaining £166.8m was spent on a range of non-pay costs.

A breakdown of this £166.8m is shown below:

Table 18: Non-Pay costs



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

2022-23 Financial Plans

The normal contracting mechanisms have been reinstated for 2022-23, and the Trust is working with Commissioners to agree contracts for the provision of services. However, the system envelope approach remains in place, and the Trust has been issued with a financial envelope based on the 2021-22 block payment, incorporating the full year effect of investments agreed during the year.

For the 2022-23 financial year the Trust has set a break-even financial plan, which will require cash releasing efficiency savings of £7m (3%). This includes an allocation for Covid costs of £3.8m, which represents a 50% reduction on the allocation for 2021-22 in the expectation that costs will reduce in 2022-23.

The NHS planning guidance sets out that revenue financial envelopes for 2023-24 and 2024-25 will be issued during Q1 of 2022-23, following which the Trust will be able to review its Medium-Term Financial Plan.

The Trust has also continued to work with NCL ICS to develop a 12-month investment plan for mental health investments to meet the Long-Term Plan priorities for 2022-23. This will see continued expansion of adult community mental health and crisis services during the year, and mainly includes the continuation of schemes funded by non-recurrent spending review funding during 2021-22.

Capital Expenditure

Our Capital Investment Plans and Performance for 2021-22

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 £22.2m in 2021-22, with the biggest single investment being the redevelopment of St Ann's Hospital (£11.3m) which started in 2018. This included £3.8m of additional capital investment in our IT infrastructure which was successfully bid for in-year from the Department of Health's Unified Technology Fund.

The main components of the Trust's capital investments in 2021-22 were as follows:

Table 19: Capital Investments 2021-22

Programme	£'000
Statutory Compliance/Risk Management Projects	3,904
Backlog maintenance	654
IM&T Programmes	6,297
St Ann's Redevelopment	11,298
TOTAL	**22,153**

Working Capital and Liquidity

The Trust has robust cash management and forecasting arrangements in place, which are considered at each meeting of the Board's Finance and Investment Committee. The Trust started the 2021-2 financial year with a £74.1m cash balance mainly due to the part-disposal of the St Ann's Hospital site in March 2018. During 2021-22 the Trust generated £42k (£2020-21: £nil) of interest from cash management activities.

The Trust ended the period with cash balances of £74.0m, reflecting the continued holding of the sale proceeds from the partial disposal of the St Ann's site until the expenditure is incurred on the redevelopment of the remainder of the site in the next year, improved debt recovery and additional cash holdings related to the North London Forensic Consortium.

Interest rate effects and impacts

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

Carrying Amount vs. Market Value of Land

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

Assets Held for Sale

No asset was held for disposal at 31 March 2022 (31 March 2021: none).

Taxpayers Equity

The Trust holds Public Dividend Capital of £157.5m, plus negative reserves relating to income and expenditure deficits generated over the years (£0.2m), and reserves from asset revaluations arising from the impact of valuations of the Trust's estate (£109.3m). The total of these (£266.6m) represents the level of taxpayers' equity in the Trust.

Finance Costs

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

Pension Liabilities

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

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

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

Statement on Better Payments Practice Code

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

Table 20: Performance against Better Payments Practice Code

	2021-22		2020-21	
	By Number	By Value	By Number	By Value
Non-NHS	92%	94%	90%	93%
NHS	92%	98%	85%	95%

Statement on Prompt Payments Code

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

Name of external auditor and cost of its work

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

During 2021-22, 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 2021-22 financial year was presented to the Board of Directors in June 2022. Reports issued during the 2021-22 financial year were as follows:

- Final Audit Report 2021-22
- Draft Audit Plan 2021-22
- Interim Audit Report 2021-22

The total fee for external audit in 2021-22 was £84,550 (2020-21: £68,700) in respect of the completion of the statutory audit work.

Counter Fraud Activities

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

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

Cost Allocation and Charging Requirements

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

NHS Pensions and Directors Remuneration

The accounting policy in relation to employee pension and retirement benefits, and the remuneration report is set out on page 114 of the Annual Accounts for 2021-22.

Charitable Funds

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

A copy of the charity's Annual Report and Accounts for 2021-22 will be available from January 2023 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 2021-22.

Statement of Director's responsibilities in respect of the accounts

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

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

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

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

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

By order of the Board

Jinjer Kandola MBE
Chief Executive

June 2022

David Wragg
Chief Finance Officer

June 2022

Annual Accounts
for the Year Ended 31 March 2022

Statement of Comprehensive Income		2020-21	2019-20
	Note	£000	£000
Operating income from patient care activities	3	399,284	314,918
Other operating income	4	10,048	17,905
Operating expenses	6, 8	(382,107)	(330,928)
Operating surplus/(deficit) from continuing operations		**27,225**	**1,895**
Finance income	11	39	10
Finance expenses	12	(275)	(285)
PDC dividends payable		(5,606)	(5,250)
Net finance costs		**(5,842)**	**(5,525)**
Other gains / (losses)	13	(25)	188
Surplus / (deficit) for the year from continuing operations		**21,358**	**(3,442)**
Surplus / (deficit) for the year		**21,358**	**(3,442)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,496)	(3,568)
Revaluations	17	15,602	76
Other recognised gains and losses			
Total comprehensive income / (expense) for the period		**35,464**	**(6,934)**

Statement of Financial Position		31 March 2022	31 March 2021
	Note	£000	£000
Non-current assets			
Intangible assets	14	2,048	901
Property, plant and equipment	15	243,768	216,158
Investment property	18	165	190
Receivables	20	274	152
Total non-current assets		**246,255**	**217,401**
Current assets			
Inventories	19	98	112
Receivables	20	13,312	7,864
Cash and cash equivalents	21	74,171	74,129
Total current assets		**87,581**	**82,105**
Current liabilities			
Trade and other payables	22	(40,774)	(50,307)
Borrowings	24	(509)	(510)
Provisions	25	(2,108)	(1,082)
Other liabilities	23	(16,785)	(11,965)
Total current liabilities		**(60,176)**	**(63,864)**
Total assets less current liabilities		**273,660**	**235,642**
Non-current liabilities			
Borrowings	24	(5,677)	(6,175)
Provisions	25	(1,392)	(2,173)
Total non-current liabilities		**(7,069)**	**(8,348)**
Total assets employed		**266,591**	**227,294**
Financed by			
Public dividend capital		157,469	153,636
Revaluation reserve		109,324	95,243
Income and expenditure reserve		(202)	(21,585)
Total taxpayers' equity		**266,591**	**227,294**

The notes on pages 112 to 152 form part of these accounts.

Jinjer Kandola MBE
Chief Executive

June 2022

Statement of Changes in Equity for the year ended 31 March 2022	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 – brought forward	**153,636**	**95,243**	**(21,585)**	**227,294**
Surplus/(deficit) for the year	-	-	21,358	**21,358**
Impairments	-	(1,496)	-	**(1,496)**
Revaluations	-	15,602	-	**15,602**
Other recognised gains and losses	-	(25)	25	**-**
Public dividend capital received	3,833	-	-	**3,833**
Other reserve movements	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2022	**157,469**	**109,324**	**(202)**	**266,591**

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

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows		2021-22	2020-21
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		27,225	1,895
Non-cash income and expense:			
Depreciation and amortisation	6.1	6,265	6,142
Net impairments	7	1,237	5,074
Income recognised in respect of capital donations	4	-	(26)
(Increase) / decrease in receivables and other assets		(5,984)	20,745
(Increase) / decrease in inventories		14	(29)
Increase / (decrease) in payables and other liabilities		(6,039)	18,209
Increase / (decrease) in provisions		232	(1,459)
Net cash flows from / (used in) operating activities		**22,950**	**50,551**
Cash flows from investing activities			
Interest received		39	10
Purchase of intangible assets		(1,531)	(2)
Purchase of PPE and investment property		(19,511)	(16,353)
Sales of PPE and investment property		-	1,150
Net cash flows from / (used in) investing activities		**(21,003)**	**(15,195)**
Cash flows from financing activities			
Public dividend capital received		3,833	3,948
Movement on loans from DHSC		(498)	(498)
Interest on loans		(263)	(283)
PDC dividend (paid) / refunded		(4,977)	(5,988)
Net cash flows from / (used in) financing activities		**(1,905)**	**(2,821)**
Increase / (decrease) in cash and cash equivalents		**42**	**32,535**
Cash and cash equivalents at 1 April - brought forward		**74,129**	**41,593**
Prior period adjustments		-	-
Cash and cash equivalents at 1 April - restated		**74,129**	**41,593**
Cash and cash equivalents at 31 March	**21**	**74,171**	**74,129**

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 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

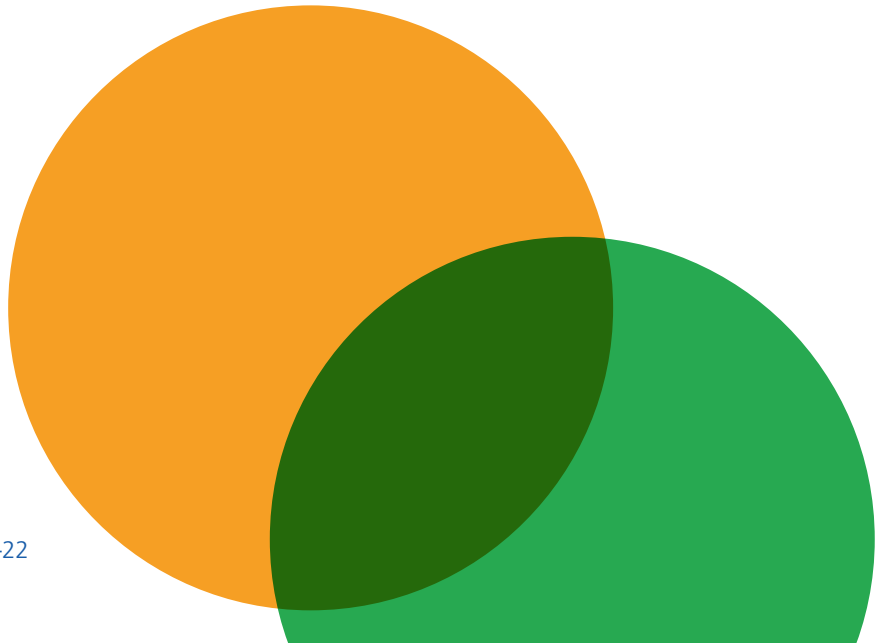
Note 1.2 Going concern

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

Note 1.3 Revenue from contracts with customers

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

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



Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021-22 and 2020-21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Sustainability and Transformation Partnership level. For the first half of the 2020-21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020-21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021-22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for North London Forensic Consortium, the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.4 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

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

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

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

Useful lives of property, plant and equipment

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

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

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

Note 1.8 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Information technology	5	10
Development expenditure	2	7
Software licences	5	10

Note 1.9 Inventories

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

In 2020-21 and 2021-22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Investment properties

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

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

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

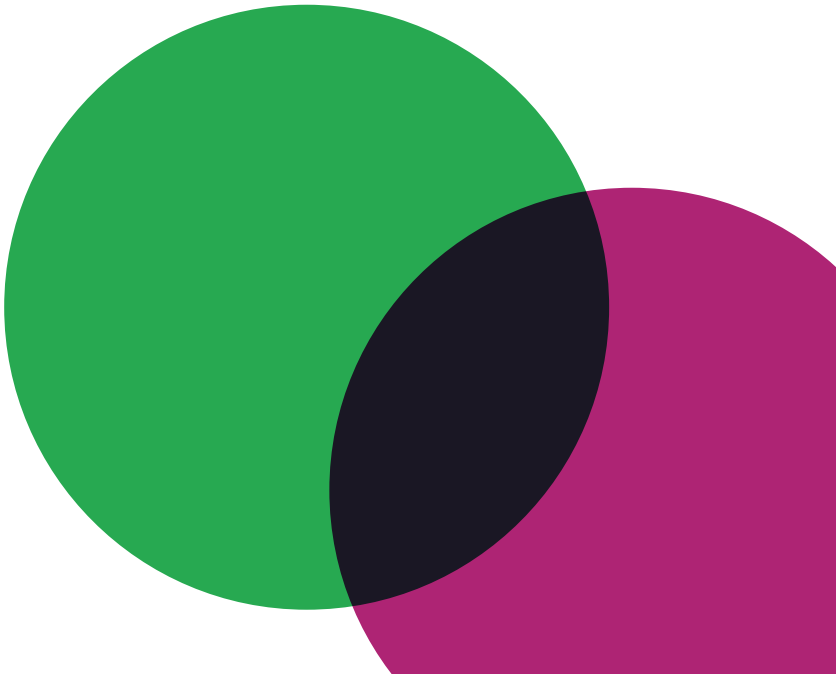
Derecognition

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

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

Note 1.13 Leases

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



The Trust as a lessee

Finance leases

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

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

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

Operating leases

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

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

Leases of land and buildings

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

The Trust as a lessor

Finance leases

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

Operating leases

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

		Inflation rate	Prior year rate
	Year 1	4.00%	1.20%
	Year 2	2.60%	1.60%
	Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

Note 1.16 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

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

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

Note 1.17 Value Added Tax (VAT)

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

Note 1.18 Corporation tax

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

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

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

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

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

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

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

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021-22.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022-23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

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

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	16,986
Additional lease obligations recognised for existing operating leases	(16,986)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**-**
Estimated in-year impact in 2022-23	
Additional depreciation on right of use assets	(2,938)
Additional finance costs on lease liabilities	(132)
Lease rentals no longer charged to operating expenditure	3,149
Changes to other statement of financial position line items	-
Estimated impact on surplus / (deficit) in 2022-23	**79**
Estimated increase in capital additions for new leases commencing in 2022-23	**-**

Note 1.24 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 an annual review to determine whether it controls any other entity and whether the Barnet Enfield and Haringey Mental Health NHS 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 1.25 Sources of estimation uncertainty

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

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

The Trust's estimation of its non current asset values and useful economic life involves estimation and judgement. A full valuation exercise was undertaken on land and buildings at 31 March 2020 by an independent firm of RICS approved property valuation experts. A desktop revaluation of land and buildings was completed as at 31 March 2022 by the same valuers, which is reflected in the accounts. Specialised buildings are valued based on a depreciated Modern Equivalent Asset (MEA) basis with non specialised buildings valued based on Existing Use (EUV). The valuation provided has been used for closing net replacement costs. The valuation is based on current location and footprint. This reflects the Trust's favourable location based near the border of Enfield and Haringey – the two key purchasers and with minimal unutilised space. Remaining useful economic lives are included at note 1.9.

The valuation exercise was carried out in March 2022. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book'), the valuer has determined that despite the COVID-19 pandemic the valuation is not subject to a 'material valuation uncertainty' as defined by VPS3 and VGPA10 of the Red Book.

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


NHS

Note 2
Operating Segments

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

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

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

Also, the Trust does not apportion assets and liabilities or cash flows for internal reporting purposes and therefore these are not reported by service line in the accounts. Consequently it is not possible to allocate depreciation and PDC dividend payments, along with income payable and receivable, between operating segments.

These costs are all shown as part of Provision of Healthcare which has the impact that the reported deficit before impairments for Provision of Healthcare is overstated and the surplus for North London Forensic Consortium is correspondingly overstated.

The two segments disclosed below are:

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

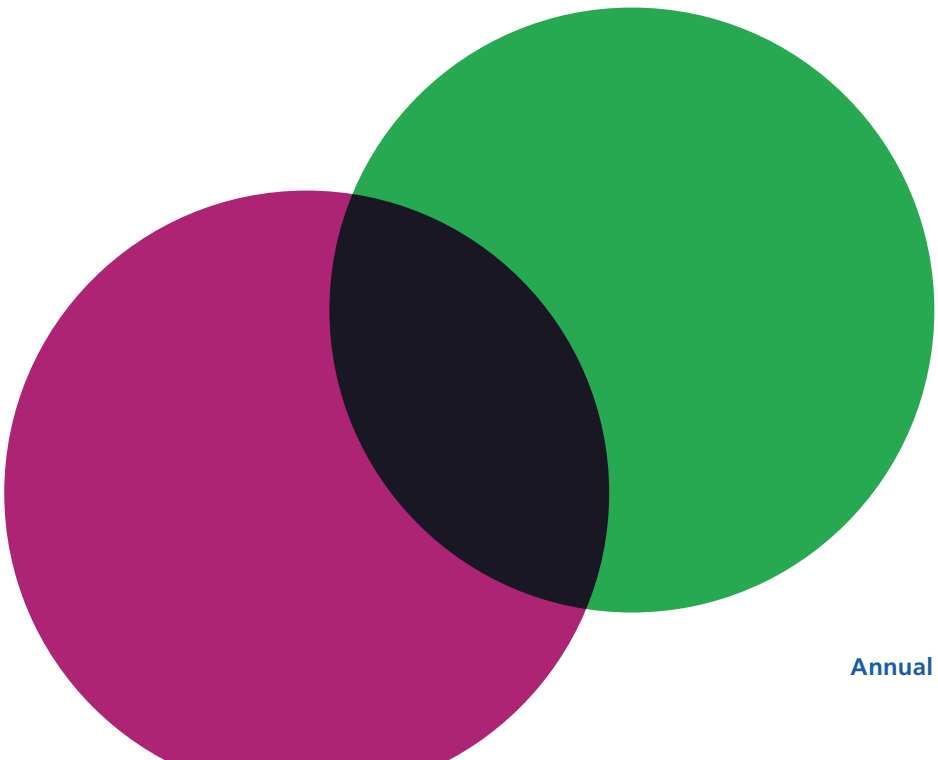
	Provision of Healthcare		North London Forensic Consortium		Total	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
	£000	£000	£000	£000	£000	£000
Income	**254,538**	256,702	**154,794**	76,121	**409,332**	332,823
Surplus/(Deficit						
Segment surplus/(deficit)	**34,377**	12,731	**345**	299	**34,722**	13,030
Common costs	**(12,093)**	(11,468)	**0**	0	**(12,093)**	(11,468)
Surplus/(deficit) before impairment	**22,284**	1,263	**345**	299	**22,629**	1,562

A memorandum trading account for the NLFC is:

Income		
	2021-22	**2021-22**
Clinical Income FT	3,526	2,528
Clinical Income NHSE	151,268	73,593
Total Income*	**154,794**	**76,121**
Operating Costs		
Purchase Healthcare From Non NHS Body	(14,876)	(9,189)
Healthcare Service Foundation Trust	(54,631)	(25,404)
Services From NHS Trust – Hcare**	(82,549)	(40,164)
Services Other NHS Body – Hcare	(781)	(435)
Commissioning Hub	(1,612)	(629)
Total Expenditure	**(154,449)**	**(75,821)**
Surplus	**345**	**299**

** Funding of £1,584k relating to the NHSE Independent Sector Providers uplift is being accrued at the year end (2020-21:£nil). In addition, funding of £9,799k is being carried forward to 2022-23 that comprises £8,856k operating surpluses and £943k 2021-22 SCFT funding. (2020-21 £6,886k was carried forward, comprising £5,040k operating surpluses and £1,846k 2020-21 SCFT funding).*

*** Includes an internal recharge to BEH Specialist Services division of £39,721k (2020-21: £19,317k)*



Note 3
Operating income from patient care activities

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

Note 3.1 Income from patient care activities (by nature)	2021-22	2020-21
	£000	£000
Mental health services		
Block contract / system envelope income*	191,161	189,235
Services delivered under a mental health collaborative **	46,324	22,512
Income for commissioning services in a mental health collaborative **	115,073	56,804
Clinical partnerships providing mandatory services (including S75 agreements)	1,028	580
Clinical income for the secondary commissioning of mandatory services	-	(48)
Other clinical income from mandatory services	4,195	3,453
Community services		
Block contract / system envelope income	31,760	33,265
Income from other sources (e.g. local authorities)	1,552	1,204
All services		
Additional pension contribution central funding***	8,191	7,913
Total income from activities	**399,284**	**314,918**

**As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020-21. In the second half of the 2020-21 financial year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. This financial framework continued into 2021-22.*

***The Trust became responsible for commissioning forensic secure services for North London CCGs registered patients with effect from 1 October 2020. The 2021-22 income associated with this activity totals £154,794k (£76,121k in 2020-21) and is offset by additional commissioning expenditure*

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

Note 3.2 Income from patient care activities (by source)	2021-22	2020-21
	£000	£000
Income from patient care activities received from:		
NHS England*	182,269	129,426
Clinical commissioning groups	189,495	161,903
Other NHS providers** ***	11,929	6,355
Local authorities	9,335	11,047
Non NHS: other	6,256	6,187
Total income from activities	**399,284**	**314,918**
Of which:		
Related to continuing operations	399,284	314,918
Related to discontinued operations	-	-

**NHSE Income in 2021-22 includes £151,268k of income relating to the North London Forensic Consortium (20/21 is £73,593k). The Trust became responsible for commissioning forensic secure services for North London CCG's registered patients with effect from 1 October 2020*

***Other NHS providers Income in 2021-22 includes £3,526k of income relating to the North London Forensic Consortium (20/21 is £2,528k). The Trust became responsible for commissioning forensic secure services for North London CCGs registered patients with effect from 1 October 2020*

****Of this, £6,604k relates to income received from provider collaboratives covering CAMHS and Eating Disorders services that went live from 1 October 2020. (2020-21 comparable figure is £3,195k). Income for these services had previously been received from NHSE*

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)	2021-22	2020-21
	£000	£000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income	2021-22			2020-21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	217	-	**217**	254	-	**254**
Education and training	6,657	-	**6,657**	5,047	-	**5,047**
Non-patient care services to other bodies	-	-	**-**	-	-	**-**
Reimbursement and top up funding	234	-	**234**	7,434	-	**7,434**
Income in respect of employee benefits accounted on a gross basis	-	-	**-**	-	-	**-**
Receipt of capital grants and donations	-	-	**-**	-	26	**26**
Charitable and other contributions to expenditure *	-	286	**286**	-	2,453	**2,453**
Support from the Department of Health and Social Care for mergers	-	-	**-**	-	-	**-**
Rental revenue from finance leases	-	-	**-**	-	-	**-**
Rental revenue from operating leases	-	837	**837**	-	773	**773**
Amortisation of PFI deferred income / credits	-	-	**-**	-	-	**-**
Other income	1,817	-	**1,817**	1,918	-	**1,918**
Total other operating income	**8,925**	**1,123**	**10,048**	**14,653**	**3,252**	**17,905**
Of which:						
Related to continuing operations	-	**-**	10,048	-	-	17,905
Related to discontinued operations	-	**-**	-	-	-	-

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period	2021-22	2020-21
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	11,488	2,563
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 6.1 Operating expenses	2021-22	2020-21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies *	99,495	49,810
Purchase of healthcare from non-NHS and non-DHSC bodies **	25,399	21,436
Staff and executive directors costs	215,072	204,064
Remuneration of non-executive directors	179	125
Supplies and services - clinical (excluding drugs costs)	4,678	4,486
Supplies and services - general	260	5,736
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	5,068	4,470
Inventories written down	-	21
Consultancy costs	1,181	342
Establishment	5,540	6,792
Premises	10,981	13,776
Transport (including patient travel)	1,971	1,961
Depreciation on property, plant and equipment	5,881	5,547
Amortisation on intangible assets	384	595
Net impairments	1,237	5,074
Movement in credit loss allowance: contract receivables / contract assets	(3,256)	(580)
Fees payable to the external auditor	-	-
audit services- statutory audit	85	69
other auditor remuneration (external auditor only)	-	-
Internal audit costs	43	92
Clinical negligence	1,327	1,144
Legal fees	497	401
Education and training	1,078	237
Rentals under operating leases	5,015	5,035
Hospitality	-	103
Other	(8)	192
Total	**382,107**	**330,928**
Of which:		
Related to continuing operations	382,107	330,928
Related to discontinued operations	-	-

** Of this, £98,164k relates to the commissioning of healthcare services by the North London Forensic Consortium (2020-21 £46,686k)*

*** Of this, £14,876k relates to the commissioning of healthcare services by the North London Forensic Consortium (2020-21 £9,189k)*

Note 6.2 Other auditor remuneration	2021-22	2020-21
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the Trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**-**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020-21: £2 million).

Note 7 Impairment of assets	2021-22	2020-21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,237	5,074
Total net impairments charged to operating surplus / deficit	**1,237**	**5,074**
Impairments charged to the revaluation reserve	1,496	3,568
Total net impairments	**2,733**	**8,642**

The impairment resulting from changes in market price arises from a revaluation of the Trust's land and buildings as at 31 March 2022 by independent RICS qualified surveyors, full details of which are included in note 17.

Note 8 Employee benefits	2021-22	2020-21
	£000	£000
Salaries and wages	156,920	151,728
Social security costs	16,797	15,974
Apprenticeship levy	765	727
Employer's contributions to NHS pensions	26,601	26,045
Temporary staff (including agency)	14,815	10,494
Total gross staff costs	**215,898**	**204,968**
Recoveries in respect of seconded staff	-	-
Total staff costs	**215,898**	**204,968**
Of which		
Costs capitalised as part of assets	826	904

Note 8.1 Retirements due to ill-health

During 2021-22 there were no early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £0k (£124k in 2020-21).

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

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

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

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.	2021-22	2020-21
	£000	£000
Operating lease revenue		
Minimum lease payments	837	773
Total	**837**	**773**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	410	379
- later than one year and not later than five years;	99	99
- later than five years.	2,394	2,419
Total	**2,903**	**2,897**

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.	2021-22	2020-21
	£000	£000
Operating lease expense		
Minimum lease payments	5,015	5,035
Total	**5,015**	**5,035**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,754	2,973
- later than one year and not later than five years;	1,919	2,030
- later than five years.	-	10
Total	**3,673**	**5,013**
Future minimum sublease payments to be received	-	-

Note 11 Finance income Finance income represents interest received on assets and investments in the period.	**2021-22**	**2020-21**
	£000	**£000**
Interest on bank accounts	39	10
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**39**	**10**

Note 12.1 Finance expenditure Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.	**2021-22**	**2020-21**
	£000	**£000**
Interest expense:		
Loans from the Department of Health and Social Care	262	282
Interest on late payment of commercial debt	-	-
Total interest expense	**262**	**282**
Unwinding of discount on provisions	13	3
Total finance costs	**275**	**285**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015	**2021-22**	**2020-21**
	£000	**£000**
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)	2020-21	2019-20
	£000	£000
Gains on disposal of assets	-	198
Total gains / (losses) on disposal of assets	**-**	**198**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	(25)	(10)
Total other gains / (losses)	**(25)**	**188**

Note 14.1 Intangible assets - 2021-22	Software licences	Internally generated information technology	Development expenditure	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 – brought forward	**775**	**-**	**11,716**	**12,491**
Additions	-	1,531	-	**1,531**
Disposals / derecognition	(326)	-	(9,461)	**(9,787)**
Valuation / gross cost at 31 March 2022	**449**	**1,531**	**2,255**	**4,235**
Amortisation at 1 April 2021 – brought forward	**494**	**-**	**11,096**	**11,590**
Provided during the year	46	-	338	**384**
Disposals / derecognition	(326)	-	(9,461)	**(9,787)**
Amortisation at 31 March 2022	**214**	**-**	**1,973**	**2,187**
Net book value at 31 March 2022	**235**	**1,531**	**282**	**2,048**
Net book value at 1 April 2021	**281**	**-**	**620**	**901**

Note 14.2 Intangible assets - 2020-21	Software licences	Internally generated information technology	Development expenditure	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 – as previously stated	**775**	**-**	**11,714**	**12,489**
Prior period adjustments	-	1,531	-	**-**
Valuation / gross cost at 1 April 2020 – restated	**775**	**1,531**	**11,714**	**12,489**
Additions	-	-	2	**2**
Disposals / derecognition	-	-	-	**-**
Valuation / gross cost at 1 April 2020 – restated	**775**	**1,531**	**11,716**	**12,491**
Amortisation at 1 April 2020 – as previously stated	**442**	**1,531**	**10,553**	**10,995**
Prior period adjustments	-	-	-	**-**
Amortisation at 1 April 2020 – restated	**442**	**-**	**10,553**	**10,995**
Provided during the year	52	-	543	**595**
Disposals / derecognition	-	-	-	**-**
Amortisation at 31 March 2021	**494**	**-**	**11,096**	**11,590**
Net book value at 31 March 2021	**281**	**-**	**620**	**901**
Net book value at 1 April 2020	**333**	**-**	**1,161**	**1,494**

Note 15.1 Property, plant and equipment – 2021-22	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**89,175**	**118,737**	**3,956**	**2,699**	**23,994**	**4,287**	**242,848**
Additions	-	2,199	13,603	272	4,548	-	**20,622**
Impairments	(22)	(2,711)	-	-	-	-	**(2,733)**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	8,129	4,767	-	-	-	-	**12,896**
Reclassifications	-	12,777	(14,741)	-	1,964	-	**-**
Disposals / derecognition	-	-	-	(1,323)	(14,243)	(3,782)	**(19,348)**
Valuation/gross cost at 31 March 2022	**97,282**	**135,769**	**2,818**	**1,648**	**16,263**	**505**	**254,285**
Accumulated depreciation at 1 April 2021 – brought forward	**-**	**2,344**	**-**	**1,546**	**18,638**	**4,162**	**26,690**
Provided during the year	-	3,575	-	126	2,140	40	**5,881**
Impairments	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	**-**
Revaluations	-	(2,706)	-	-	-	-	**(2,706)**
Reclassifications	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	1,323	(14,243)	(3,782)	**(19,348)**
Accumulated depreciation at 31 March 2022	**-**	**3,213**	**-**	**349**	**6,535**	**420**	**10,517**
Net book value at 31 March 2022	**97,282**	**132,556**	**2,818**	**1,299**	**9,728**	**85**	**243,768**
Net book value at 1 April 2021	**89,175**	**116,393**	**3,956**	**1,153**	**5,356**	**125**	**216,158**

Note 15.2 Property, plant and equipment – 2020–21	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 – as previously stated	**89,860**	**93,491**	**25,372**	**2,119**	**22,012**	**4,315**	**237,169**
Prior period adjustments	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2020 – restated	**89,860**	**93,491**	**25,372**	**2,119**	**22,012**	**4,315**	**237,169**
Additions	-	5,236	8,979	580	1,982	-	**16,777**
Impairments	-	(8,699)	-	-	-	-	**(8,699)**
Reversals of impairments	14	43	-	-	-	-	**57**
Revaluations	24	(2,452)	-	-	-	-	**(2,428)**
Reclassifications	(723)	31,118	(30,395)	-	-	-	-
Disposals / derecognition	-	-	-	-	-	(28)	**(28)**
Valuation/gross cost at 31 March 2021	**89,175**	**118,737**	**3,956**	**2,699**	**23,994**	**4,287**	**242,848**
Accumulated depreciation at 1 April 2020 – as previously stated	**-**	**1,527**	**-**	**1,462**	**16,608**	**4,078**	**23,675**
Prior period adjustments	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2020 – restated	**-**	**1,527**	**-**	**1,462**	**16,608**	**4,078**	**23,675**
Provided during the year	-	3,321	-	84	2,030	112	**5,547**
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Revaluations	-	(2,504)	-	-	-	-	**(2,504)**
Reclassifications	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	(28)	**(28)**
Accumulated depreciation at 31 March 2021	**-**	**2,344**	**-**	**1,546**	**18,638**	**4,162**	**26,690**
Net book value at 31 March 2021	**89,175**	**116,393**	**3,956**	**1,153**	**5,356**	**125**	**216,158**
Net book value at 1 April 2020	**89,860**	**91,964**	**25,372**	**657**	**5,404**	**237**	**213,494**

Note 15.3 Property, plant and equipment financing - 2021-22	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022							
Owned – purchased	97,282	132,556	2,818	1,282	9,728	85	**243,751**
Owned – donated/granted	-	-	-	17	-	-	**17**
NBV total at 31 March 2022	**97,282**	**132,556**	**2,818**	**1,299**	**9,728**	**85**	**243,768**

Note 15.4 Property, plant and equipment financing - 2020-21	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021							
Owned – purchased	89,175	116,393	3,956	1,131	5,356	125	**216,136**
Owned – donated/granted	-	-	-	22	-	-	**22**
NBV total at 31 March 2021	**89,175**	**116,393**	**3,956**	**1,153**	**5,356**	**125**	**216,158**

Note 16 Donations of property, plant and equipment

Thee were no donations of property, plant and equipment received during the year. As part of the coronavirus pandemic response in 2020-21, the Trust received 50 oxygen concentrators form DHSC, with a cost value of £26k

Note 17 Revaluations of property, plant and equipment

The Trust carried out a revaluation of its land and buildings as at 31 March 2022 using external independent professional experts in compliance with the Treasury directive (see note 1.7). The valuation was conducted by Cushman & Wakefield (C&W) using RICS registered valuers. The valuations were provided on a Modern Equivalent Asset Valuation (MEAV) basis for non specialised properties, and on a Depreciated Replacement Cost (DRC) basis for specialised properties (where no market exists), in compliance with the following standards:

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

The following significant assumptions were applied:

- All properties were subject to the prospect and viability of the continued occupation and use for the provision of healthcare services
- The same floor areas of the existing buildings will be required for modern equivalent assets.
- The underlying land held by the Trust is allied to prevailing land values in the vicinity of the existing site.

All buildings were assumed to have a maximum life expectancy from new of 60 years with the buildings depreciated on a straight line basis from 100% at completion of construction to zero, once their life span has been met.

Note 18.1 Investment Property	2021-22	2020-21
	£000	£000
Carrying value at 1 April – brought forward	**190**	**200**
Prior period adjustments	-	-
Carrying value at 1 April – restated	**190**	**200**
Transfers by absorption	-	-
Acquisitions in year	-	-
Movement in fair value	(25)	(10)
Reclassifications to/from PPE	-	-
Transfers to/from assets held for sale	-	-
Disposals	-	-
Carrying value at 31 March	**165**	**190**

Note 18.2 Investment property income and expenses	2021-22	2020-21
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	2	(3)
Direct operating expense arising from investment property which did not generate rental income in the period	(6)	(7)
Total investment property expenses	**(4)**	**(10)**
Investment property income	72	72

Note 19 Inventories	31 March 2022	31 March 2021
	£000	£000
Drugs	80	64
Consumables	18	48
Total inventories	**98**	**112**
Of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,692k (2020-21: £2,653k). Write-down of inventories recognised as expenses for the year were £0k (2020-21: £21k).

In response to the COVID-19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021-22 the Trust received £286k of items purchased by DHSC (2020-21: £2,453k).

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

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 20.1 Receivables	31 March 2022	31 March 2021
	£000	£000
Current		
Contract receivables	11,646	27,780
Allowance for impaired contract receivables / assets	(260)	(4,561)
Prepayments (non-PFI)	276	1,476
PDC dividend receivable	-	-
VAT receivable	1,348	14
Other receivables	302	525
Total current receivables	**13,312**	**25,234**
Non-current		
Prepayments (non-PFI)	274	152
Total non-current receivables	**274**	**152**
Of which receivable from NHS and DHSC group bodies:		
Current	8,595	6,985
Non-current	274	152

Note 20.2 Allowances for credit losses	2021-22		2020-21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	Non-contract income
	£000	£000	£000	£000
Allowances as at 1 April – brought forward	**3,734**	**-**	**4,561**	**-**
Prior period adjustments	-	-	-	-
Allowances as at 1 April – restated	**3,734**	**-**	**4,561**	**-**
New allowances arising	167	-	2,138	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(3,423)	-	(2,718)	-
Utilisation of allowances (write off)	(218)	-	(247)	-
Allowances as at 31 Mar 2022	**260**	**-**	**3,734**	**-**

Note 20.3 Exposure to credit risk

All outstanding sales ledger invoices at 31 March 2022 were reviewed to assess the requirement for any Allowances against Credit Loss based on the specific customer debt recovery history, knowledge of any disputes raised relating to the invoices etc. Allowances against specific invoices (£260k) equalled 4% of the total value outstanding.

This percentage is lower than in previous years due to the changes in the NHS invoicing regime in 2020-21 and 2021-22 reducing the value and occurrence of unpaid invoice combined with improvements in debt recovery processes.

Note 21 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.	2021-22	2020-21
	£000	£000
At 1 April	**74,129**	**41,593**
Prior period adjustments	-	-
At 1 April (restated)	**74,129**	**41,593**
Net change in year	42	32,536
At 31 March	**74,171**	**74,129**
Broken down into:	-	-
Cash at commercial banks and in hand	79	74
Cash with the Government Banking Service	74,092	74,055
Total cash and cash equivalents as in SoFP	**74,171**	**74,129**
Bank overdrafts (GBS and commercial banks)	-	-
Total cash and cash equivalents as in SoCF	**74,171**	**74,129**

Note 21.1 Third party assets held by the Trust Barnet, Enfield And Haringey Mental Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.	**31 March 2022**	**31 March 2021**
	£000	**£000**
Bank balances	676	663
Total third party assets	**676**	**663**

Note 22.1 Trade and other payables	**31 March 2022**	**31 March 2021**
	£000	**£000**
Current		
Trade payables	2,655	105
Capital payables	6,043	4,932
Accruals	24,792	37,321
Social security costs	2,479	2,350
Other taxes payable	1,981	1,753
PDC dividend payable	215	-
Other payables	2,609	3,846
Total current trade and other payables	**40,774**	**50,307**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	8,345	17,245
Non-current	-	-

Note 22.2 Early retirements in NHS payables above The payables note above includes amounts in relation to early retirements as set out below:	31 March 2022	31 March 2022	31 March 2021	31 March 2021
	£000	Number	£000	Number
To buy out the liability for early retirements over 5 years	-	-	-	-
Number of cases involved	-	-	-	-

Note 23 Other liabilities	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	16,785	11,965
Total other current liabilities	**16,785**	**11,965**
Non-current		
Deferred income: contract liabilities	-	-
Total other non-current liabilities	**-**	**-**

Note 25.1 Borrowings	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	509	510
Total current borrowings	**509**	**510**
Non-current		
Loans from DHSC	5,677	6,175
Total non-current borrowings	**5,677**	**6,175**

Note 24.2 Reconciliation of liabilities arising from financing activities – 2021-22	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2021	**6,685**	**6,685**
Cash movements:		
Financing cash flows – payments and receipts of principal	(498)	**(498)**
Financing cash flows – payments of interest	(263)	**(263)**
Non-cash movements:		
Application of effective interest rate	262	**2862**
Carrying value at 31 March 2022	**6,186**	**6,186**

Note 24.3 Reconciliation of liabilities arising from financing activities - 2020–21	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2020	**7,184**	**7,184**
Prior period adjustment	-	-
Carrying value at 1 April 2020 – restated	**7,184**	**7,184**
Cash movements:		
Financing cash flows – payments and receipts of principal	(498)	(498)
Financing cash flows – payments of interest	(283)	**(283)**
Non-cash movements:		
Application of effective interest rate	282	**282**
Carrying value at 31 March 2021	**6,685**	**6,685**

Note 25.1 Provisions for liabilities and charges analysis	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	**860**	**448**	**196**	**167**	**567**	**1,017**	**3,255**
Arising during the year	69	59	47	895	43	129	**1,242**
Utilised during the year	(160)	(59)	(96)	-	-	(184)	**(499)**
Reversed unused	-	-	-	(70)	-	(441)	**(511)**
Unwinding of discount	9	4	-	-	-	-	**13**
At 31 March 2022	**778**	**452**	**147**	**992**	**610**	**521**	**3,500**
Expected timing of cash flows:							
– not later than one year	126	42	147	992	610	191	**2,108**
– later than one year and not later than five years	504	168	-	-	-	86	**758**
– later than five years	148	242	-	-	-	244	**634**
Total	**778**	**452**	**147**	**992**	**610**	**521**	**3,500**

Early Departure Costs

The pensions relating to former staff who left the NHS employment after 5 March 1995 has been provided for by the Trust for a balance of £778k (£860k at 31 March 2021). These costs were calculated by using actuarial assumptions about the individuals ages which were obtained from the NHS Pensions Agency. The costs are payable on a quarterly basis over the future lifetimes of the former employees.

Injury Benefits

Provisions relating to injury benefit awards payable to staff for injuries received at work amount to £452k (£448k at 31 March 2021). Details of the costs involved were supplied by the NHS Pensions Agency using actuarial assumptions about the individuals concerned. They are payable throughout the lifetime of the individuals concerned.

Other provisions

Other provisions relate to former staff terms and conditions, property related costs, restructure costs, clinicians pension tax payments and employment issues and are all expected to be resolved in 2022-23 except for clinicians pension tax payments.

Note 25.2 Clinical negligence liabilities

At 31 March 2022, £1,519k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Barnet, Enfield And Haringey Mental Health NHS Trust (31 March 2021: £5,364k).

Note 26 Contingent assets and liabilities	31 March 2022	31 March 2021
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(76)	(104)
Gross value of contingent liabilities	**(76)**	**(104)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(76)**	**(104)**
Net value of contingent assets	**-**	**-**

Note 27 Contractual capital commitments	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	4,487	13,715
Intangible assets	-	-
Total	**4,487**	**13,715**

Note 28 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 2022	31 March 2021
	£000	£000
Not later than 1 year	2,849	2,908
After 1 year and not later than five years	-	975
Paid thereafter	-	-
Total	**2,849**	**3,883**

Note 29 Financial instruments

Note 29.1 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 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, local authorities and NHS England, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from depreciation, asset sales and loans or public dividend capital from DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets				
Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	11,627	-	-	11,627
Cash and cash equivalents	74,171	-	-	74,171
Total at 31 March 2022	**85,798**	**-**	**-**	**85,798**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	6,621	-	-	6,621
Cash and cash equivalents	74,129	-	-	74,129
Total at 31 March 2021	**80,750**	**-**	**-**	**80,750**

Note 29.3 Carrying values of financial liabilities			
Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	6,186	-	**6,186**
Trade and other payables excluding non financial liabilities	33,092	-	**33,092**
Total at 31 March 2022	**39,278**	**-**	**39,278**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	6,685	-	**6,685**
Trade and other payables excluding non financial liabilities	42,859	-	**42,859**
Total at 31 March 2021	**49,544**	**-**	**49,544**

Note 29.4 Maturity of financial liabilities The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.	31 March 2022	31 March 2021
	£000	£000
In one year or less	33,830	43,616
In more than one year but not more than five years	2,755	2,834
In more than five years	4,312	4,971
Total	**40,897**	**51,421**

Note 29.5 Fair values of financial assets and liabilities

Management consider that the book value (carrying value) is a reasonable approximation of fair value for all financial assets and liabilities held.

Note 30 Losses and special payments	2021-22		2020-21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned	16	218	57	248
Stores losses and damage to property	1	6	1	7
Total losses	**17**	**224**	**58**	**255**
Special payments				
Compensation under court order or legally binding arbitration award	17	95	12	21
Ex-gratia payments	3	117	7	1
Total special payments	**20**	**212**	**19**	**22**
Total losses and special payments	**37**	**436**	**77**	**277**
Compensation payments received		-		-

Note 31 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 and Haringey Mental Health NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

For example

NHS England

CCGs (mainly North Central London CCG)

NHS Foundation Trusts

NHS Trusts

NHS Resolution (formerly NHS Litigation Authority)

NHS Business Services Authority

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies including HM Revenue and Customs and the Mayor's Office for Policing and Crime and Metropolis Police Commissioner. Most of these transactions have been with the local London Boroughs of Barnet, Enfield and Haringey.

Barnet Enfield & Haringey Mental Health NHS Trust Charity (charity registration number 1103407) is regarded as a related party as the Trust Board is the Corporate Trustee of the Charity. There were no material transactions with the charity in the year.

Note 32 Events after the reporting date

Management are not aware of any events occurring after the balance sheet date which will materially affect the figures reported within the financial statements.

Note 33 Better Payment Practice code	2021-22	2021-22	2020-21	2020-21
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	18,634	167,606	16,009	123,551
Total non-NHS trade invoices paid within target	17,119	157,345	14,459	114,382
Percentage of non-NHS trade invoices paid within target	91.9%	93.9%	90.3%	92.6%
NHS Payables				
Total NHS trade invoices paid in the year	1,108	121,576	869	59,517
Total NHS trade invoices paid within target	1,023	119,527	736	56,758
Percentage of NHS trade invoices paid within target	92.3%	98.3%	84.7%	95.4%

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 34 External financing limit The trust is given an external financing limit against which it is permitted to underspend	2021-22	2020-21
	£000	**£000**
Cash flow financing	(3,293)	(29,085)
External financing requirement	**(3,293)**	**(29,085)**
External financing limit (EFL)	(3,293)	(18,783)
Under / (over) spend against EFL	**-**	**10,302**

Note 35 Capital Resource Limit	2021-22	2020-21
	£000	**£000**
Gross capital expenditure	22,153	16,779
Less: Disposals	-	(755)
Less: Donated and granted capital additions	-	(26)
Charge against Capital Resource Limit	**22,153**	**15,998**
Capital Resource Limit	22,220	16,197
Under / (over) spend against CRL	**67**	**199**

Note 36 Breakeven duty financial performance	2021-22
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	22,629
Remove impairments scoring to Departmental Expenditure Limit	-
Breakeven duty financial performance surplus / (deficit)	**22,629**

Note 37 Breakeven duty rolling assessment	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		239	274	2,023	2,021	595	(4,555)
Breakeven duty cumulative position	6,013	6,252	6,526	8,549	10,570	11,165	6,610
Operating income		173,628	204,547	190,725	190,518	192,748	192,988
Percentage of operating income		**3.6%**	**3.2%**	**4.5%**	**5.5%**	**5.8%**	**3.4%**

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	(7,336)	(12,268)	34,212	(182)	1,114	1,562	22,629
Breakeven duty cumulative position	(726)	(12,994)	21,218	21,036	22,150	23,713	46,342
Operating income	191,931	202,027	229,478	224,916	256,116	332,823	409,332
percentage of operating income	**(0.4%)**	**(6.4%)**	**9.2%**	**9.4%**	**8.6%**	**7.1%**	**11.3%**

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, the Trust's financial performance measurement has been aligned with the guidance issued by HM Treasury in respect of measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

Over the three-year period ending 31 March 2022 the Trust has met the breakeven duty requirement.

Note 38 Adjusted financial performance (control total basis)	2021-22	2020-21
	£000	£000
Surplus / (deficit) for the period	21,358	(3,442)
Remove net impairments not scoring to the Departmental expenditure limit	1,237	5,074
Remove I&E impact of capital grants and donations	4	(22)
Remove net impact of inventories received from DHSC group bodies for COVID-19 response	30	(48)
Adjusted financial performance surplus / (deficit)	**22,629**	**1,562**

Independent Auditor's Report to the Directors of Barnet, Enfield and Haringey Mental Health NHS Trust

Opinion on financial statements

We have audited the financial statements of Barnet, Enfield and Haringey Mental Health NHS Trust (the 'Trust') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Directors with respect to going concern are described in the 'Responsibilities of the Directors and Those Charged with Governance for the financial statements' section of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of 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 in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained in the Statement of directors' responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit and Risk Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit and Risk Committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit and Risk Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, risk of judgements derived by management with high estimation uncertainty and other fraud risks including fraudulent recognition of revenue and incompleteness of expenditure and associated liabilities. We determined that the principal risks were in relation to:
    - management override of controls, and in particular journal entries with characteristics we identified as high or elevated risk
    - improper revenue recognition
    - potential management bias in determining significant accounting estimates, especially in relation to:
        - the valuation of the Trust's land and buildings
        - the completeness of operating expenditure and associated creditor balances
- Our audit procedures involved:
    - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
    - identifying and testing unusual journals made during the year and the accounts production stage for appropriateness and corroboration;
    - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and buildings valuations, year end activity, and the existence, accuracy and completeness of receivables, payables, provisions and deferred income;
    - testing, on a sample basis, non block contract income and year end receivables to agreements, invoices or other supporting evidence such as correspondence from commissioners;
    - testing, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence;
    - challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding;
    - searching for unrecorded liabilities by performing a substantive sample test of invoices input on to the accounts payable system post period end and reviewing cash payments post period end;
    - performing substantive testing of liabilities recorded in the ledger, including agreement of balances with third parties, to gain assurance that accruals are accurate and not understated; and
    - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, included the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to the valuations of the Trust's land and buildings.

- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2022.

Responsibilities of the Accountable Officer

As explained in the Statement of Accounting Officer's responsibilities as the accountable officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Barnet, Enfield and Haringey Mental Health NHS Trust for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2022.

Use of our report

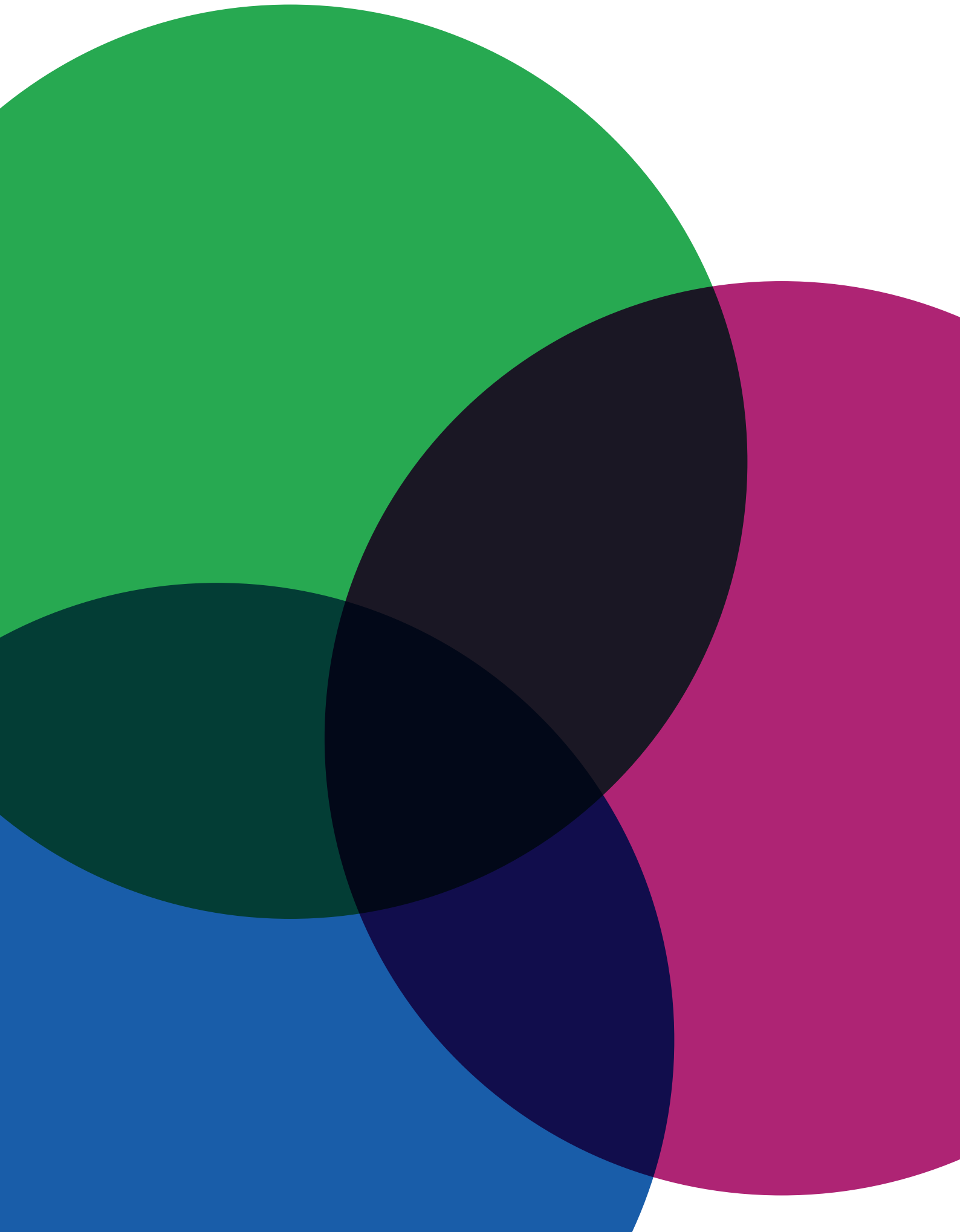
This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Paul Grady
Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

21 June 2022



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