



NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Dominic O'Brien, Principal
Scrutiny Officer

Thursday 22nd May 2025, 11.00am

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Venue: Committee Room 3, Islington Town
Hall, Upper Street N1 2UD

Councillors: Rishikesh Chakraborty and Philip Cohen (Barnet Council), Lorraine Revah (**Vice-Chair**) and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor (**Chair**) and Matt White (Haringey Council), Tricia Clarke (**Vice-Chair**) and Jilani Chowdhury (Islington Council).

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business.

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. SCRUTINY OF NHS QUALITY ACCOUNTS (PAGES 1 - 72)

- North London NHS Foundation Trust

NOTE: This report is currently a draft version as there are sections to be added prior to the publication of the final version, including the feedback from the JHOSC.

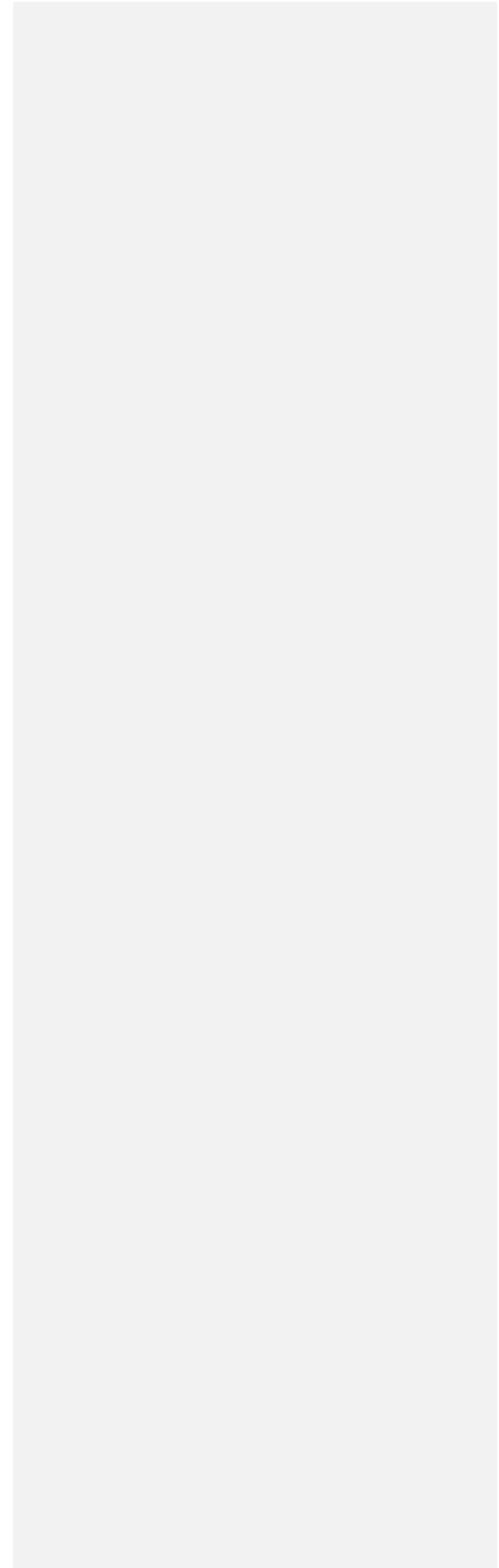
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Wednesday, 14 May 2025

NORTH LONDON FOUNDATION TRUST

**QUALITY ACCOUNT
2024-2025**



NORTH LONDON MENTAL HEALTH TRUST -QUALITY ACCOUNT 2024 -2025

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Part 1 – Statements of Quality

1.11 Foreword from the Chief Executive

I am delighted to bring you this Quality Account outlining our achievements and challenges over the past year.

The last 12 months have been a very significant period for the former Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust, which after working in partnership over the last three years, officially merged to become the North London NHS Foundation Trust on 1 November 2024.

The decision by our Board in July 2023 to come together to form a new Trust followed an options appraisal which concluded, strongly, that coming together as one new Trust by November 2024 would bring huge benefits for our service users, our staff, and our local communities.

Our strategic case, setting out why we want to form a new Trust, was approved by NHS England in December 2023. After this, we worked on a patient benefits case (PBC) and full business case (FBC) for submission to NHS England. We're pleased to share that these were also approved by NHS England and the Secretary of State for Health and Social Care, Wes Streeting.

The Patient Benefits Case was a crucial workstream, as our service users are, of course, the focus of everything we do and we're glad that those above us agreed with our case that us forming our new Trust will result in huge benefits for them and for their carers and families, as well as our staff and local communities.

We continue to implement our five-year clinical strategy, which describes in detail how we deliver high-quality mental health services over the coming five years to help us address the challenges we face and serve our communities.

The facilities where we provide care to our service users and where our staff work, are a vital part of that. Research demonstrates that the environment in which people are cared for has a direct impact on their recovery. One major highlight in the last year was the official formal opening of our new, flagship 78-bed inpatient facility at Highgate East with Jeremy Corbyn MP and Alastair Campbell in attendance. Jeremy is the local MP for Islington North and Alastair, in addition to his achievements in politics, is a keen mental health advocate after spending much of his life visiting his late brother, Donald, in mental health settings where he was receiving care following his schizophrenia diagnosis. We also officially opened our new Community Mental Health Services Centre at Lowther Road in Islington, with Per Mertesacker doing the honours. Per is the Academy Manager of Arsenal Football Club, based a short walk away from Lowther Road, and is a keen advocate for mental health, having spent his year after school working in a psychiatric hospital and subsequently sadly losing a friend and former teammate to suicide.

We want to achieve the same high levels of excellence in all our facilities over time. We know we need to do more to improve some of our buildings and we are working at pace to ensure that every area meets the high standards our service users and our staff deserve. This includes the transformation of our St Pancras Hospital site in Camden where we will also have brand new facilities in a few years' time to help us develop our focus on cutting-edge research and innovation.

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We are incredibly grateful to all our staff for all that they do for our service users, for our organisation and for each other. Thank you all again for your dedication, professionalism, and care throughout what has been another difficult year across the NHS.

In addition to the great work already underway, every new beginning allows the chance to write a new chapter. As we prepared to become North London Foundation Trust, one of our ambitions was to do things in "The North London Way". The North London Way is about striving to be best in class. To make the Trust somewhere people are proud to be work, proud to be receiving care, describes how we will promote the many benefits of working for us – and how we will support and develop our staff and explore new ways to attract and keep the very best staff.

We hope you enjoy reading this quality account and thank you again to all those we work with, our service users, carers, our Governors, our partners, and particularly to our wonderful, hard-working staff for all your support over the last 12 months. We look forward to continuing to work with you all over the coming year.

Jinjer Kandola MBE
Chief Executive

1.12 Introduction from the Chief Nursing Officer

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1.13 What is a Quality Account?

Every year, NHS trusts are required to produce a Quality Account.

The Quality Account for the North London Foundation Trust (NLFT) is an annual report that provides a detailed overview of the quality of care delivered by the Trust's mental health and community services. The report highlights performance across key areas such as patient safety, clinical outcomes, patient experience, and the effectiveness of services provided throughout the year. It also includes information about how NLFT has addressed areas for improvement and outlines plans for enhancing care in the future.

A Quality Account is useful for several reasons; firstly, it provides transparency by allowing patients, their families, staff, and the wider community to understand how NLFT is performing in terms of mental health services through the provision of key metrics. It can also help build trust and confidence in the care provided. Secondly, it promotes accountability. It holds NLFT accountable for the quality of mental health services delivered across North London. The report demonstrates the Trust's commitment to meeting national standards and regulations, ensuring continuous focus on improving care for patients. It also helps to driving improvement through identifying NLFT's strengths, as well as areas the areas which require more focus and actions for improvement. Finally, it supports regulation and compliance. The report plays a key role in helping the Care Quality Commission (CQC) and other regulatory bodies assess the trust's performance. It provides

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evidence of the Trust's compliance with healthcare standards, making it a vital document for external monitoring.

Our Quality Account 2024-25 is designed to:

- Reflect and report on the quality of our services delivered to our local communities and our stakeholders
- Demonstrate our commitment to continuous evidence-based quality improvement across all services
- Demonstrate the progress we made in 2024-25 against the priorities identified
- Set out where improvements are needed and are planned
- Outline our key quality priorities for 2025-26 and how we will be working towards them.

We value the views of stakeholders in the development of our Quality Account. Our draft Quality Account 2024-25 was shared with stakeholders both for assurance as well as to ensure we have identified key areas which not only align with our strategy, but also the outcomes and learning from the previous year meaning we can progress into 25-26 with key improvement drivers in place.

Sharing a draft version of the report with our external stakeholders has given them the opportunity to provide feedback for consideration in the final report, and to provide a formal statement. These statements are available in [Appendix X](#)

1.13.5 Glossary - Language and terminology

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1.14 Our Key Highlights

1.14.5 Our Services and the Communities we serve

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Development of the North London Foundation Trust

On 1 November 2024, we were delighted to announce the formation of the North London NHS Foundation Trust (NLFT). This marked a significant step in enhancing mental health services across Barnet, Enfield, Haringey, Camden, and Islington. The establishment of NLFT followed approval from the Secretary of State for Health and Social Care and reflects our shared commitment to improving care, strengthening partnerships, and creating an exceptional place to work for our staff.

We have huge ambitions for our new Trust, bringing together the expertise and best practices of the former Barnet, Enfield and Haringey Mental Health Trust and Camden and Islington NHS

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Foundation Trust. Our focus remains on delivering high-quality, person-centred care while creating a culture of collaboration, innovation, and continuous improvement.

As part of our application to establish NLFT, we outlined key benefits for service users and wider partners, ensuring a joined-up approach to delivering care. These benefits were compiled into a patient benefits case for the two trusts creating one.

The key areas analysed as part of the patient benefits case were:

- **Adults of Working Age:** Our integrated community teams are focusing on prevention and timely care. For those requiring admission, we are committed to improving the experience and outcomes of service users in both acute and rehabilitation settings.
- **Crisis Services:** We are enhancing early intervention by proactively identifying individuals at risk of crisis and offering timely support. This approach is already helping reduce hospital admissions, allowing service users to receive the care they need while continuing to live at home.
- **Older People's Services:** With communities living longer, we are adopting a new model of care that prioritises individual needs over age-based criteria, ensuring swift access to specialist support when required.
- **Quality Improvement (QI):** To provide the highest standards of care and embrace innovative treatments, we are embedding a strong culture of Quality Improvement across our new Trust, enabling us to drive meaningful changes at pace.

Celebrating the Formation of NLFT

To mark the launch of our new Trust, we organised a week of celebration events across our boroughs. Staff, service users, and local partners joined us in a series of events filled with excitement, conversation, and connection. With goody bags, photo opportunities, and plenty of cake, it was a fantastic way to kick off our journey as NLFT. The enthusiasm and support shown by our colleagues and partners have reinforced our shared vision of 'Better Mental Health, Better Lives, and Better Communities.'

The North London Way

As part of our journey in forming NLFT, we introduced **The North London Way**—a new initiative designed to align our values, culture, and approach to care across our services. The North London Way aims to create a consistent, person-centred way of working that ensured the best possible experience for service users, carers, and staff. This approach focused on:

- Embedding a shared culture of excellence, compassion, and respect across all teams.
- Ensuring that service users received seamless and integrated care, regardless of which borough they accessed support in.
- Supporting staff with training, development, and clear frameworks to enhance their professional growth and wellbeing.

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- Strengthening partnerships with local authorities, the voluntary sector, and other healthcare providers to create a more joined-up approach to mental health care.

Collaboration has been at the heart of this journey. We have engaged extensively with staff, service users, and key partners, including local authorities and the voluntary sector, to ensure that our new Trust reflects the needs and aspirations of the communities we serve. By building on these relationships, we are confident that NLFT will enhance the mental health and wellbeing of people across North London.

This is just the beginning. Together, we are shaping a future where mental health services are more accessible, responsive, and integrated delivering the best possible care for all.

1.14.6 Quality Improvement (QI)

Quality Improvement (QI) is a key component of the Trust's strategy, forming one of the five pillars of the North London Way. The NLFT QI team now has dedicated resources within each of the divisions to foster and maintain a culture of continuous improvement and learning, with active involvement from service users and carers at the frontline.

Additionally, the Trust has partnered with the Institute for Healthcare Improvement (IHI) as its Quality Improvement Strategic Partner for a period of three years. This collaboration will help us take the next steps toward building a culture of continuous improvement across the Trust, driving QI initiatives at all levels. Our goal is to become a centre of QI excellence, both within our system and nationally.

Achieving this vision will improve the quality of care we provide, enhance staff satisfaction, increase patient safety, lower costs, and reduce health inequalities in the communities we serve. It will also allow us to strengthen our approach to coproduction, ensuring that service users and carers have a meaningful voice in all our QI efforts.

Building improvement skills and knowledge of QI

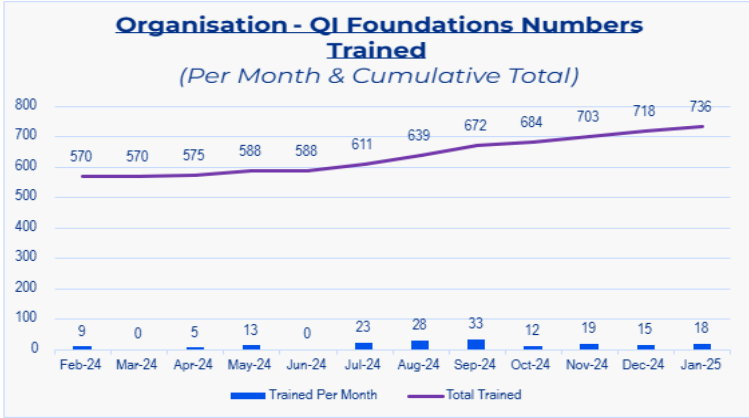
A key factor in improving patient care is developing a workforce that feels empowered and consistently deliver excellent care through a single improvement methodology. The IHI-endorsed, Model for Improvement is taught through the QI Academy, which offers four levels of improvement skills, tailored to individual roles, interests and needs.

The focus of the QI courses is on engaging frontline staff—both clinical and non-clinical—across all teams in community, inpatient, and corporate settings to implement changes that improve the quality of our services.

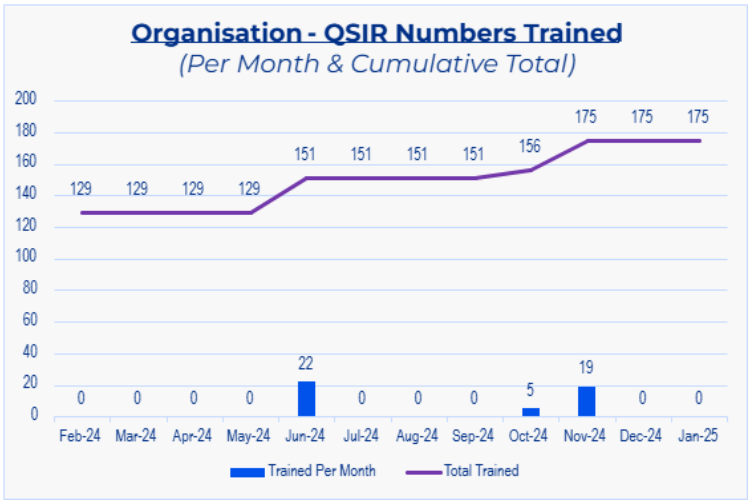
Building QI Capability within the Trust is essential, ensuring staff have the knowledge and understanding to use the Model for Improvement effectively. We have continued to promote QI within the Trust Induction and offer QI Foundations training to all staff in both online and in person formats.

The chart below shows the number of staff trained in QI Foundation Training in 2024-2025.

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The Trust continues to deliver the Quality, Service Improvement and Redesign (QSIR) programme which is a five day nationally accredited training designed to support candidates to lead on QI project. In 2024-2025 two cohorts went through the programme with 175 staff now trained as QSIR practitioners.



All teams are encouraged to use QI as the approach to address issues locally. For example, Hospital division have applied QI methodology to reduce 'absent without leave' incidents by providing early intervention to those who are at risk of absconding. Barnet Triage Team have achieved an increase in compliance to four week wait times, after reviewing their screening and triage processes. The Beacon Centre have used QI methodology to improve the quality of handover processes.

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Brilliant Basics

Person Centred Care Planning

The 'Person Centred Care Planning' Brilliant Basic has seen the launch of DIALOG+ across the Trust's community areas; with implementation planned for inpatient services in 2025/26. The tool is designed to enhance the effectiveness of routine patient-clinician meetings, based on quality-of-life research, person-centred communication, and solution-focused therapy. DIALOG+ is a core clinical tool to enable holistic, personalised care planning and replaces the previous Care Programme Approach (CPA).

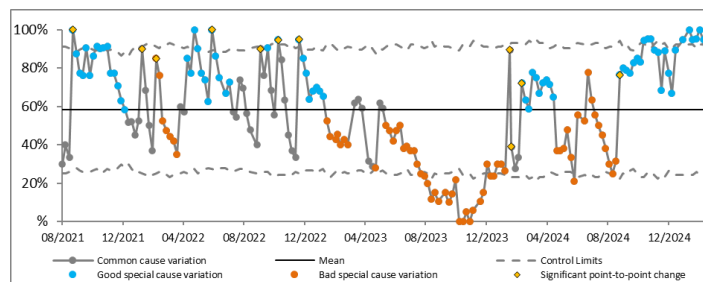
As part of the launch of the new DIALOG+ care planning tool we also introduced a DIALOG+ training for staff which incorporates a trauma informed approach. This has been led by Lived Experience Facilitators to ensure a co-produced approach to DIALOG+ plans.

Rights and Capacity Assessments

In 2024-25, we have seen improvements in recording of the explanations of rights for detained patients. Notably, Tulip Ward has made remarkable progress in recording consent to treatment, rising from 20% to over 90%.

The data for rights and capacity assessments is currently in the testing phase on PowerBI, which is a data visualisation and business intelligence tool from Microsoft that helps users analyse and share insights from their data through interactive reports and dashboards. We've learned that a systematic process to monitor performance for rights and capacity assessments is crucial. There's still work to be done on recording capacity to consent to informal admissions and this is a key focus for the Trust in 2025.

Chart showing the improvements for Consent to Treatment in Tulip Ward



Physical Health

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The Physical Health Brilliant Basic initiative has been enhanced to improve physical health checks within inpatient settings, ensuring all inpatients receive a comprehensive assessment before discharge.

Four key pieces of work focussing on physical health have recently been presented including:

- A project with an aim to improve venous thromboembolism (VTE) risk assessment and documentation in inpatient settings, identifying gaps in compliance and proposing updates to assessment forms and guidance for doctors.
- A project exploring ways to enhance staff confidence in physical health within early intervention services through short training sessions and scenario-based learning, emphasising the importance of protected training time.
- A project addressing challenges in recording daily vital signs and NEWS2 scores on an inpatient ward by introducing structured templates and designated staff roles to improve compliance.
- A project focusing on increasing ECG monitoring for patients on antipsychotics, highlighting the need for more robust staff training, documentation, and GP communication.

Safety As Standard

The Safety as Standard Brilliant Basic focuses on delivering high quality in 6 key domains: Safety Huddles; Shift Coordination; Therapeutic Engagement and Observation; Handovers; Vision and Safety Compact; Visual Management Boards. In 2024 there were significant improvements in all areas across the acute wards.

Reducing Restrictive Practices

This Brilliant Basic has focussed on embedding the principles of the Use of Force Act 2018, particularly learning from incidents. A monthly Shared Learning Collaborative Group was set up. The use of data to inform areas of focus is one of the priorities for this Brilliant Basic. There is an extensive review of restrictive practice data underway for seclusion, physical restraint, rapid tranquilisation and prone restraint. The aim is to share good practice and continue to reduce restrictive practices across inpatient settings. We continue to be committed to reducing restrictive practices in our inpatient wards.

Safe and Therapeutic Environments

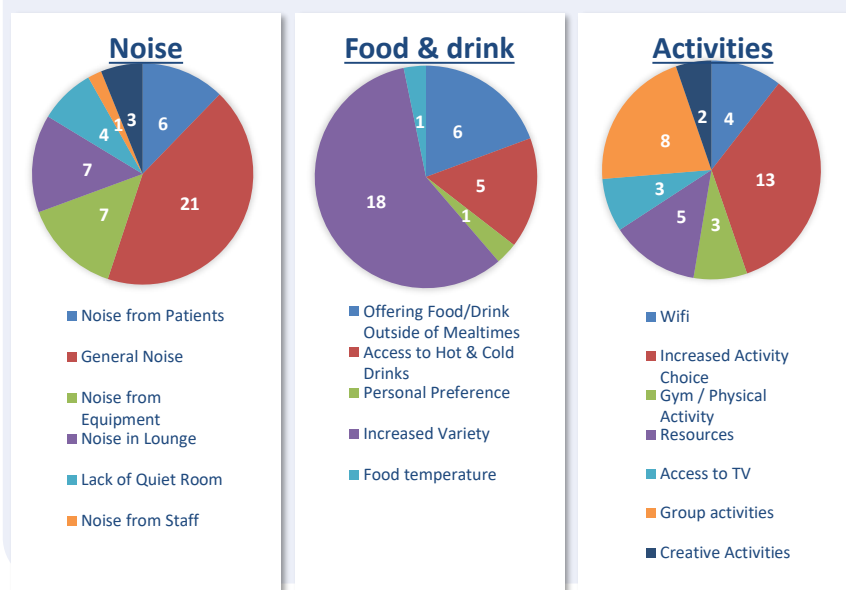
During this year, the Brilliant Basic was split to allow for greater focus on the therapeutic element of our environment.

Under Safe Environments, key work undertaken has been the ligature reduction plan. The Ligature Assessment Tool has been tested, reviewed by the CQC, and approved for Trust-wide roll out. Formal training for its use has been developed with four sessions having already been carried out and further sessions planned for 2025-2026.

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The Therapeutic Environments work has focused on understanding the key drivers that contribute to therapeutically enabled inpatient settings. Analysis of inpatient surveys indicate that our key areas for improvement are noise reduction, increased activities, and improved food and drink variety. Work is currently underway to consider potential change ideas in response to this data, such as Noise Awareness training for staff; activity boards per ward as standard; working in collaboration with the Trust's Good Group to increase variety and choice.

Negative Comments from Inpatient Surveys - Top 3 Themes: (Nov 2023 – Oct 2024)



Our Workplaces

Our Workplaces Brilliant Basic is focused on improving staff working environments and the processes which support staff in the workplace. A series of workshops were conducted to review the onboarding process which resulted in improved quality of induction, including a tailored induction programme for hiring managers. Digital solutions were also introduced to ensure availability of laptops and phones for new starters. Hand-offs between departments have been streamlined to ensure all staff, new or temporary, had access to systems as quickly and securely as possible.

Service User and Carer Involvement

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A guide for staff on how to involve service users and carers at every stage of an improvement project has been coproduced and is currently being tested. It is being used in all other Brilliant Basics. Furthermore, the Brilliant Basic programme coproduced a list of priorities for service users and carers that continue to feed into other workstreams.

The Service User Involvement Register of over 200 people across NLFT is being used to offer opportunities for involvement. In support of these efforts, the Involvement and Engagement, and Patient Safety Teams, are collaborating to deliver training on coproduction to newly qualified nurses and charge nurses from inpatient wards.

1.4.4 Voluntary Services

NHS England have consulted volunteers as part of Change NHS to hear views, experiences, and ideas, which will shape a new 10 Year Health Plan for England. Beginning in April 2024, NHS England now have a mandatory quarterly data collection which collates information on volunteer demographics and number of volunteering hours done for each trust. We are proud to say that our volunteers continue to be extremely diverse and completed 784 hours in the final quarter of 2024. Two volunteers have recently gained employment with the Trust and three have found employment elsewhere. We continue to support volunteers to seek employment with advice on their applications and by providing a reference.

Trolley service

At Highgate West, twice a week, volunteers shop for service users who don't have permission to leave the ward and operate a trolley service selling sweets, crisps and drinks. We also offer this on the elder care wards at Highgate East. We also keep stocks of donated clothing and books for service users at both sites and we have noticed that the demand for clothing has grown exponentially. A year ago, we got one or two clothing requests a week, and now get several requests every day. We are constantly seeking donations of suitable clothing and volunteers are kept busy checking and organising donations and responding to requests from the wards.

Befriending service

Befrienders are being provided for service users on Malachite, one of our rehabilitation wards. This is where a volunteer visits the service user once a week and takes them out locally for a walk, a coffee or to do some shopping. In addition to providing companionship this helps the service user prepare to re-enter their local community. We continue to provide befriending to a small number of service users at Aberdeen Park and 154 Camden Road and have a meet and greet volunteer at the Clozapine clinic at Lowther Road. Volunteers also offer debriefs to service users who have been restrained.

1.4.5 Carers

Carers are the family and friends who support our service users. The Trust recognises that they should be treated as equal partners in care but understand that we have some work to do to get

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there. We are however pleased to share that the numbers of carers on our Involvement Register and participating in involvement activity has increased on last year.

In 2024/2025 we have undertaken several pieces of work and activities to help us to achieve this:

- Carers Week programme of information and support events including self-advocacy training sessions for Carers with Rethink; as well as a series of education webinars on the Patient Safety Incident Response Framework (PSIRF), DIALOG+ care planning and the Patient and Carer Race Equality Framework (PCREF). Carers retreats and a visit to the Welcome Collection were arranged to support carers wellbeing, help them connect and encourage creating space and time for themselves.
- A Carers awareness training webinar was delivered for staff to increase their knowledge and understanding.
- Pilot of Carer Peer Support Coach roles in our community services for older people and in a hospital setting to support with identifying carers and connecting them to support.
- Development of a draft NLFT Carers Strategy with Healthwatch Islington. Work has included the revision of existing policies, frameworks, legislation, and engagement with key stakeholders. Key themes have been established and tested with stakeholders at carers voice co-production events, key commitments on which the strategy will be based has come from these.
- Creation of a carers leaflet in co-production with Carers to improve the information and support available to them and this will be rolled out in 25/26.

Part 2 - Priorities and statements of assurances from the Board

2.1 Statements of assurance from the Board

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2.2 Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC) and are currently registered to carry out our legally regulated activities in line with the statement of purpose, with no conditions to our registration.

The North London Foundation Trust (NLFT) provides a broad range of mental health, social care, and specialist services as follows:

- Assessment or medical treatment for people detained under the 1983 Act.
- Caring for people whose rights are restricted under the Mental Health Act.
- Diagnostic and screening procedures.
- Learning disabilities.
- Mental health conditions.

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- Substance misuse problems.
- Treatment of disease, disorder or injury.
- Caring for adults under 65 years.
- Caring for adults over 65 years.

Inspection of Acute ward for adults of working age and Psychiatric Intensive Care Units (PICU) 2025

In February 2025, NLFT had it's first CQC inspection. The CQC visited the following inpatient wards across the Trust:

- Devon
- Dorset
- Suffolk
- Sussex
- Thames
- Shannon
- Trent
- Amber
- Amethyst
- Diamond
- Coral Ward
- Jade
- Opal
- Ruby
- Rosequartz
- Sapphire
- Topaz
- Daisy
- Tulip
- Sunflower Ward

They spoke to service users, staff and carers and spent time on our wards. The Trust is currently awaiting the final report and remains committed to ensuring that our patients receive the highest standards of care.

2.3 Quality Priorities for 2024-25

Four Quality Priorities for 2024-25 were designed to support our aim to deliver excellent care for our diverse population. They took into consideration suggestions from stakeholders and the Trust's Strategic Objectives and were aligned to existing programmes of work.

Quality Priority 1 - We will implement the Culture of Care standards across a range of in-patient services to improve Person Centred approaches to care.

We are in the fourth year of the Community Transformation programme, which started in April 2021, and we continue to develop how we work to help our service users recover sooner and stay well for longer in their communities. Significant work continues to embed the benefits of expanded core mental health teams, including integration with VCSE. We are proud to continue co-producing our services by organising and participating in local community events across our boroughs to showcase community transformation developments, holding workshops and meetings and embracing experts by experience in these activities.

Some of the key improvements from 2024-25 include:

- Early Intervention in Psychosis (EIP) services are meeting high national standards for care, known as the Level 3 NCAP Standard. Barnet, Enfield, and Haringey have been rated as 'Performing Well' (Level 3) with ongoing improvements in Camden and Islington who are expected to meet this standard early in 2025.
- Individual Placement Support (IPS) is embedded across all core teams with specialist providers working closely with NLFT to ensure as many service users as possible access this opportunity to ensure that even more people with SMI find and retain employment to support their recovery.
- We have improved care for older adults by creating consistent and clear needs led criteria across NLFT.
- We have collaborated with partners across North Central London to develop a unified approach to supporting adults with neurodevelopmental disorders (NDD), reducing waiting times for assessments.
- A revised care pathway for people with personality disorder/complex emotional needs (PD/CEN) is ready to mobilise following a comprehensive planning process. This includes Structured Clinical Management interventions through Core Teams and providing a consistent, enhanced level of care in intensive PD/CEN services.
- Core Teams are offering extended hours (8am-8pm) as part of a national initiative, to make it easier for adults aged 18+ to access routine appointments at convenient times. Service

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users have appreciated the flexibility, particularly as it allows for family support and a quieter environment.

- We have implemented the use of 'Dialog+' as a core clinical tool to enable holistic, personalised care planning. A senior expert by experience leads training across the workforce to ensure the co-production ethos is well embedded.

Quality Priority 2- Working in partnership across North London, we will ensure equity of outcome

In 2024/25, we took steps to further embed our anti-racist statement and plan, undertaking divisional workforce workshops and using divisional level WRES datasets to generate conversations around local race equality priorities. These workshops incorporated service facing anti-racism objectives by using the Patient and Carer Race Equality Framework (PCREF) by creating space for staff discuss service users' feedback and stories. We launched our anti-racism forum and PCREF advisory group to ensure continuous focus on supporting staff and ensuring responsive services for our ethnically diverse service users and communities.

Our PCREF plan includes cultural competency workshops for each division and exploring eLearning options to support Divisions to increase the voice of BAME service users and community organisations in service design and delivery and increase the awareness of BAME led voluntary sector organisations. We know that people from black, Asian or minoritized ethnic communities, disabled people or those with diverse sexual orientation or gender identity have worse mental health outcomes than the general population. We will continue to use tools available to us, including the PCREF and the Accessible Information Standard to close the gap in health inequalities so that all patients and service users will receive the right mental health care and support.

Our State of Inequality Report and Action Plan, endorsed by the Board last year, is instrumental to ensuring we continue our focus on improving the access, outcomes and experiences of those in our care with a particular focus on those service users from minoritized background, or living in an area of deprivation. Supporting communication needs is a key part of improving access this work is supported with the launch of the interpretation and translation policy and the Accessibility policy. We know that people from black, Asian or minoritized ethnic communities, disabled people or those with diverse sexual orientation or gender identity have worse mental health outcomes than the general population. We will continue to use tools available to us, including the PCREF and the Accessible Information Standard to close the gap in health inequalities so that all patients and service users will receive the right mental health care and support.

Quality Priority 3 - Offer great places to work, providing staff with a supportive environment to deliver excellent care

Over the course of 2024/25, a structured and embedded organisational development (OD) framework has been in place, with a strong focus on implementing the North London Way (NLW). Introduced in June 2024, the North London Way defines the aspirational culture we are striving to create within our Trust. It is built upon five core pillars:

- Our Values and Behaviours

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- Fairness, Equity, and Inclusion
- A Trauma Informed Approach
- Our Leadership Framework
- Quality Improvement

We have launched a number of initiatives to develop our staff in leadership roles to be compassionate and caring in line with the North London Way. These include:

- Leadership Forum – A dedicated space for senior managers to collaborate, enhance leadership capability, and drive the Trust's strategy and values.
- 'Managing the North London Way' programme – A management development initiative focused on strengthening the skills and behaviours of our people managers
- Participation in the People Promise Exemplar Programme – Demonstrating our commitment to improving the employee experience across all areas of the Trust

Our Trust value 'we are proudly diverse' was brought to life with an initiative called, "Positively, Proudly Diverse". This supported work around the mandated Workforce Race and Disability Equality Standards with a focus on career progress. The Trust launched positive action programmes with expert partners, NHS Arden GEM and Calibre, to develop the leadership skills of disabled staff and those in Black, Asian and Minority Ethnic groups. This initiative is made up of the following development programmes.

- Maximising Your Leadership Potential – a leadership development programme for BME staff in Bands 5–7 roles
- Calibre – development and leadership programme for people who identify as neurodiverse, Deaf, disabled, or who have a long-term physical or mental health condition.
- Accelerate – a development programme for staff in bands 8a and above.

In March 2025, we also launched our reciprocal mentoring programme; partnering 20 candidates and 20 senior leaders in the Trust. This programme has been designed to foster collaboration, enhance professional development, and promote inclusivity within the NLFT workforce. Looking ahead, we will expand the programme and optimise best practice for next year. The programme targeted the following underrepresented groups within the workforce, with the aim of achieving representation, equality of opportunity and cultural change.

- Black, Asian and Minority Ethnic
- Disabilities and long-term conditions
- neurodivergent
- LGBTQ+
- Women

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Quality Priority 4 - More effective as an organisation by pioneering research, Quality Improvement and Technology

All QI projects are registered on the NLFT Life QI platform which currently has 248 active projects across the organisation and 363 completed projects. We also celebrate and share success through Divisional QI Showcases, giving frontline staff a regular platform to present their work and reflect on their QI journey. Projects teams are also encouraged to submit project posters to the International Forum on Quality and Safety in Healthcare 2024.

Creating collaborative spaces to engage frontline teams in continuous improvement is a big part of our approach, to support with pathways and flow, and QI collaborative workshops, to improve service user and carer experience. Several QI clinical and operational staff members are on the Flow Coaching Academy Programme from 2023 and are set to graduate in 2024, further strengthening our use of this methodology.

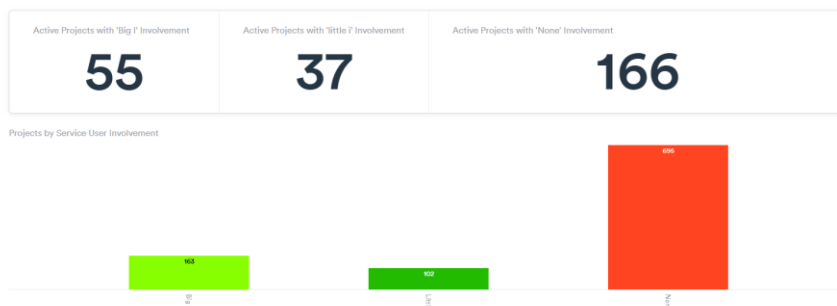
Our QI Foundation training as well as the Quality, Service Improvement and Redesign (QSIR) programme, provides an emphasis around the importance of service user involvement as well as the tools available for staff. The QI Advisors and Facilitators have engaged staff in the Divisions and always advise about involving service users whenever a QI project is discussed.

All projects are recorded on LifeQI, a web-based platform where involvement is described as Little 'I' or Big 'I'.

- Little 'I' means asking those who use the services for ideas, e.g., what needs improving via surveys, focus groups etc.; Periodic partnership.
- Big 'I' means involving service users and carers directly in the project and delivery; Continuous partnership.

We have taken the following information from LifeQI to show the number of projects co-produced with service users and/or carers. We are not able to produce a graph from the web showing the increase over time and therefore going forward will have to capture this each month.

Service User Involvement:



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2.4 Looking forward: Quality Priorities 2025-26

This years priorities were compiled from a range of sources taking into consideration; the progress made on last year's priorities, National agenda; and the preliminary CQC feedback from our visit in February 2025. Six priorities were identified and a survey was sent out to key stakeholders, including service users and carers, asking for feedback on those which felt most important to them, along with a free text comment box. This feedback enabled us to select the following four Quality priorities.

Commented [MS7]: Georga

Commented [GR8R7]: To be completed finalised following stakeholder events

Commented [GR9]: Section completed apart from parts in red

Quality Priority 1 – We will continue to learn and develop as an organisation from patient and carer feedback.

Quality Priority 2 - We will ensure patients receive support in a therapeutic and safe environment

Quality Priority 3 – We will offer great places to work, providing staff with a supportive environment to deliver excellent care

Quality Priority 4 – We will provide consistently high quality care, closer to home

We recognised that in order to achieve these priorities over the next twelve months it is key that we identify some associated aims to ensure that they are not only meaningful but also measurable. As a result we hosted an online staff engagement event on 1st May, followed by a Governor engagement event on 8th May.

Commented [GR10]: Service user & carer engagement event on 21st May - feedback summaries & priority aims to follow.

Feedback gathered from staff highlighted a strong collective desire for more inclusive, transparent, and responsive systems across the Trust. Key themes included the need for improved feedback mechanisms—both digital and non-digital—greater visibility of actions taken in response to feedback, and more meaningful involvement of service users and carers in shaping services. Staff emphasized the importance of wellbeing, supervision, and access to training, while also calling for improvements in ward environments, estates responsiveness, and IT infrastructure. There is a clear appetite for co-production, trauma-informed care, and a culture that values learning, equity, and continuous improvement.

Feedback gathered from the governor event highlighted a strong emphasis on fostering compassionate leadership, improving staff wellbeing, and enhancing collaboration across teams and sectors. It was felt that staff and service users alike call for more holistic, person-centred care that integrates physical health, social prescribing, and community engagement. There is a clear desire for more inclusive and flexible service delivery, better use of feedback at local levels, and environments that support both recovery and staff morale. Suggestions also included practical improvements such as shorter meetings, better IT training, and more visible “You Said, We Did” feedback. Overall, the

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comments reflect a commitment to embedding values-driven care and continuous improvement across all levels of the organisation.

2.5 Clinical Effectiveness

2.5.5 Participation in National audits and National Confidential Inquiries

NLFT continues to participate in all relevant national audits, confidential enquiries, service evaluations and benchmarking projects. These projects provide valuable information to the Trust. The results help us to analyse aspects of our clinical practice and support continuous improvement in the quality of care and treatment received by our service users, patient safety and providing a better patient experience.

The Trust participated in all eligible national clinical audits and national confidential enquiries in 2024-25.

	National Audit/Benchmarking topic	Status / Key actions
1.	POMH-UK Topic 16C Rapid Tranquilisation in the context of the pharmacological management of acutely disturbed behaviour.	<i>Completed - The Trust has received the report. This will be shared with the relevant committees and division and any actions will be developed and monitored.</i>
2.	POMH-UK 21B The use of Melatonin	<i>Completed - The Trust has received the report. This will be shared with the relevant committees and division and any actions will be developed and monitored.</i>
3.	POMH-UK 24A The Use of Opioids in Mental Health Services	<i>The Data collection has been completed and the Trust is waiting for the report.</i>
4.	POMH-UK The use of 18C Clozapine	<i>The data collection is currently in progress.</i>
5.	National Audit of Care at the end of Life	<i>We are currently in the progress of collecting the data for this audit.</i>
6.	National Confidential Inquiry MH Clinical Outcome Review - Programme into Suicide and Safety in Mental Health (NCISH) - Delivered by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). The inquiry examines cases of suicide for those people who have been in contact with secondary and specialist mental health services in the previous 12 months	<i>Questionnaires received were sent to the relevant clinician for completion.</i>

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	National Audit/Benchmarking topic	Status / Key actions
7.	Learning Disability Improvement Standards Benchmarking Audit - The NHS England – Learning Disability Improvement Standards review is a national data collection, commissioned by NHS England (NHSE) and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to understand the extent of organisational compliance with the NHSE Learning Disability Improvement Standards and identify improvement opportunities.	<i>The data collection has been completed. We are waiting for the report.</i>

2.5.6 Local Clinical Audit Programme

The Trust has been working to align priority clinical audits across all 8 of the Divisions. The purpose of the review was to ensure that all the audits that are being carried out are efficient and effective, lead to improved outcomes and ensure there is a robust process to manage audits and their outcomes. Several specialist leads and other clinical staff across the divisions were involved in the review.

A successful review was undertaken of all inpatient audits and there is now a single suite of audits across the partnership. The next phase is currently underway to align all the Community audits across all of our services.

The Trust continues to carry out local clinical audits and service evaluations. The Trust encourages participation in clinical audits from all specialties and all NLFT staff who wish to carry out a project should register their audit with the Governance and Quality Assurance Clinical Audit Team. Regular updates on the progress of registered project are requested and staff are encouraged to share their audit reports with their divisions or relevant specialties to ensure that learning can be shared.

2.5.7 National Institute for Health and Clinical Excellence (NICE) Guidance

The National Institute for Health and Care Excellence is responsible for producing evidence-based guidance, quality standards and other health-based guidance for the promotion of good health, cost effective treatment and helping to prevent ill health.

The formation of a new Trust provides a great opportunity to review the processes around the review and effective implementation of NICE guidance and Quality Standards.

NLFT continues to review guidance and quality standards released by NICE on a monthly basis. This is to establish relevance to the services delivered by our Trust. NLFT remains committed to implementing relevant NICE Guidance, Quality Standards and Technology appraisals where possible.

2.6 Participation in Clinical Research

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Officially launched at the new trust's first research conference held in July 2024, implementation of the joint Research Strategy for 2024-2029 has continued. The strategy focuses on the following eight key priorities:

- Realising the benefits of the NLMHP clinical partnership
- Developing the University College London (UCL) NLMHP partnership's capacity and capability
- Tackling health inequalities
- Raising the visibility and profile of research
- Increasing service user involvement in research
- Adopting research and innovation into clinical practice
- Strengthening the range of research partnerships
- Building a robust clinical research and development (R&D) support infrastructure.

Between the beginning of April 2024 and the end of March 2025, 584 participants were recruited into 30 research studies in the Trust. The top recruiting studies during the 2024-25 financial year were as follows:

Commented [KF11]: This will be updated with a Q4 Data

Study Name	Participants Recruited
Routine Screening for gambling related harm	98
Social cognition and functioning in Alzheimer's dementia	55
Assured Trial VI	50
GLAD	44
The Community Navigator trial	33

The data included is for clinical research studies that have been accepted on the portfolio of the National Institute of Health and Care Research (NIHR). It has been sourced from the Information Management System held by Noclcr and the NIHR'S Central Portfolio Management System.

2.7 Participation in Accreditation Schemes

Trust services participate in accreditation schemes to enhance and improve the quality of care and services provided to our service users. Accreditation is pursued by teams to give assurance of the high standards of service being provided. There are a number of different accreditations that teams within the Trust have achieved or are progressing towards accreditation.

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Programme	Services	Accreditation Status
Quality Network for Crisis Resolution and Home Treatment Teams	South Camden Crisis Resolution Team North Camden Crisis Resolution Team Islington Crisis Resolution Team Crisis Resolution and Home Treatment Teams: Enfield and Haringey	North Camden – Accredited South Camden – Currently going through reaccreditation Crisis Resolution and Home Treatment Teams: Haringey – In progress
Electroconvulsive Therapy Services (ECTAS)	Chase Farm ECT Clinic Highgate ECT Clinic	Chase Farm -Accredited Highgate – Currently waiting for our latest accreditation decision
Psychiatric Liaison Accreditation Network (PLAN)	Liaison services at University College Hospital, Royal Free and Whittington Hospital Barnet Mental Health Liaison Service	UCLH: Accredited RFH: Currently not accredited Whittington: 99% accreditation, however there is further work to do on the mental health room in the ED as it is currently not meeting the standard.
Quality Network Inpatient CAMHS	The Beacon Centre, CAMHS	
Memory Services National Accreditation Programme (MSNAP)	Memory Services: Barnet, Enfield and Haringey	Accredited
Quality Eating Disorder	Iris Ward, Haringey	Accredited
Quality Network Working Age inpatient wards (QNWA)	Shannon Ward, Barnet Coral Ruby Sunstone, Emerald Malachite Pearl Garnet, Daisy, Sunflower and Tulip Wards	Some of our wards are accredited and others are going through the accreditation process.

2.8 Measuring our Performance

Across the year we continued to embed and evolve the integrated Partnership performance framework introduced in March 2023, ahead of the merger of the two legacy Trusts (Camden & Islington and Barnet Enfield & Haringey). At the point of the merger (1st November 2024), the Partnership performance framework seamlessly transitioned into the North London Foundation Trust reporting framework.

Performance across the four domains of quality, operational performance, workforce and finance is monitored and reviewed at various levels through the Trust's structures from team level review through to Executive and Board oversight.

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The metrics in each of these domains is a balance of the primary metrics we are scrutinised on by external partners (including NHSE oversight metrics) and the additional metrics that give a rounded view of delivery in the specific domain.

Divisional Teams review their performance monthly and in detail with the Executive team quarterly through Divisional Performance Review Meetings. The Trust monitors any current or future risks to our performance through the Trust's risk register and presents an Integrated Performance Report bi-monthly to the Board.

Additionally, Board sub-committees such as the Quality and Safety Committee review specific areas of performance with an enhanced level of scrutiny. The committees verify the quality of the data used to measure performance through our Information Assurance Framework as well as the national NHS England Data Quality Maturity Index.

We remain an active participant in the National NHS Benchmarking network, regularly taking part in national projects that facilitate benchmarking with similar organisations. Additionally, the Trust analyses national data to enable comparisons in key areas, including NHS Model Hospital and NHS Futures, among others.

We have continued to increase the availability and ease of access to data and information to colleagues across the Trust so that everyone has the tools to 'see' how they are performing and how they can make a positive contribution to performance.

2.8.1 Performance Measurement Developments

During the year we have reviewed the metrics that are measured through the range of fora to ensure greater consistency of performance oversight and to drive improvement. We have also increased our use of Statistical Process Control techniques to support the understanding of performance, variation and improvement.

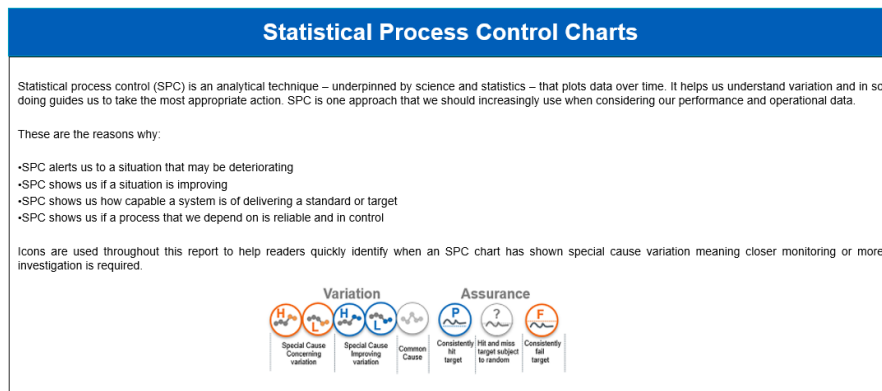
As part of the work to merge the two legacy Trusts, we have been working on improving the data that we flow to NHSE as part of the Mental Health Services Data Set (MHSDS) to ensure that the accuracy of externally reported data reflects our internal understanding of performance.

We have continued to increase the availability and ease of access of data and information and alongside this we are evolving the sophistication of our performance reporting capabilities and responding to new metric and reporting requirements.

2.8.2 Key Performance Indicators

The charts in this report are Statistical Process Control Charts (SPC). The grey dashed lines are the Upper and Lower Control Limits (UCL, LCL) associated with this statistical method. The data points plotted in different colours indicate either improvement (blue) or concern (orange).

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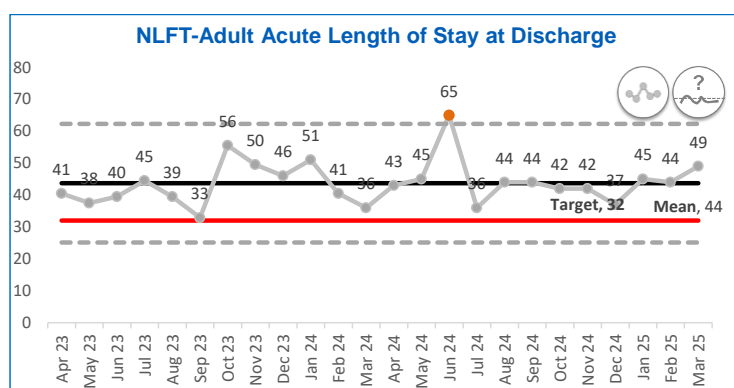


2.8.3 Average LOS for Acute wards

Length of stay (LoS) in our inpatient services is one of a set of inter-related factors that support good inpatient flow which in turn helps ensure people can be admitted to hospital when they need to and are prevented from having to be placed inappropriately in beds outside of the local area.

The annual average LoS for the Trust is 41 days, with some patients having highly complex needs leading to longer stays. Another significant factor in increasing the average LoS is the number of people who are Clinically Ready and Fit for Discharge (CRFD) but who are unable to leave hospital. This is often due to issues with onward housing or accommodation and support.

During the year we have initiated a Patient Flow Improvement Programme which has focussed on increasing flow through a variety of initiatives including improved discharge planning harnessing people's networks of care and increased use of alternatives to admission.

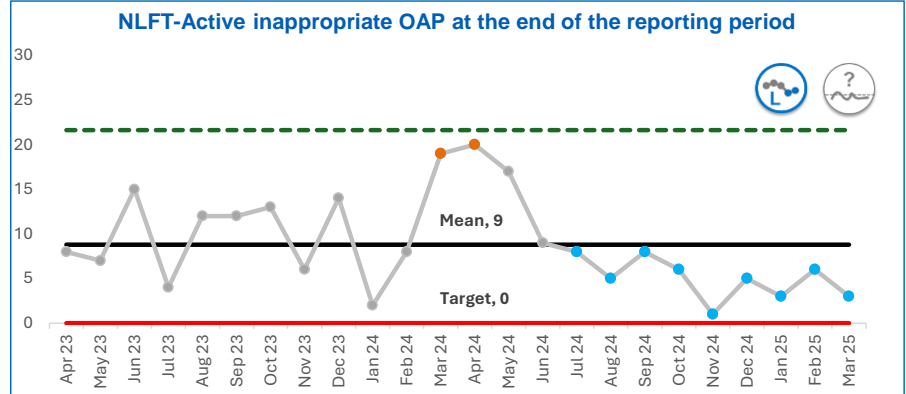


2.8.3. Inappropriate Out of Area Placements

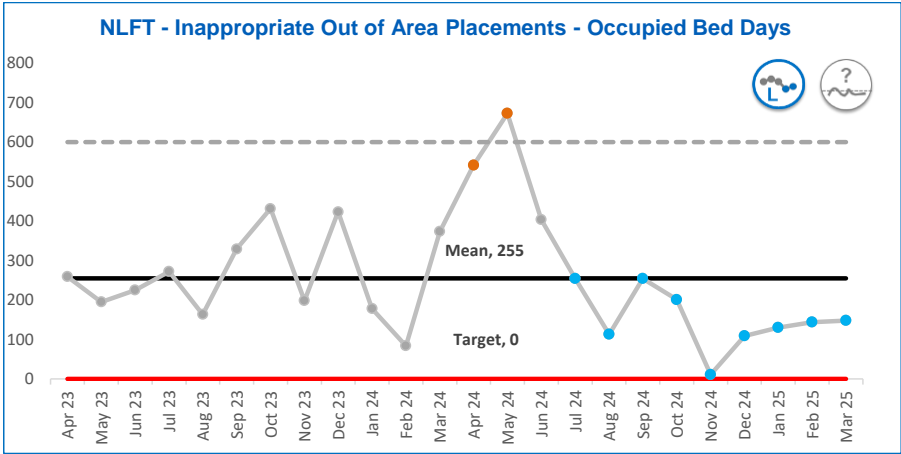
We have an ambitious target of achieving zero inappropriate Out of Area Placements (OAP). These are measured in two ways: Active Placements – the number of people who are in an OAP at the end of the month and Occupied Bed Days (OBDs) which gives a total number of days that people spent in OAP beds in the month.

Through both the maturing of the work practices of the unified Flow Team that we established in January 2024 and the focussed efforts of the Patient Flow Improvement Programme we have seen significant reductions in Out of Area Placements across the year.

The most recent performance out-turn was 3 active placements with 148 in month OBDs. We have seen an increase in the numbers of OAP's as we have moved into the new calendar year and the overall demand for inpatient beds has increased. We remain committed to our target and continue to minimise both the numbers of people place out of area and the length of time that they stay there.



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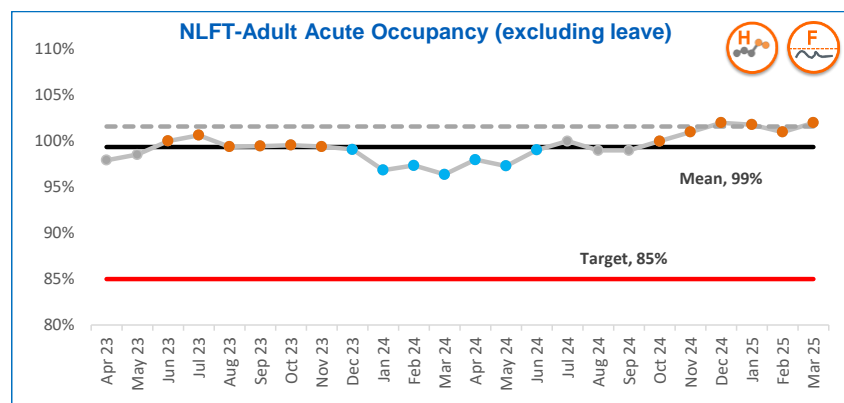
2.8.4 Occupied Bed Days

Our aim is to reduce bed occupancy towards an 85% utilisation which will support timely access into inpatient beds, enable us to better meet surge demand and help to reduce and keep the numbers of OAPs to zero. The current annual average position is 99.5%.

To support reducing overall occupancy we have initiated work on admission avoidance schemes, maximising the use of our crisis pathway including development of a standardised Crisis house pathway and utilisation of other services that can support people in a crisis across North Central London. This sits alongside the work on reducing the numbers of bed days that are 'lost' to people who are CRFD but are unable to leave hospital.

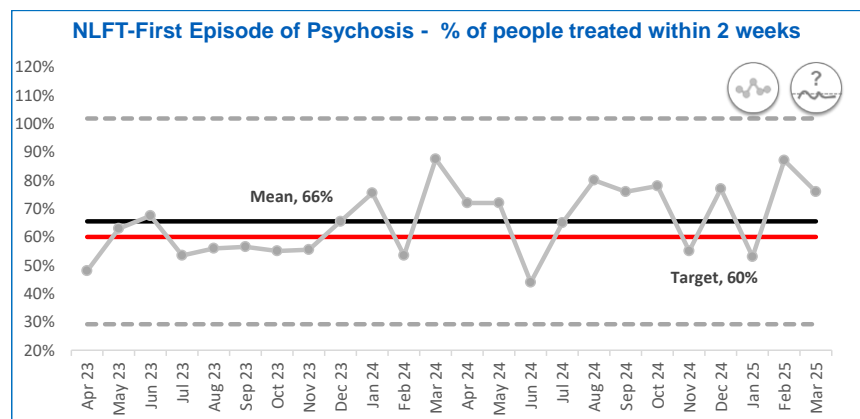
A focus for 2025/26 will be on how we can maximise the effectiveness of our community services to help reduce the numbers of inpatient bed requests that come from people who we are already working with.

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2.8.5 First Episode of Psychosis

The national target is for a minimum of 60% of individuals experiencing first episode psychosis to receive treatment within two weeks of referral, aligning with the NICE-recommended package of care. During the earlier part of the year, we experienced and resolved data quality issues mainly centred around the southern boroughs that impacted on the accuracy of reporting. NLFT's performance against this target has fluctuated across the year with some months not meeting the target. However, from the interpretation of the SPC chart we can predict that we are more likely to meet or exceed than miss the target. Our annualised average performance benchmarks favourably with the London region average.



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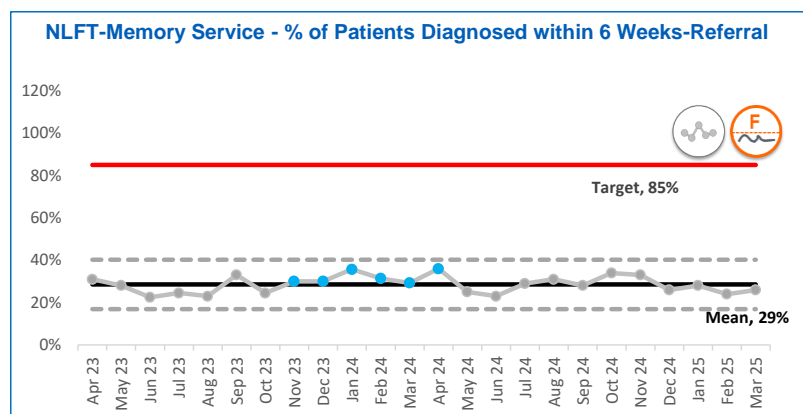
2.8.6. Memory Services Access

The performance against the 6-week access target for the Memory Service across the Trust has continued to be challenged during the last financial year. This has been driven by an increase of referrals to the service as well as challenges in recruiting and retaining staffing including to critical medical positions.

There is variation in how these issues are experienced across the boroughs with pinch points in Enfield and Barnet and an improving position in Camden. Overall, the Trust wide compliance in the diagnosis of dementia within the 6-week target has stabilised at between 25 to 30 percent.

The services continue to work in putting appropriate measures in place to recruit to the vacancies and be able to increase the number of additional appointments to address the waiting list backlog and increased demand. Digital innovations are being trialled to minimise the post assessment report writing time.

Due to the variation across the boroughs, we are working towards developing a choice model where individuals and carers can opt to be seen for their initial assessment within any of our service areas rather than being bound to use the one within their borough.

**2.8.7 Talking Therapies**

Through 2024/25 the focus of performance measurement of Talking Therapy services has been on the number of adults and older adults receiving a course of treatment and those achieving reliable recovery and improvement.

The Trust outlined a target for treatment completions that was aligned to a programme of service transformation which necessitated both recruitment of additional staffing and for the numbers of referrals to be increased, particularly those at 'step 2' – the less intensive level of need.

The agreed target for treatment completions for the year has not been met with three out of four boroughs that NLFT are responsible for service delivery in behind plan. The target outlined on the chart is the expected end of year position (1,125 treatment completions per month) with an in-year trajectory that increased to that level in quarterly steps.

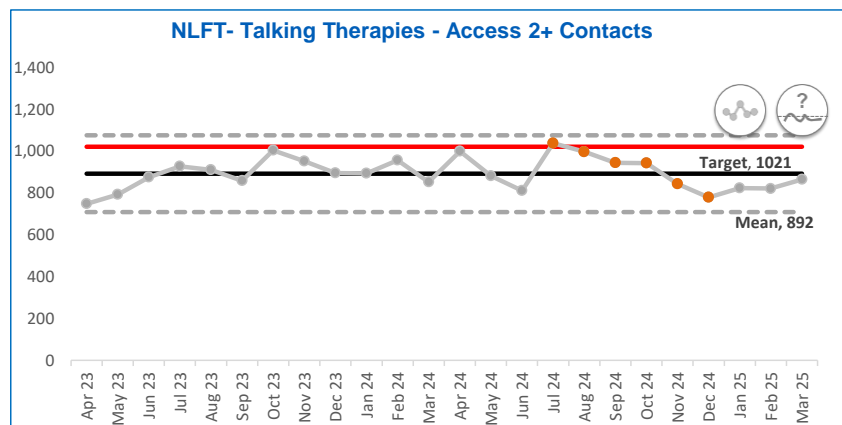
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Additional staffing was not able to be fully established and operationalised until later than the original plans indicated. In addition to this the numbers of referrals continued to be lower than required despite work with GPs to increase uptake of the service.

Additional plans including a marketing and communications campaign were put in place in January and we continue to seek ways to increase the numbers of referrals into the service, with an aim to recovering the treatment completions target through quarter 1 of 2025/26.

The Reliable Recovery and Reliable Improvement metrics give a view on the effectiveness of treatment and are based on specific definitions outlined nationally. Reliable Improvement is an assessment of whether there has a 'reliable' change in a person and Reliable Recovery is an assessment that both a 'reliable' change has been measured in a person as well as a clinically indicated change.

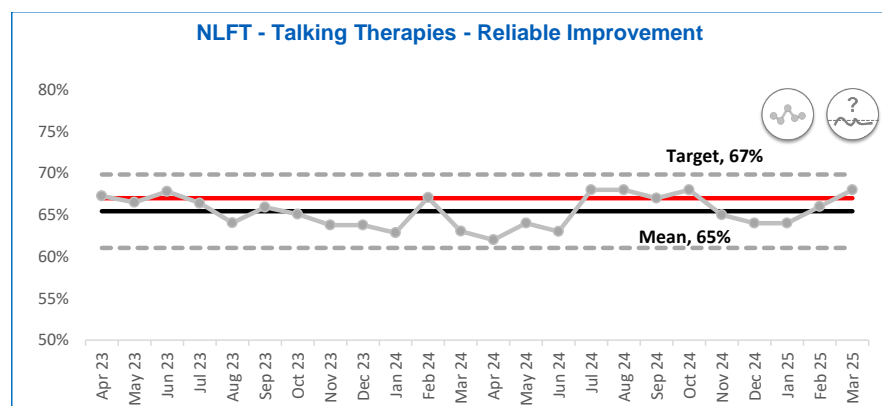
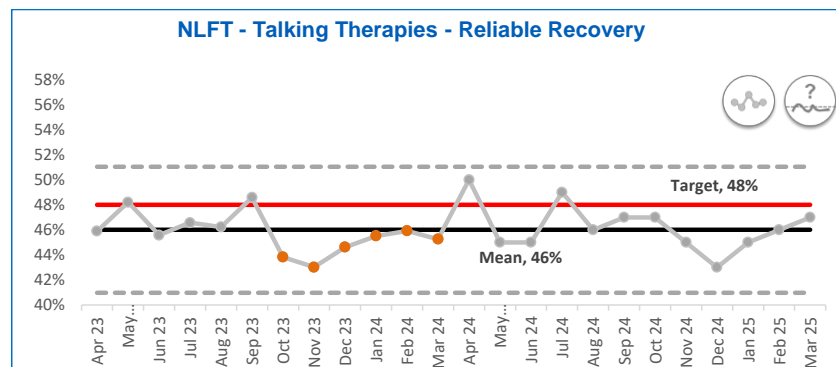
The Trust's performance in relation to both recovery indicators fluctuates against the national targets of 48% (Reliable Recovery) and 68% (Reliable Improvement). These outcomes are linked to the challenge faced with increasing the numbers of 'step 2' referrals, with the greater proportion of people accessing services with higher needs ('step 3') and experiencing lower levels of recovery outcomes than would be anticipated within a more balance portfolio of step 2 and step 3 cases. We anticipate that as the proportion of step 2 cases increases, the performance against the recovery targets will also improve.



The TT Reliable Improvement metric has shown fluctuations, generally stabilizing in the mid-60% range. Following a positive upward trend from July 2024, performance peaked at 68% in October. However, the most recent data for January 2025 shows a decline to 64%, falling short of the 67% target and marking a four-percentage-point drop from the peak. Only 1 (Barnet) out of the 4 boroughs met the target for reliable improvement.

This decline requires further analysis to understand underlying causes. While 2024 performance demonstrated the capability to meet or exceed the target, ongoing volatility underscores the need for sustained focus and proactive intervention to maintain progress.

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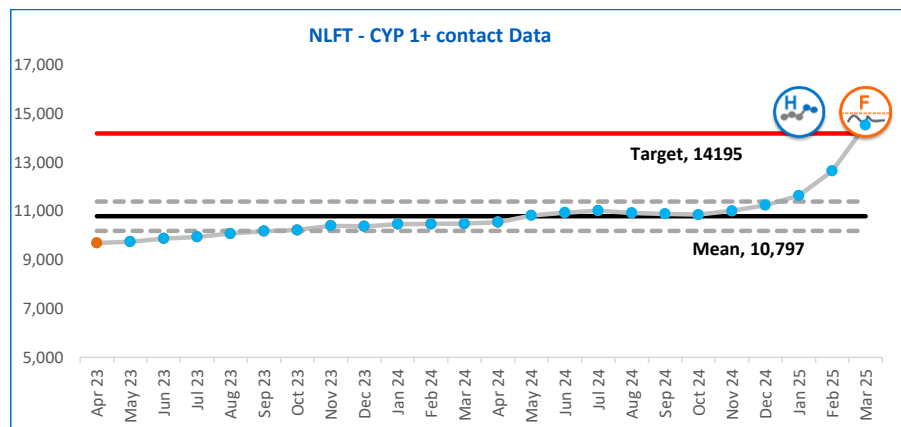


2.8.8 Child and Adolescent Mental Health Services (CAMHS)

The 1+ contact metric is a measure of how many Children and Young People (CYP) are accessing CYP community mental health services and receiving help and support. Our aim was to have seen circa 14,000 unique CYP over the previous 12 months.

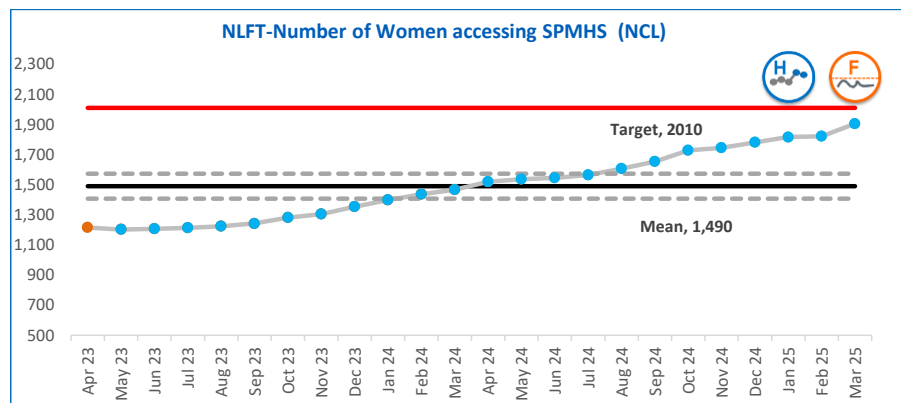
Although numbers of CYP contacts had continued to increase across the year, we experienced some challenge in increasing these to the required levels in the middle part of the year. We sought to recover these in the final quarter of the year, reaching the target figure at the end of March.

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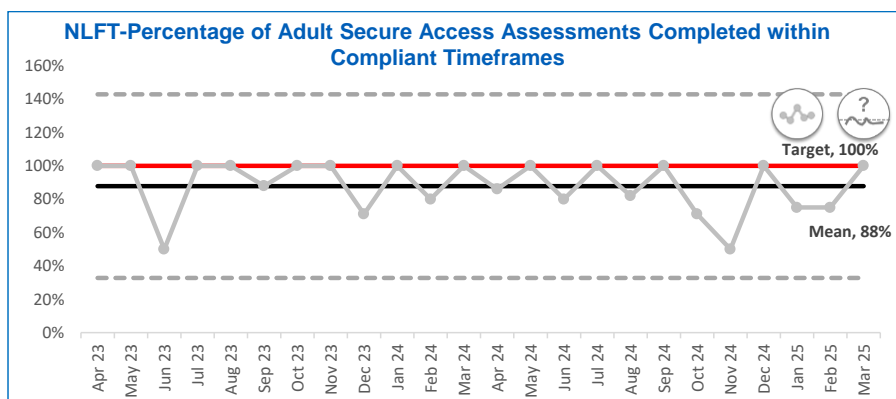
2.8.9 Number of Women accessing Specialist Perinatal Mental Health Service (SPMHS) (NCL)

The investments made in 2023/24 that increased the levels of staffing in the latter part of that year have enabled us to continue to improve our performance across 2025/26. We have fallen slightly short of the overall target for the year but have achieved circa 95% of plan. This is in the context of the plans having been set over 5 years ago on birth rates that have subsequently fallen within NCL in contrast to the wider London region trend.



2.8.10 Specialist Services – Adult Secure Access Assessments Completed within Compliant Timeframes

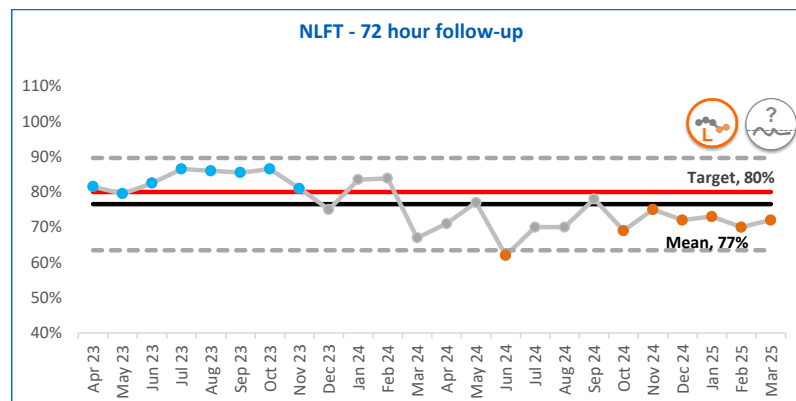
We aim to enable patients who are waiting for non-urgent referral to forensic services to be seen as early as possible for assessment. Our performance has varied in relation to being able to ensure all referrals are assessed within the specified timescale. Where we are challenged to achieve this, we work with our Provider Collaborative partners to agree and meet extended timescales.



2.8.11 72-hour follow-up

Ensuring people are supported shortly after they leave hospital is an important factor in reducing harm and although we have ensured that we have seen people after discharging our performance reporting indicates that we have not done so quickly enough across the year. Our southern boroughs have been particularly challenged, and we have a specific focus on these teams as we work to make changes to our processes to ensure where there is uncertainty about who has responsibility for follow up, this is clearly understood before discharge occurs.

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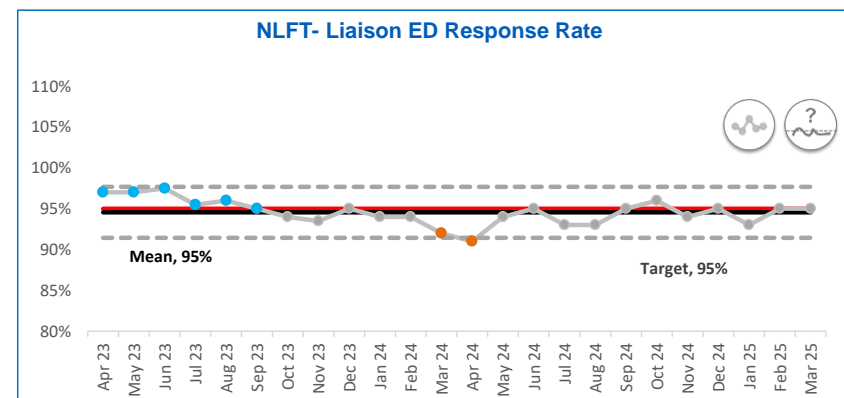


2.8.12 Liaison Emergency Department Response Rate

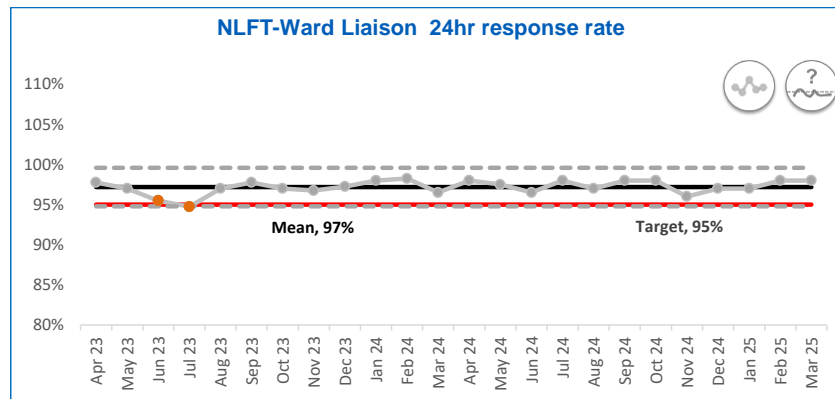
Our performance in supporting people to receive timely support from a mental health professional when presenting in the Emergency Department across the year has been more challenged than in previous years.

Performance has been impacted by increased numbers of presentations at the Emergency Departments alongside staffing challenges. However, we continue to reliably perform at 90% or above and the SPC chart indicates that our processes will continue to deliver in that range, whilst we seek ways to continue to improve to meet, sustain and exceed the target.

Our performance against the 24-hour ward response target has been consistently strong over the long term, continuing the surpassing of the 95% target month on month.



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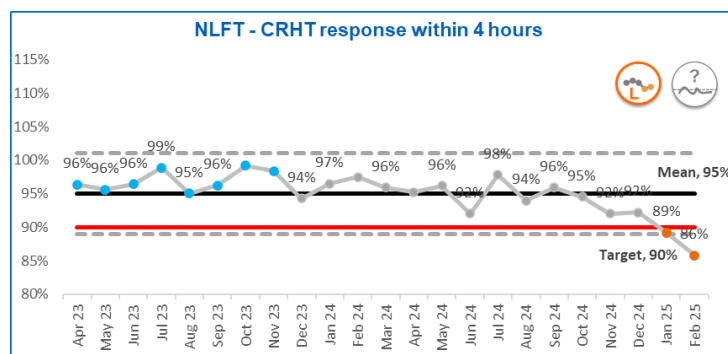


2.8.13 Crisis Resolution & Home Treatment (CRHT) Response within 24 hours

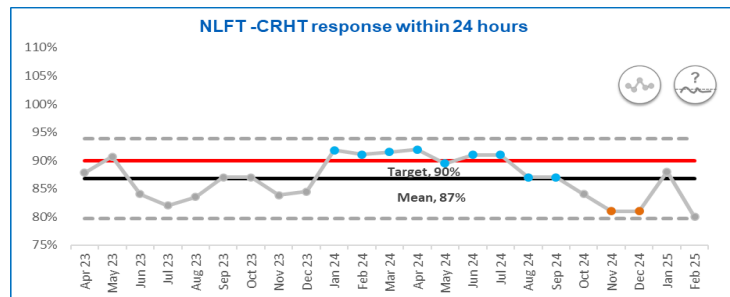
Throughout the year, our Crisis Resolution Teams have been committed to providing urgent care and support to individuals experiencing a mental health crisis, with the aim of preventing hospital admissions.

Performance has been more challenged for both metrics in the latter part of the year driven in particular by the regular availability of staff to carry out a face-to-face assessment within 4 hours whilst balancing other crisis service delivery (including crisis lines).

We have increased our staffing establishment to strengthen this assessment capacity and anticipate that performance will improve as we move into 2025/26.



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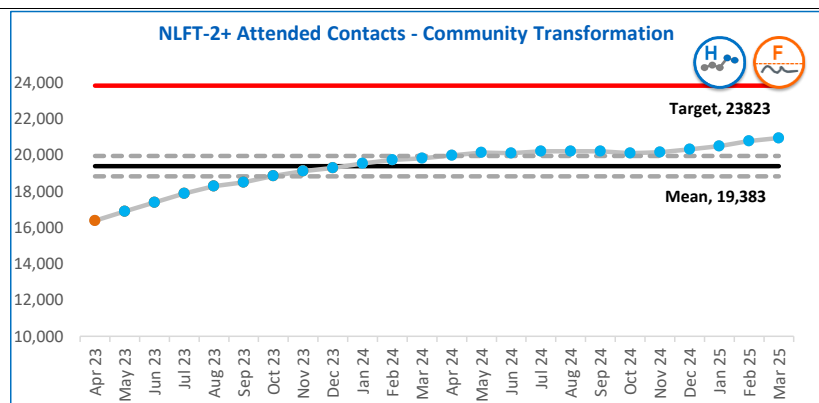


2.8.14 2+ attended contacts

The 2+ contact metric is a measure of how many people are accessing adult community mental health services and receiving help and support. Our aim was by the end of the financial year to have seen circa 23,800 unique people over the previous 12 months. Our performance out-turn is 20,937 which is 88% of our intended position.

During the year we have made clarifications to the people who are 'in scope' whose contacts are eligible to be included in this reporting which has had a suppressing effect on the out-turn figure. We had also based our target figure on the recruitment of additional roles which were not recruited to as early in the year as anticipated, reducing the level of activity that was possible. Additionally, through our work on improving data quality we are aware that we are still not capturing all of the activity that we are undertaking. Ensuring that we do so with increasing levels of completeness is an ongoing focus.

Despite these challenges, we continue to support a large volume of people in North Central London and have seen our overall caseload increase by circa 1,600 people in the year.



2.9 Information Governance (IG)

The Trust has been proactively working to improve security processes and to train staff so that they are aware of, and alert to, cyber security threats.

The Trust takes seriously its duty to protect and safeguard the personal confidential data that it gathers, creates, processes, and discloses. It must comply with the UK General Data Protection Regulation (GDPR), Data Protection Act 2018, NHS requirements and provide assurance to service users and the public.

All incidents that involve the loss or unauthorised disclosure of personal information are reported centrally and are closely monitored on the Trust's incident reporting system. Serious incidents are reported to the Data Security and Protection Toolkit within 72 hours in accordance with the requirements of the UK GDPR and the Networks and Information System (NIS) regulations.

The Trust has continued to raise awareness of the requirement to report all incidents including near misses and encourages staff to report these as soon as possible. The Information Governance (IG) Team responds to every information governance incident and notifies the Caldicott Guardian. Every effort is made to ensure that lessons are learned from incidents and shared with teams to remove or mitigate future risks.

The most common cause of incidents is human error following a failure to adhere to local standard procedures, for example, sending an email to an incorrect recipient or attaching an incorrect document or form.

During 2024/25, 58 information governance incidents were reported for Camden and Islington to the end of October 2024.

For Barnet, Enfield and Haringey mental health Trust 72 incidents were reported during the same period to end of October 2024.

As NLFT (from November 2024 to March 2025) 129 incidents were reported.

Only one incident was reported to the regulator on behalf of Camden and Islington, the Information Commissioner's Office (ICO). The ICO was satisfied with the measures taken by the Trust with no further action taken.

The Caldicott Guardian

The Caldicott Guardian is a mandatory role (within all NHS organisations introduced by the Department of Health and Social Care) with responsibility for patient confidentiality. In the Trust, there is a high level of awareness about the Caldicott Guardian role and the associated Caldicott principles. The Caldicott Guardian receives queries about patient confidentiality and supports the Information Governance Office to ensure the Caldicott principles and patient confidentiality are prioritised and respected.

Data Security and Protection Toolkit

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The Data Security and Protection Toolkit (DSPT) is an audit carried out by NHSE to ensure that organisations working with/within the NHS meet data security and protection standards. Annually the Trust submits evidence to NHSE to provide assurance that it is meeting, or working towards, information governance and cyber security standards.

For their DPST submission BEH succeeded in submitting evidence for all the mandatory evidence items along with a couple of optional items to secure an impressive 'Exceeding Standards' rating for its 2023/24 submission in June 2024.

Camden and Islington NHS Foundation Trust submitted evidence within the deadline for 2023/24 with one outstanding action to implement Multi Factor Authentication for remote access to its systems. As a result, C&I were initially awarded 'Standards not Met' and have worked hard to complete an Improvement plan identifying details for achieving MFA on remote access to all systems (including third party cloud systems) used by both legacy Trusts.

NLFT is making good progress with the 2024/25 DSPT submission due in June 2025 which is based on the Cyber Assurance Framework.

Freedom of information requests

From April to October 2024 BEH received 237 requests for information from members of the public with 92% responded to within the statutory compliance timeframe.

From April to October 2022/24 Camden and Islington NHS Foundation Trust received 331 requests with 58% responded to within the statutory compliance timeframe.

From November 2024 to March 2025, NLFT received 230 requests with 67% responded to within the compliance timescales. All responses provided by NLFT are published and available from the Trust's website.

There were 2 internal reviews of FOI responses within the reporting year, all have been completed with no further outstanding actions and no FOI-related complaints received from the ICO.

Subject access requests

The legacy Trusts received a higher number of subject access equality requests (SARs) compared to the same period in the previous year representing an increase of 4% for Barnet, Enfield and Haringey NHS Trust and 3 % for Camden and Islington NHS Foundation Trust.

From April to October 2024 BEH received 372 requests with 78% responded to within the statutory compliance timescales.

From April to October 2024 C&I received 188 of these requests with 95% responded to within the statutory compliance timescales.

A further 384 SARS were received by NLFT from November to the end of March with 64% completed within the statutory timescales.

In addition to SARs, the Trust receives and manages rights of rectification and erasure which are generally more complex.

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The main obstacle to completing SARs within the statutory compliance timeframe has been the capacity of the clinical teams to vet the medical records alongside their competing obligations.

ICO voluntary audit

During 2024/25 both legacy Trust opted to take part in a voluntary audit of two areas of compliance with data protection covering: 'Information risk management' and 'Processor, third party supplier and controller relationship management'. The audit methodology involved reviews of selected policies and procedures, onsite visits, interviews with selected staff and an inspection of related records. The audit for BEH identifies 42 recommendations across both areas and 41 recommendations for C&I.

The Trust's digital team worked closely with colleagues in procurement and the wider Trust to manage and complete the recommendations and actions arising from the audit recommendations. The final audit report from the ICO (published March 2025) combined BEH and C&I recommendation (many of which were duplicates) into a single NLFT report which confirmed that all recommendations had been completed with no outstanding action remaining. The digital team is grateful for the cooperation and focus of colleagues throughout the Trust who supported and completed the actions and activities to enable a successful conclusion to the final audit report. Completion of the audit recommendations has resulted in improved, robust policies and procedures in information risk management and Third-party suppliers with NLFT in a stronger position to protect patient data and comply with its statutory obligations for data security and protection.

2.10 Patient Experience

2.10.5 Service User and carer engagement and experience

The Patient Experience Team puts service users and carers at the heart of everything we do. We want our service users and carers to be able to give feedback easily, freely and in a variety of ways. Throughout this year we have continued our work to align our processes and produce a single policy as we have come together as one organisation.

The key areas of focus for the team in 2024-25 have been to:

- Continue working closely with the divisions focussing on early resolution as a priority for concerns raised by service users/carers.
- Clear the backlog of overdue complaints with a focus on achieving the Trust benchmark of 90% compliance
- Align processes between legacy Trusts (BEH and C&I)

2.10.2 Concerns and Complaints

Concerns and complaints about services by service users and their families are taken very seriously. We seek to address issues promptly identifying learning and areas for improvement

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providing assurance of actions to be undertaken. Where possible, individuals are supported to seek local resolution by discussing concerns directly with the service. However, where this is not possible, the Trust commissions a formal investigation process in line with national guidelines. The Trust benchmark for responding to formal investigations within the agreed timeframe (40 or 60 working days) is set at 90%. Achieving this benchmark has continued to be challenging for the Trust, particularly in areas receiving higher number of complaints. The Patient Experience Team have recognised complaints received in the last 12 months have increased in complexity often resulting in investigations taking longer than anticipated. We endeavour to communicate promptly with complainants and ensure they are well informed if these delays occur.

The Patient Experience Team always encourage complainants to engage with the Trust Involvement and Engagement Team and join the organisation as a Service User and/or Carer representative as it is so important for us to continue to learn and improve our services. Those who use and/or support an individual who use our services are best placed to support the design, development, and delivery of North London Foundation Trust services.

- From 1 April 2024 to 31 March 2025, the Trust received 298 formal complaints, 23 of these were withdrawn. Of the 275 complaints taken forward for investigation, based on complexity, 250 met the criteria for a 40 working day investigation, and 25 for a 60 working day investigation.
- Of the total 275 formal complaints investigated by the Trust, 210 complaints were closed, and the remaining 65 are still under investigation.
- The most common categories of complaints were patient care (inadequate support provided) and patient journey (admission/ discharge transfer issues). The below table illustrates the breakdown of compliments, concerns and complaints during 2023-24 and 2024-25 for comparison.

Feedback Type	2023-24	2024-25
Compliments	1143	1703
Issues and concerns	45	42
Informal complaints	199	196
Formal complaints	114	298
MP Complaints	Not previously captured	22
Members Enquiries	3	3

2.10.3 The Service Users Voice – a selection of feedback from service users

"I'm honestly so grateful for the sessions/ I feel stronger and more comfortable in myself because of them I'm dealing with emotional issues in a positive manner and feeling more confident. Thank you!" – IAPT

"My daughter who is neurodivergent and has mental health difficulties. Her mental health professional is professional, supportive, proactive and puts my daughter at ease whilst challenging her at an appropriate level" – Haringey Community OT

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"I felt safe and supported by staff whilst staying at the crisis house. I was able to approach staff and discuss any issues I felt anxious about". – Recovery House

"The doctor I saw was very kind, patient and understanding. I was initially nervous, however, felt at ease and comfortable to talk. It has definitely helped me in beginning to understand what the problems I have might be. Thank you very much! – Eating Disorders

" I felt like a priority on Mint ward due to the personalised attention I received from staff. They tailored their care approach to meet my specific needs and preferences, making me feel comfortable and respected at all times". – Mint Ward

2.10.4 Friends and Family Test (FFT and Feedback)

The Friends and Family Test (FFT) is a service user feedback tool used across NHS services in the UK. In NLFT we ask service users and their family members at the point of discharge or after receiving care, what their overall experience was. They can respond on a scale from "Very Good" to "Very Poor," and are also encouraged to provide additional feedback. The Patient Experience Team have been working closely with staff, service users and carers to design and launch a new Trust service user and carer survey. This has included focus groups and surveys to determine what our key stakeholders feel are important questions to ask. The FFT will feature as question 1 on the survey. We plan to roll this out in later in the year.

During 2024-2025, 12124 FFT responses were received in comparison to 8299 received in 23-24. The Patient Experience Team support divisions to access IQVIA (audit and survey) system to review FFT results in real time and report on returns, as well as detail compliments and concerns as part of monthly reporting. Services can instantly identify areas for improvement and get assurance of when they are doing well.

2.10.5 Community Mental Health Survey

The Community Mental Health Survey 2021 (CMHS) is a CQC led annual national survey that the Trust is committed to. (report findings + action plan).

Commented [GR12]: To be added

2.11 Patient Safety

NLFT is committed to providing safe, effective services for every patient and service user. The Trust continues to develop processes and systems that support improvements in the delivery of care to our patients and service users. These processes and systems support the fostering of a just learning culture by creating opportunities to identify learning from patient safety incident reviews, and for that learning to be shared for awareness to enable the necessary changes to be implemented to improve patient safety and the safety culture of the organisation.

Learning from incidents is a key priority for the Trust in its commitment to improve patient safety by minimising the risk of harm to patients and service users whilst under our care. Our approach to understanding how or why something (i.e. an incident) happened is to explore all possible reasons and factors that contributed to them - a *whole systems thinking* approach and make recommendations for improvements where the provision of care hasn't been optimal.

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Recommendations and actions are focused on making sustained quality improvements across the Trust, not just where the incident occurred.

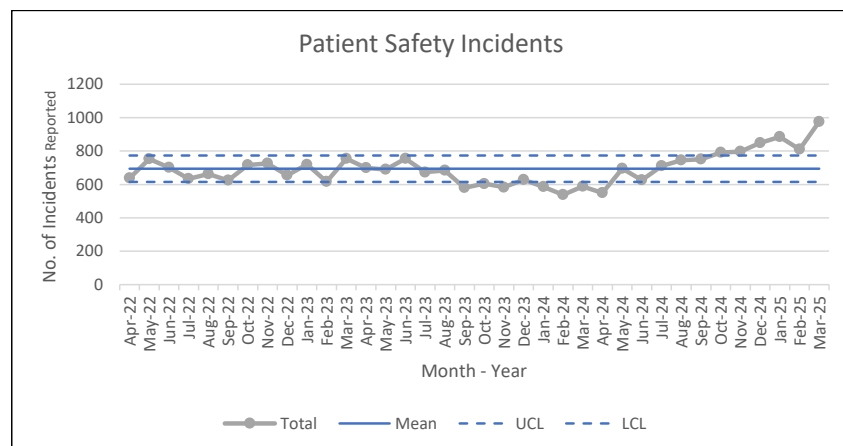
2.11.1 Patient Safety incidents

During 2024-25, the Patient Safety Team continued to work with clinical teams to ensure potential patient safety incidents were identified and reported, and to ensure systems for the identification of themes and trends and sharing of learning from incidents were in place.

During the year, a total of 9184 patient safety incidents were reported. This is an increase of 20.7% in comparison to the number of mental health patient safety incidents reported in the previous year (7606). There was a 19.6% increase in *no* and *low harm* incidents; this shows that there is a positive shift in recording culture and enables us to learn from near misses.

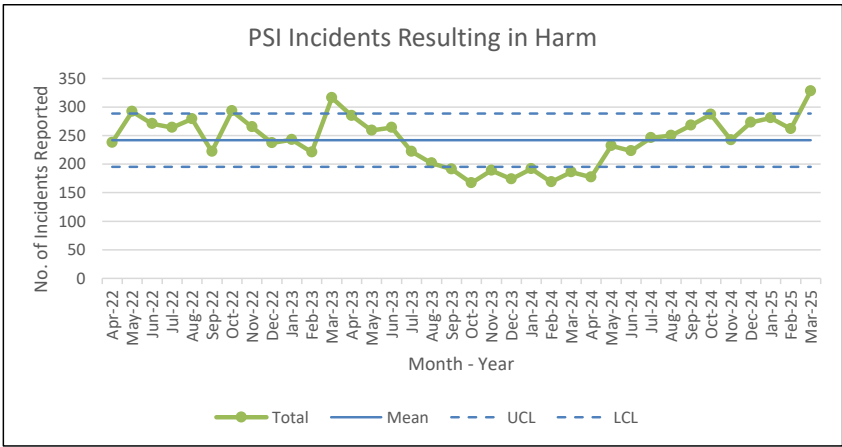
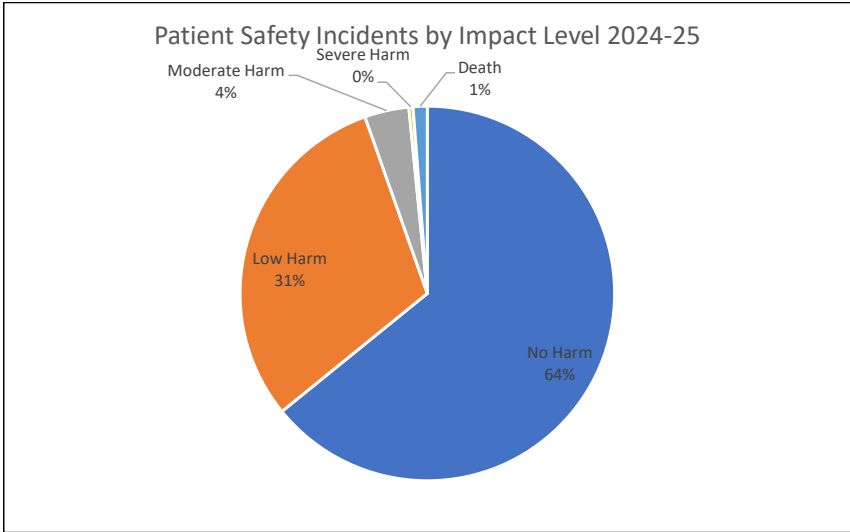
All incidents are reviewed by the Patient Safety Team and Divisional management for themes, trends, learning and improvement. Further reviews are initiated when required.

The Chart below shows the number of patient safety incidents reported during 2024-25 by Month.

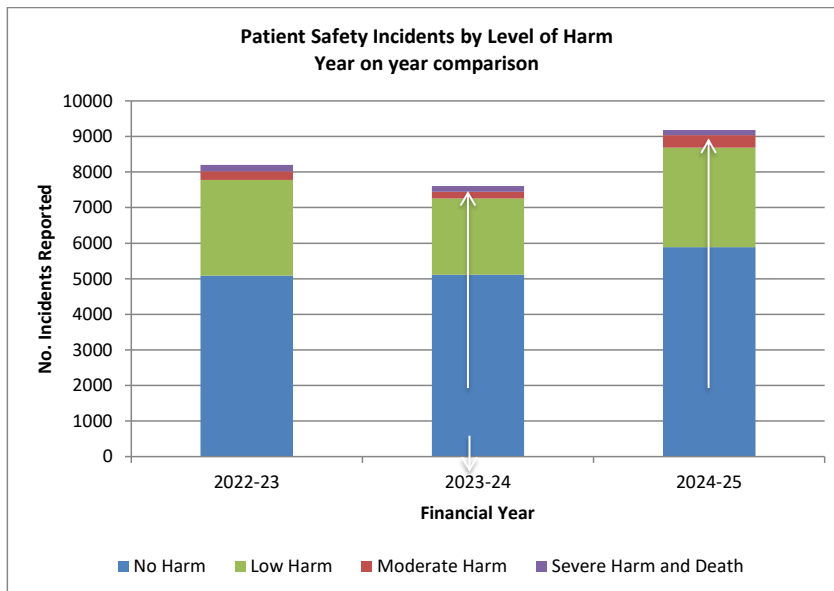


The following charts shows the number of patient safety incidents reported during 2024-25 that resulted in harm to the patient.

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2.11.2 Learning from Deaths

The Trust continues to report and review all reported deaths and where appropriate, will undertake a further, more detailed review. All reported deaths have had multi-disciplinary, multidivisional oversight at the Weekly Incident Review Group. Discussion within this group also facilitates identification of early learning from the incidents and any immediate patient safety concerns. This gives additional assurance that there is a standardised approach towards mortality reviews across the Trust. The Learning from Deaths review process involves the triangulation of mortality data to identify potential trends or issues which may indicate the need for a further review.

The Trust uses Mazars classification of reported death incidents as part of the clinical mortality review group process. Mazars classification provides a framework to categorise the type of death which supports the decision-making process to consider if a further review is needed.

In February 2025, the new NLFT Learning from Death Policy was approved. The policy provides a framework for good practice in relation to the reporting and management of all deaths of patients,

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and to ensure the potential for learning is always considered. The policy aims to ensure a consistent and coordinated approach to reviews of death incidents.

In 2025, the Trust aims to implement medic-led structured judgement reviews of inpatient expected deaths not being reviewed under other processes, using the Royal College of Psychiatrists care record review tool, and a Mortality Surveillance Group. This group will be chaired by a senior medical professional and will provide assurance to Trust Board on patient mortality and the care received by those who die.

During 2024-25, 603 service users died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 135 in the first quarter; 117 in second quarter; 148 in third quarter and 203 in the quarter. By 31st March 2025, 224 reviews had been carried out in relation to the 603 deaths reported

2.11.3 Transition to the new Patient Safety Incident Review Framework (PSIRF)

Following the launch of NLFT's Patient Safety Incident Response Framework (PSIRF) pilot in October 2023 and following the approval of the Trust PSIRF Policy in March 2024, the Trust formally launched PSIRF in April 2024. The Patient Safety Team has worked steadfastly throughout 2024-25 with services across the whole Trust and supported executive staff and committees to ensure governance structures for the management and oversight of incident reviews are fully understood and embedded into everyday practice. In-house training continues to be provided to clinical teams on the ethos of PSIRF, governance and expectations in line with the Trust's PSIRF policy and Plan.

As part of PSIRF, the Trust introduced Rapid Response Huddles which is the initial review of an incident with relevant staff to highlight good practice and identify immediate safety risks or concerns, with a plan to address these. Rapid Response Huddles are now fully embedded across the organisation and recognised for its purpose in the incident management process across all staffing levels.

The new Weekly Incident Review Group has become a well-established, well-attended multidisciplinary group. Its principle objective has been to provide a supportive forum for discussion about patient safety incidents and reviews and to ensure Rapid Response Huddles have identified the correct learning and outcomes. Group members have a crucial role in ensuring learning is shared with relevant colleagues.

In 2024, a Shared Learning Collaborative meeting which initially started as a bi-monthly meeting and then became monthly, was introduced for colleagues to share their learning from incidents and subsequent improvements implemented. The group has evolved over the year and has seen services come and share with colleagues how they have overcome or are working towards dealing with challenges faced in the delivery of optimal patient care. Topics that have been discussed at the meetings include the management of care needs of disabled patient, Learning from Prevention of Future Deaths reports and Inquests, staff safety – reducing aggression & violence on wards, medication errors, admission and transfer, trauma informed care and the Use of Force Act.

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Additionally, the Trust remains actively engaged with colleagues from NHS Trusts across North Central London (NCL) and the ICB, and PSIRF and Patient Safety Specialists forums to ensure the sharing of experiences and learning from the wider NHS continues.

World Patient Safety Day, 17 September 2024

The Trust celebrated World Patient Safety Day with an event attended by about 100 staff. The event brought together some amazing speakers from services across the Trust and from other organisations, all sharing their stories and passion for and commitment to patient safety.

Lucy, one of our Patient Safety Partners, co-chaired the event and has shared her own experiences and insights with us on the day and provides an overview of the event below.

“As a Patient Safety Partner, I had the privilege of co-chairing the World Patient Safety Day event.

Firstly, I want to acknowledge staff across the partnership, who are all individually and collectively making a difference, by coming together to think about patient safety. Thank you! There were around 100 staff who attended and contributed to this event, and it was a wonderful reflective and improvement-focused day.

Presenters on the days included staff and external colleagues. Presenters spoke compassionately about topics such as involving patients and carers in safety. One shared his journey from being a service user to staff member in the reducing restrictive practice team. Islington Division's Associate Director of Nursing shared ongoing plans to improve safety standards in the community, and attendees learned about how the ADHD team in Barnet were supporting their service users whilst managing the challenges and impact of an under-resourced service nationally; psychology leads asked attendees to consider if greater staff compassion led to enhanced safety for patients and created better places to work, while external presentations focused on understanding and changing approaches for 'enhanced observations' and considering 'human factors in mental health care'.

The presentations acknowledged some of the challenges and barriers to patient safety that we need to carefully consider, and Louise and Hilary from Camden Talking Therapies highlighted the importance of self-compassion and compassionate leadership to enhance patient safety.

My favourite presentation of the event was learning about how the Trust's ADHD Life Skills programme has been co-designed and further developed using feedback from service users. To empower people with the tools that they need to keep themselves well, the ADHD service in Barnet supports people holistically, with topics such as organisation and finances in their 14-week Life Skills program.

A competition was also held for the “best QI project” from over 20 poster submissions, with awards given to the winners. The posters prompted rich discussions during the breaks about how small ideas for improvement, over time, can become a reality – and could grow into something that is really worth celebrating.

The whole afternoon was collaborative and there were so many great ideas that will be explored further in the coming years, to continue learning and improving our new trust.”

Lucy Harding, Patient Safety Partner

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The Quality Improvement (QI) and Patient Safety teams led a table-top QI exercise at the event, on safety priorities for improving safety culture. Discussion topics included teamwork and communication, diversity and inclusive behaviours and just and restorative culture. Staff reflected on the current challenges and barriers to achieving these and how they might be overcome. Attendees outlined their priorities for the next 3-6 months in their commitment to improve safety. The feedback has been used to steer the development of QI projects to support the embedding of these safety priorities, and inform the development of an NLFT Patient Safety Strategy. The QI projects include:

- **Promoting Diversity and Inclusive Behaviours**

Environments that promote inclusivity and psychological safety of their staff usually achieve better patient safety outcomes.

There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.

As part of the QI project, we have developed a questionnaire to first understand staff experiences of diversity and inclusive behaviours within their team and how this impacts patient care. Participating teams include the Haringey Drug and Alcohol Service and some Forensic inpatient wards. Responses will help develop our aim to support quality improvements in *Teamwork & Communication*, another safety priority.

- **Embedding a Just Culture**

A just restorative culture is a learning approach to dealing with adverse events, focusing on harm rather than blame. The approach recognises that people make mistakes, while also ensuring people are held accountable for their decisions. It aims to repair trust and relationships after an incident. It allows all parties to discuss how they have been affected and collaboratively decide what should be done to repair the harm.

The Just Culture QI project is in the early stages of development and will look at how staff perceive Just Culture within the Trust and aims to embed a restorative Just Culture within the Trust where staff do not feel blamed when things go wrong. A just restorative culture ensures that lessons are learned.

- **Involving Patients and Carers in Patient Safety.**

Involving patients, their families and carers is essential in improving the safety of care.

Services must recognise that patient and carers can play a significant role in improving their safety through involvement in safety improvement initiatives and governance processes for example.

This QI project, led by the *Involving Patient and Carers in Patient Safety* working group is progressing well, with a number of tests on the impact of initiatives having been completed.

Patient Safety Partners

Seeking out meaningful engagement with patients, carers, and families with lived experience is essential; the Trust is dedicated to placing the voices of people with lived experiences of our services at the centre of our drive to improve patient safety.

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In 2023, the Trust recruited its first Patient Safety Partner (PSP), Lucy. Lucy's drive to improve patient safety through the development of safer systems for the delivery of care across the whole organisation has made a huge positive difference to the way our staff and committee members think and the actions we take.

As a Patient Safety Partner, Lucy has been involved in a range of work:

- Incident reviews and scrutiny groups
- Policy development
- Facilitation of Patient engagement / SU groups focussing on safety
- Key Quality and Safety groups and committees
- Quality Reviews of Services
- Community meetings
- Development and implementation of staff and service user surveys on involving patients in patient safety
- QI projects
- Interview panels
- World patient safety day
- Local and national network meetings.
- Development of service user literature

Lucy reflects on her role as a Patient Safety Partner at NLFT and the projects she has been involved in.

"As a Patient Safety Partner, I've been given an equal voice in the Quality and Safety Committee. I'm empowered to be open, objective, and challenge in my role, and know that this has been valued throughout the year by committee members – which includes executives, senior leadership, Non-Executive Directors, and an Expert by Experience.

Whilst there has been a lot of change in the organisation, I have seen considerable amounts of empathy and compassion from staff, and support for each other. I joined the first cohort of NLFT Change Ambassadors, and there were difficult experiences shared during the process – but also many ideas for change and progress and being trauma-informed as we establish the North London Way is a priority as we continue developing together as one Trust. Patient Safety Partners are still a relatively new role, and it takes time to build trust and rapport with colleagues – so change in management and leadership has led to some apprehension.

A great source of knowledge and guidance for me has been joining a monthly meeting run by Patient Safety Learning: the Patient Safety Partner Network. Experiences from PSPs across NHS organisations are shared and discussed, and we recently had Dr Henrietta Hughes (Patient Safety Commissioner) join in February.

Within the Trust, I've helped to establish a new group for Involving Patients and Carers in Patient Safety. This group runs once every two months and gives staff and patient and carer representatives an opportunity to collaborate, share ideas, and share updates on projects that could lead to improvements in this area. Through the expertise and guidance of this group, we have recently created a new pilot patient safety survey for three wards within the Trust. The direct aim of this project is for service users to be empowered and feel psychologically safe to raise safety

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concerns, have anonymity in doing so, and for staff to understand how safety is being experienced by service users.

Jo Scott (Service User and Carer Engagement and Involvement Lead) and I have recently delivered Coproduction training for two cohorts of a Charge Nurse Development Programme, with an aim to embed the values of coproduction across wards: equitably including patients, carers, and staff as stakeholders.

As an autistic person working in the NHS with long-term mental health difficulties, I am part of the staff Disability Network and Neurodivergent sub-forum. By also joining the Calibre Leadership programme, funded by the Trust, I hope to learn more about disability rights that support patients and staff alike, and continue to develop my skills in leadership as a Patient Safety Partner."

In 2024-25, we recruited two more Patient Safety Partners to support the great work already underway and to explore other priority areas. One of our newly appointed PSPs will lead on the work with services and patients to reduce violence and aggression on our wards.

2.11.4 Serious Incidents (SIs)

During 2024-25, the Trust reported 18 serious incidents that required a Patient Safety Incident Review. Serious incident reported during the year included incidents of unexpected deaths and suspected suicides. Examples of key learning and improvement actions from SI investigations during 2024-25 include:

- **Physical health management:** Incidents have highlighted areas for improvement in patients' physical health management. Subsequently, a physical health lead role is being introduced in Hospital Division, to assist with education and support for staff with physical health management.
- **Professional curiosity:** Inpatient deaths have indicated the need for staff to be more curious in situations such as when patient behaviours and routines change, patients disengage from normal ward activities or seem quieter than usual. In these circumstances, staff are to increase checks on patients and ensure proper engagement during these checks. Training is to be provided to educate staff on identification and assessment of suicidal ideation and management of such risk, and development of individualised safety plans.
- **Learning from Jury Inquests** have referenced the need to implement appropriate observations commensurate with level of risk, to improve staff awareness about risky items patients may be in possession of and to ensure information about risk is communicated, including during handover meetings. **QI work** supported by Brilliant Basics is in progress to address expectations of staff for handovers, daily safety huddles, supervision, observation and engagement and staff meetings.
- A substance misuse nurse now works with one of our Crisis teams to support with referrals and assessing patients who present with a dual diagnosis. This is in response to referrals to crisis teams being declined due to patients' substance misuse.

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- All clinicians now monitor patients via MaST, the Management and Supervision Tool to ensure newly discharged patients receive a medical review within four weeks. This will be supported by use of the Alert function on the patient record system for service users on depot medication, which records the last medication administration date and next due date.
- New weekly reporting via PowerBI allows multidisciplinary oversight and discussion of all patients aged 17 ½ and above who are awaiting transition to adult mental health services or discharge to their GP.
- Services are working to ensure robust cover arrangements, handover and out of office contacts during periods of staff leaves are in place and shared with service users and families.

Safety improvement plans are being developed to capture and group actions from incident reviews by theme and service / pathway for awareness of improvements in progress, to enable joint working and shared learning for improvements service wide.

Never Events

'Never Events' are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures are in place. The Trust did not report any Never Events in 2024-25.

2.11.5 Infection Prevention and Control

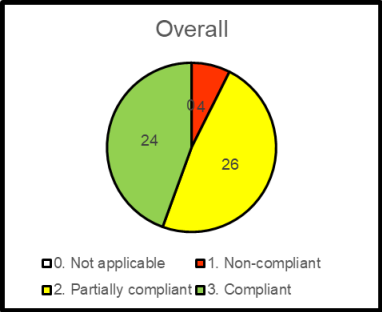
Effective infection prevention and control (IPC) programme, including cleanliness and prudent antimicrobial stewardship (AMS), is essential in ensuring that people who use health and social care services receive safe and effective care that conforms to nationally agreed best practice and guidelines in relation to protection from avoidable infections.

The IPC team is committed to supporting the trust in reducing patient harm caused by Healthcare Associated Infections (HCAIs) by following the relevant criteria in the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance which informs the key line of enquiries in the NHSE IPC Board Assurance Framework (BAF). These outline the systems and processes the trust as a healthcare provider need to have in place for effective prevention and control of infection.

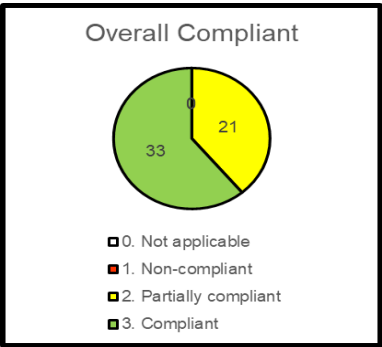
Though not compulsory, the previous legacy trusts adopted the NHSE IPC BAF as the key assurance matrix for the trust boards. These documents were amalgamated and thoroughly reviewed in August/Sept 2023 in line with national update to the BAF post COVID-19 pandemic. The combined document continues to be updated every six months as agreed by the IPC group and progress made on compliance in a year can be seen in the charts below;

Sept 2023 BAF compliant:

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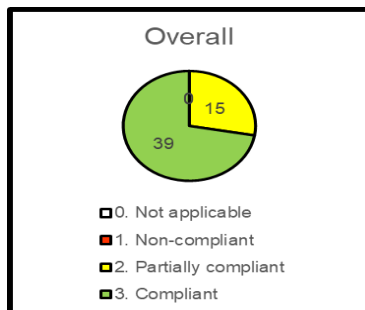


March 2024 BAF compliant:



Sept 2024 trust BAF compliant:

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Based on the outcome of the BAF review, an annual IPC work plan has been produced which outlines the measures required to bring the noncompliant and partially compliant elements of the BAF to fully compliant. The team meet and review this work plan on quarterly basis.

Surveillance of HCAIs- There is a requirement for Trusts to carry out surveillance of all infections, identify those thought to be acquired in the trust, investigate the source, and learn lessons for the future. The following tables shows laboratory confirmed cases of HCAI reported across the trust between April 2024 and March 2025.

HCAI	No. of Cases
Influenza A	5
Influenza B	5
Meticillin Sensitive Staphylococcus Aureus (MSSA) wound infection	1
Invasive Group A Streptococcal Infection (iGAS),	1
Total	12

Comparing with nationally- Overall, this number of infections is low Comparing with national data for acute hospitals as reported by the UKHSA:

Influenza A and B are not typically highlighted in national HCAI reports.

MSSA wound infections: The national data focuses on Methicillin resistant Staphylococcus Aureus (MRSA) and MSSA bacteraemia only.

1 Case of iGAS: This aligns with the national trend of increasing iGAS infections.

The average healthcare-associated infection (HCAI) data for mental health trusts in the UK isn't typically broken down in the same way as general hospitals. However, mental health trusts do face unique challenges in managing infections due to the nature of the services and patient interactions. From the available data, here are some general insights:

Overall Infection Rates: Mental health trusts generally report lower rates of HCAs compared to acute hospitals. This is partly due to the different types of care provided and the lower frequency of invasive procedures.

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Common Infections: The most reported infections in mental health settings include respiratory infections, gastrointestinal infections, and skin infections. These can be influenced by factors such as communal living environments and the overall health of the patient population.

Infection Control Measures: implementation of various infection control measures, including regular hand hygiene audits, staff training, and environmental cleaning protocols are crucial in preventing the spread of infections within these settings.

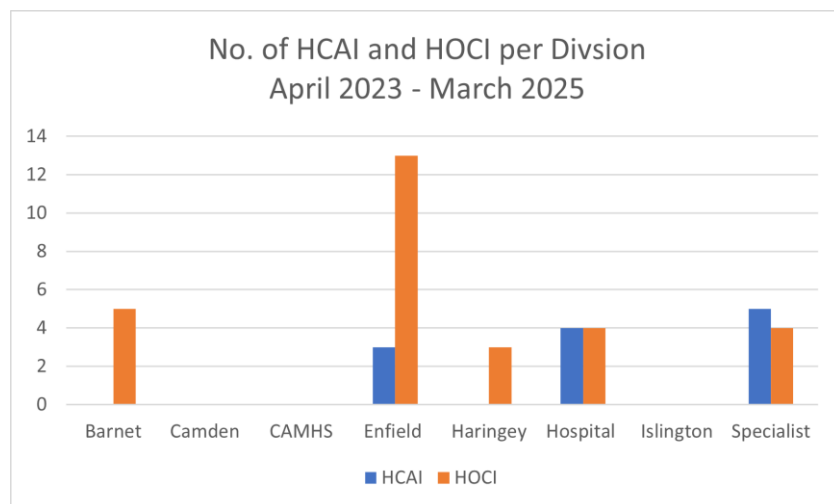
Specific data on HCAs in mental health trusts may not be as detailed or as frequently reported as in acute care settings. However, trusts are required to report significant outbreaks and follow national guidelines for infection prevention and control.

(The CQC's state of health care and adult social care in England 2023/24 and NHS digital Official statistics of Mental Health Services Monthly Statistics, Performance January 2024)

Other Infections/suspected infections managed during this period 1 Salmonella, 1 Shingles, 1 Suspected Scabies, 12 cases of gastroenteritis with an unknown pathogenic cause and 1 acute respiratory infection with unknown pathogenic cause.

In the same period, there were 50 COVID-19 cases recorded, of which 29 met the case definition for Hospital-Onset COVID-19 Infection (HOCI), i.e *positive specimen taken 15 or more days after hospital admission*).

The table below shows the breakdown of HCAI and HOCI cases per division for this reporting period.



All affected patients were managed according to Trust policy and national guidance, and all recovered with no known harm. Lessons learnt from these cases were discussed and shared with

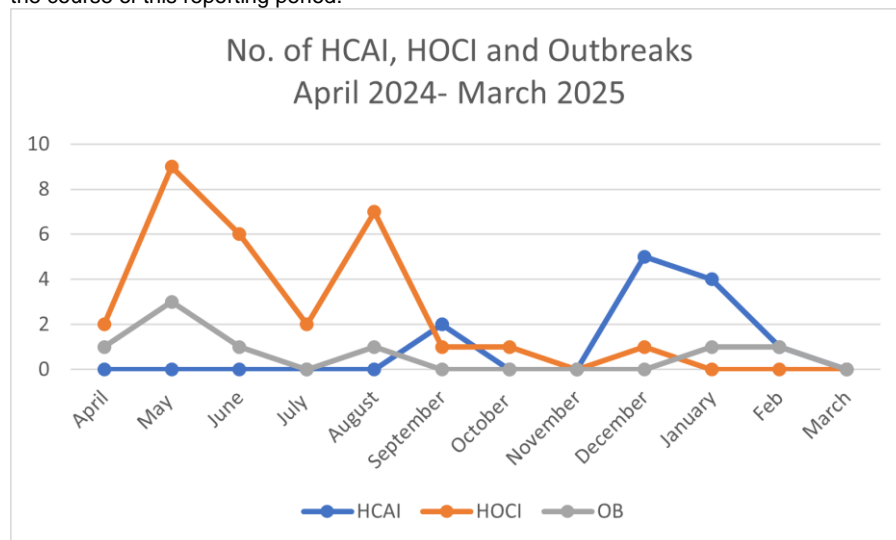
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the respective teams. Reports with details of these cases and lessons learnt is presented to the trust bi-monthly IPC group meeting for assurance.

Reportable Infections and Outbreak Situations Declared

Some of the above cases resulted in outbreaks. In total, there were 8 outbreaks declared during this period: 6 COVID 19 Outbreaks, 1 Influenza A and 1 Influenza B. Each outbreak situation was managed through prompt outbreak meetings, chaired by the IPC Team, and attended by representatives from the clinical area, Estates and Facilities departments. Representatives from the UK health security agency (UKHSA) and the integrated care board (ICB), and microbiologist attend where appropriate. Each outbreak ward was provided with a set of actions to help reduce risk of onward transmission; support was provided throughout, and progress monitored by the IPC team.

The table below summarises the number of HCAI, HOI and Outbreaks declared in the Trust for the course of this reporting period.



Winter Vaccination campaign

Winter vaccinations remain an important public health intervention and is considered a significant action to reduce morbidity, mortality and hospitalisation associated with Flu and COVID-19, especially during the winter period where the NHS and Social Care are predisposed to winter pressures. The trust's 2024/25 winter vaccination programme which offered flu vaccines to all staff and flu and COVID-19 booster vaccines to all eligible service users ended in December 2024 with low staff Flu vaccination uptake of only 25% compared to 32% for 2023/2024. A reflective session was facilitated in February 2025 to look back on the vaccination campaign to identify lessons learnt and areas for improvement in future campaigns. Key lessons have been identified which will inform the planning of next campaign to help improve uptake.

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Testing for Respiratory Infection

The IPCT continue to highlight the Department of Health Guidance on the management of Acute Respiratory Infections (ARI), including COVID-19, for NHS providers and Adult Social Care. In line with this guidance, all service users symptomatic of an acute respiratory infection who are eligible for treatment as per criteria set in the green book, should be tested using Polymerase Chain Reaction (PCR) swab. The IPCT continues to support clinical teams in familiarising with the ARI SOP and NLFT process of utilising PCR testing for those eligible for treatment. Routine testing of all symptomatic service users by Lateral Flow Test (LFT) is no longer required. The key to reducing transmission is early identification of symptomatic patients and encouraging them to isolate from others, and implementation of IPC precautions.

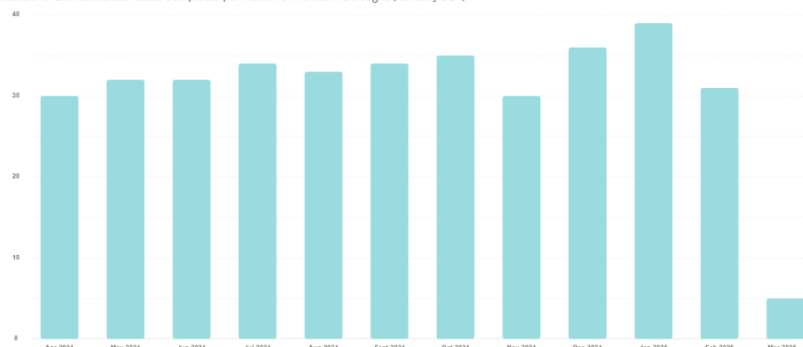
Infection Prevention and Control Audits

IPC policies and practices are monitored through audit and general observation in clinical areas. Each clinical area has been mandated to undertake Environmental Audit and Hand Hygiene Audit on the electronic system *Tendable* (for northern boroughs, formerly BEH) and Meridian (for southern boroughs, formerly CANDI). Both audits provide assurances of compliance with the Health and Social Care Act 2008 and are key evidence for clinical areas that IPC local and national guidance have been implemented.

Below are the Environmental Audits completed on *Tendable* in the last 12 months in northern boroughs. In total, 399 audits have been completed with majority scoring 90% and above.

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Number of Environmental Audits Completed per Month for Northern Boroughs (formerly BEH)

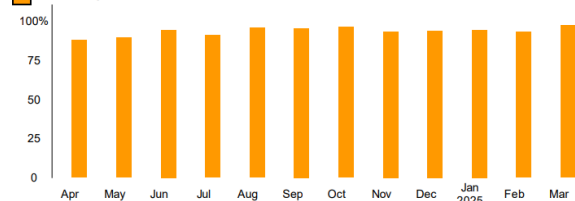


The following table shows the Environmental Audits completed in the last 12 months using the electronic system Meridian in the southern boroughs. In total, 196 audits were completed with an average score of 90% and above.

Environmental Infection Control Audit trend (1 Apr 2024 to 19 Mar 2025)

Key:

Environmental Infection Control Audit score
Infection Control Environmental Audit score

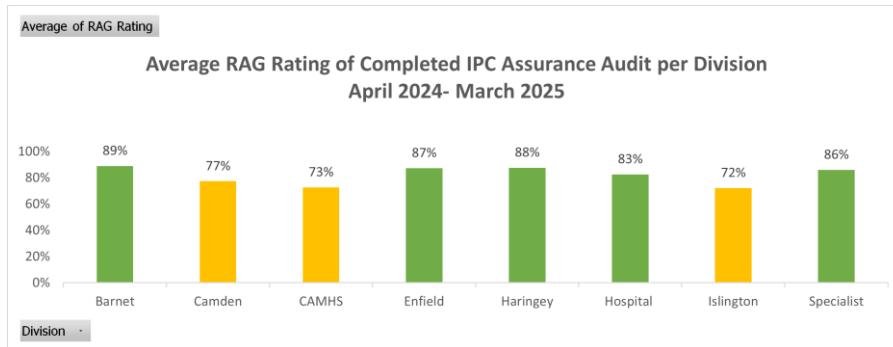


Enhanced collaboration between the IPC and Facilities team is integral in maintaining high cleaning standards and in effectively undertaking regular cleaning audits. The 2021 national standard for healthcare cleanliness has been implemented across the Trust and efficacy audits have begun as per the guidance.

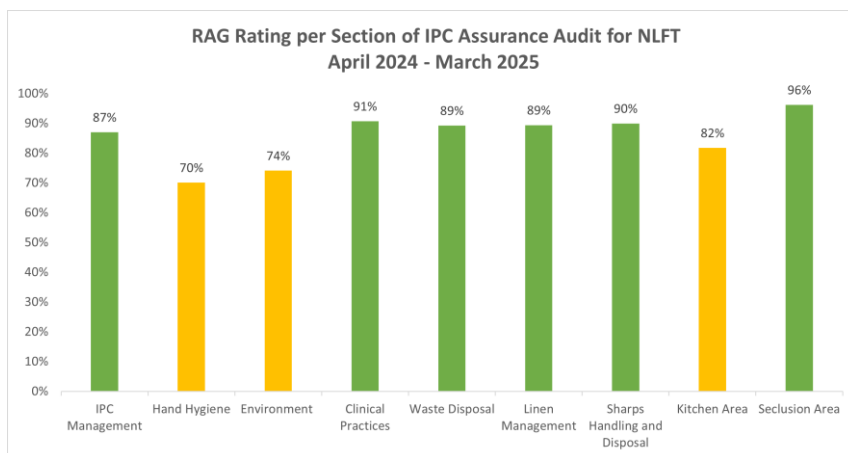
In addition, the IPC team carry out an oversight assurance audit through the annual audit programme, where each ward is audited at least once in in a year. After the completion of each audit, a written audit report is shared to the teams with photographs alongside an action plan for completion by the departments. For this period, 62 IPC Assurance Audits have been completed by the IPCT.

Below is the average RAG rating and scores from the IPC Assurance Audit per division.

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Below is the RAG rating per section of the IPC Assurance Audit for the Trust.



Educational Campaigns

Statutory and mandatory training for IPC levels 1 and 2 are delivered via Skills for learning virtually.

Throughout the year, the IPCT has engaged in various educational programmes aimed at promoting the knowledge of infection prevention and IPC standard precautions among service users and staff. These include staff induction, training for student nurses, wellbeing webinars/ day and IPC Champions Programme.

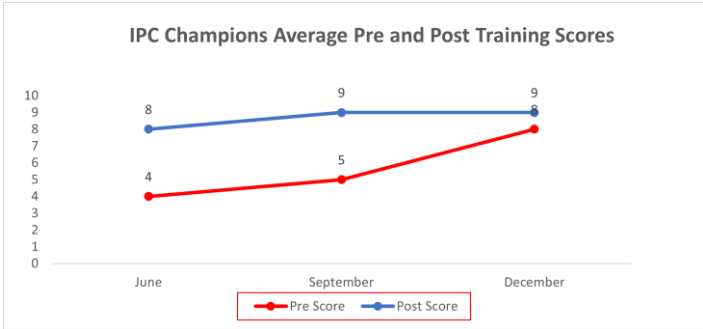
The IPC Champions education Programme continues to be delivered through virtual monthly catch ups and quarterly face to face training. This is guided by a formal lesson plan to ensure key learning outcomes are achieved to corresponding Standards on the IPC Education Framework. Continued

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active recruitment of IPC Champions takes place during clinical visits, during Annual IPC Audits, Daily Safety Huddles and during Outbreaks and incidents.

Feedback is obtained from the Champions on the session's effectiveness and the educators, utilising MS Team forms. This helps to measure improvements in knowledge/skills in evaluating the training sessions One challenge highlighted in response from the feedback is that face-to-face education was challenging to attend due to cross borough travel. Venues are now rotated in the boroughs. The IPC team organised external speakers to engage the IPC Champions and deliver bespoke education relevant to the Trust and common infections, testing and antimicrobial usage from a Consultant Microbiologist and Specialist Pharmacist.

Below shows the comparison between pre and post training scores for the last 3 trainings facilitated. On average, a 64% increase in test scores correlating to knowledge gained were noted after completion of training.



The IPCT also promotes international and world campaigns, where stalls are set up with various activities. Campaigns promoted in this period include World Hand Hygiene Day, World Sepsis Day, World Hepatitis Day, World Antimicrobial Awareness Week, World Patient Safety Day, International IPC Week and Global Hand Hygiene Day.

1

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Quality Improvement Project

A Quality Improvement Project on improving Oral Hygiene in Older Aged Adult services was launched in August 2024 at Ken Porter Ward at Springwell Centre (Barnet), where rates of respiratory illness were highest during the measurement period and it's ongoing. Work has started on other Quality Improvement programmes to improve compliance with hand hygiene practices including Bare Below the Elbow and appropriate use of gloves.

IPC in the Built Environment

From March 2024, the IPCT published an IPC Risk Assessment and notification for the Built Environment and has shared this with the NLFT Director of Estates. This is to ensure the IPCT is aware of all capital projects involving new builds and refurbishment works for a timely involvement and advice. This risk assessment is completed by the Project Lead to communicate the works planned and highlight any infection risks the work might pose to people in the environment. This enables the IPCT to have clear oversight of the stages of the projects, and implementation of measure to reduce the risks. The IPCT has provided IPC advice for various capital project/ built environment projects including the refurbishment for Eden House, Cumbria Villa, Trent Ward and construction of Highgate East and Lowther Road, to name but a few.

2.12 Annual Staff Survey 2024

The annual National Staff Survey 2024 (results released on 13 March 2025) and the National Quarterly Pulse Surveys have provided valuable opportunities for staff to share their views. These insights have enabled senior leadership across the Trust to drive meaningful improvements in response to the feedback. The survey results serve as a crucial source of

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information, helping us prioritise key developments to make our Northern (BEH) and Southern boroughs (C&I) a great place to work.

The NHS Staff Survey results are structured around the seven People Promise themes, in addition to two overarching themes: staff engagement and morale. The themes are.

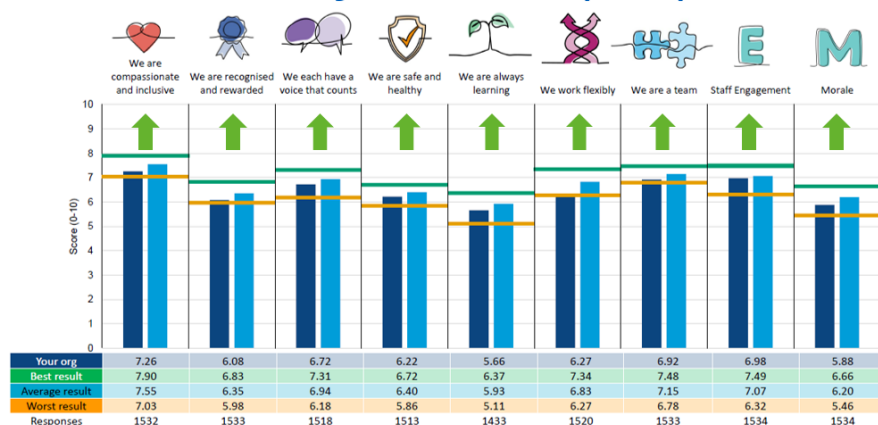
- We are compassionate and inclusive
- We are rewarded and recognised
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The 2024 staff survey results, available from March 2025, highlight shifts in staff experience compared to the previous year. Notably:

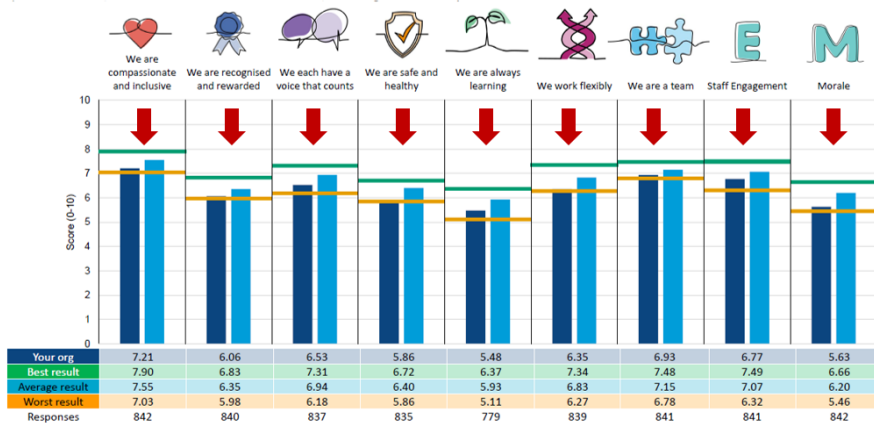
- Survey scores improved across all nine themes in the North.
- Survey scores declined across all nine themes in the South.

The chart below illustrates these changes, with arrows indicating year-on-year shifts from 2023, while the bars compare Northern and Southern results against the national benchmark average.

Core themes analysis – North (BEH)



Core themes analysis – South (C&I)



While overall results were less favourable compared to similar organisations, there has been measurable progress since 2023. Work undertaken in 2024/25 in response to the 2023 staff survey included the development and initial implementation of the North London Way, detailing plans to improve staff experience across a number of domains including as priority: equality diversity and inclusion (EDI); wellbeing; values and behaviours (culture); onboarding; management and leadership development and workforce policies.

2.12.1 WRES/WDES

The annual staff survey report also assesses the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), comparing our staff experience against national benchmarks.

- WRES: Compared to 2023, both Northern (BEH) and Southern (C&I) boroughs improved in three out of four key WRES areas
- WDES: Compared to 2023, both Northern (BEH) and Southern (C&I) boroughs improved in one out of five key WDES areas.

The Equality, Diversity & Inclusion (EDI), People, Wellbeing, Learning, and Organisational Development teams continue to collaborate across the Partnership to implement measures that foster a positive workplace culture, equitable outcomes, and an improved staff experience.

These efforts reinforce our ongoing commitment to staff wellbeing, development, and inclusivity, ensuring that the Trust remains an organisation where all employees feel valued and supported

2.12.2 The Guardian Service

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The Guardian Service (GSL) continues to provide an independent Freedom to speak up service across the Trust. The GSL does not replace any existing channels for staff to speak about their concerns but represents an additional option for those individuals who for whatever reason do not believe they can utilise the policies of the Trust.

The GSL reports are cumulative in nature and are presented monthly to the organisation. In the twelve-month period from April 2024 to March 2025, 102 concerns were reported.

Concerns	2023-2024	2024-2025
Management Issue	22	18
System and Process	6	26
Bullying and Harassment	3	7
Discrimination/Inequality	8	4
Behaviour/Relationship	5	17
Patient Safety/Quality	1	15
Worker Safety	0	14
Other	0	1
Total	45	102

Reports analyse data in line with the National Guardian Office recommended themes. The breakdown is as follows.

2.13 **Our commitment to Equality, Diversity and Inclusion (EDI) and Organisational Development.**

2.13.5 **Ensuring Equality and Tackling Inequalities**

As two Trusts have become the NLFT, it has been important to ensure that the compliance of both legal entities comply with their individual EDI Legal, mandatory and contractual obligations. Advancing equality and addressing inequality is at the core of the work of the Trust to ensure we provide high quality, safe and effective care for our service users and deliver our vision of Better Mental Health, Better Lives, Better Communities. The work of transferring our staff into one organisation was underpinned with a baseline equality impact assessment. Equality Impact

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Assessments (EIA) are a tool to ensure 'due regard' is embedded in decision making, service redesign, change management, transformation/integration, policy and strategy development. This enabled us to target support at those who needed it most during the transfer exercise and ensure we met the needs of diverse groups. We will follow up the baseline assessment with a further look at the data next year, to understand and evaluate the process of our two Trusts coming together, for those in protected characteristic groups.

We continued work in line with our EDI Strategy, and its high-level equality priorities, our annual Public Sector Annual Report provides an outline of work completed and is available on our website:

- Improve service user access and experience.
- Better health outcomes
- Representative and supported workforce
- Inclusive leadership
- Culture change and mainstreaming EDI.

We have prioritised our inclusion efforts in line with the NHS England EDI Improvement Plan and its focus on data-driven activities and evidence-based practice. Our work focused on the High Impact Action (HIA) 1, with ensuring all board members had an equality objective as part of their appraisals; HIA 2, expanding our pay gap reporting and implementing the Mend Review for our female medical staff; HIA 3 career progression for our disabled and Black, Asian and Ethnic Minority staff.

We have analysed our workforce using national Gender Pay Gap methodology, and also extended this statistical tool to help us understand our ethnicity, disability and sexual orientation pay gaps. The information was shared with our staff, and action and targets for improvement set, to help us tackle organisational inequity.

Our Trust value 'we are proudly diverse' was brought to life with an initiative called, "Positively, Proudly Diverse". This supported work around the mandated Workforce Race and Disability Equality Standards with a focus on career progress. The Trust launched positive action programmes with expert partners, NHS Arden GEM and Calibre, to develop the leadership skills of disabled staff and those in Black, Asian and Minority Ethnic groups.

We launched our reciprocal mentoring programme pilot programme, March 2025, partnering 20 candidates and 20 senior leaders in the Trust for mentoring and is designed to foster collaboration, enhance professional development, and promote inclusivity within the NLFT workforce. Looking ahead, we will expand the programme and optimise best practice for next year. The programme targeted the following underrepresented groups within the workforce, with the aim of achieving representation, equality of opportunity and cultural change.

- Black, Asian and Minority Ethnic
- Disabilities and long-term conditions
- neurodivergent
- LGBTQ+
- Women

We reviewed and launched a reasonable adjustment passport with support from our expert Partners 'The Disability Business Forum', this was support by workshops for managers, awareness of access to work and working closely with our Disability Network. Work is underway to develop a

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standard operating procedure to streamline the pathway end to end for new starters and existing staff with a disability and/or long-term condition.

We started our work of understanding the experiences of our international employees, many of whom graduate internationally and come to work for the Trust not having experienced the North London culture before. Our international workforce, without whom we could not function or deliver service, is a valued part of our workforce, and we realise they may have specific needs or vulnerabilities as they settle into life in North London. Next year will see us drive an action plan that supports those staff to integrate into their NLFT team and build happy and fulfilled careers with us.

The Trust joined the Diversity in Health and Care Partners Programme, by NHS Employers. The programme provides access to leading industry experts, good practice, guidance, resources and networking opportunities. It is designed around the ambitions and requirements of the NHS Long Term Workforce Plan and EDI Improvement Plan. It provides thought leadership, tools and tips to help put your organisation at the forefront of EDI practice.

This year we launched and took first steps to embed our EDI governance structure, ensuring accountability for our plans is in place, and the impact of our actions is measured. This will be achieved with accountability through to the Board, to deliver on our aspirations to create great places to work, and to do this in a proudly diverse way.

2.21.2 Staff Networks

Staff Networks are part of an effective component of equality diversity and inclusion (EDI) resources designed to promote a sense of belonging for everyone in our workplace. They bring together and provide a safe and confidential platform for colleagues with shared and intersectional identities. They provide opportunities to discuss, celebrate and have a collective voice on the issues and topics that matter to them, and which impact some of our most underrepresented groups across the Trust. Significant progress has been made over the last year, as the two sets of Staff Networks were amalgamated and leaders for each Network democratically appointed.

The new Staff Network Alliance is made up of nine staff networks, their executive sponsors, and other members. The Alliance is a key stakeholder of the Equality, Diversity and Inclusion (EDI) Governance and Operating Framework and is supported by the EDI Team. This supports the formation of the North London NHS Foundation Trust and the 'North London Way' proudly positive culture. We now have nine active staff networks covering affinity groups such as race and cultural heritage, disability, women, LGBTQ+, carers and those with lived experience of mental ill health.

Our aim is to create great places to work, allowing people to experience a sense of belonging in our workforce. We have continued to produce a well-received diversity and mental health calendar/forward planner. This interactive resource helps staff and managers across the Trust plan awareness, cultural and multi-faith events, activities and training. We have also taken action to harmonise our workforce policies, and staff networks have been instrumental in helping policy authors understand and assess the impact of policy provision on minoritized groups. Our workforce policy framework seeks to represent best practice for staff across all protected characteristic groups.

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2.13.3 Organisational Development (OD)

Over the course of 2024/25, a structured and embedded organisational development (OD) framework has been in place, with a strong focus on implementing the North London Way (NLW). To support our NLW journey, several initiatives have been launched:

- New appraisal policy and training workshops – Enhancing the effectiveness and impact of appraisals to foster better development planning and stronger staff-manager relationships.
- 'Change Ambassadors' initiative – A self-volunteered programme equipping staff with the knowledge, skills, and confidence to act as ambassadors for the North London Way.
- Launch of 'Positively Proudly Diverse' – A career development and progression programme aimed at supporting underrepresented colleagues across the Trust.
- Refreshed approach to staff surveys – Strengthening our processes for learning from and acting upon the insights gathered from our annual and quarterly staff surveys.

The Organisational Development team continue to work in close collaboration with key teams across the Trust, including Equality, Diversity & Inclusion (EDI), Strategic and Operational People Teams, Wellbeing, and Communications. This cross-functional partnership ensures a consistent and integrated approach to embedding our Values and the North London Way into all aspects of our work.

Research-Led Mental Health Care: Delivering Excellence Through Evidence

The North London NHS Foundation Trust has maintained its position as a leader in mental health research during 2024-25, with a portfolio of clinical studies that directly enhance patient care and service delivery. Our commitment to evidence-based practice continues to drive measurable improvements in outcomes and influence policy at national and international levels.

Research Activity

Between April 2024 and March 2025, the Trust participated in 30 National Institute of Health and Care Research (NIHR) portfolio studies, successfully recruiting 556 participants.

NIHR Mental Health Mission Centre Status

We are proud to be designated as an NIHR Mental Health Mission Centre, with specific focus on treatment-resistant depression and early interventions. This prestigious status brings significant benefits to our Trust:

- **Enhanced funding streams** for innovative clinical research
- **Priority access** to national research networks and collaborative opportunities
- **Specialised training** for clinical staff in research methodologies
- **Accelerated translation** of breakthrough findings into clinical practice

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- **Increased visibility** as a centre of excellence, attracting top clinical and research talent
- **Improved patient access** to cutting-edge treatments and interventions before wider availability

This designation strengthens our ability to address some of the most challenging mental health conditions while positioning our Trust at the forefront of mental health innovation.

High-Impact Research Areas

Our highest recruiting studies reflect our focus on addressing critical mental health challenges:

1. **Routine screening for gambling-related harm** (98 participants) - Pioneering early intervention approaches for this increasingly prevalent issue
2. **Social cognition and functioning in Alzheimer's dementia** (55 participants) - Advancing understanding of cognitive mechanisms to improve care
3. **ASsuRED Trial V1** (50 participants) - Evaluating novel therapeutic approaches
4. **GLAD** (44 participants) - Contributing to the national genetic study on depression and anxiety
5. **The Community Navigator trial** (33 participants) - Developing innovative community-based support models

Key Research Implementation Themes

Evidence-Based Care Pathways

Our implementation of the UCLP-PRIMROSE model for cardiovascular disease risk reduction in patients with severe mental illness (SMI) exemplifies our approach to translating research into practice. Additionally, we've incorporated Lancet Commission findings on dementia prevention into our memory services and regularly use the QuIRC (quality assessment tool for longer-term mental health facilities) tool to assess and improve the quality of our rehabilitation services.

Measurable Impact & Policy Influence

The Trust's research activities have yielded substantial benefits:

- Research implementation, addressing Physical-Mental Health Integration has been crucial in efforts to tackle the 15-year life expectancy gap for people with SMI. There has been movement beyond screening to active intervention, with integrated care pathways that address both physical and mental health needs.
- Cost savings for the NHS of £895 per patient per year through PRIMROSE implementation
- The Lancet Commission on dementia prevention intervention and care has shown community discharge rates significantly above the national average
- Significant contributions to national and international policy frameworks

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Looking Forward

As we continue to build on our research portfolio, we remain committed to the strategic implementation of evidence-based practices that enhance patient care and service efficiency. Our partnership with Noclur NHS Research Office ensures that we maintain the highest standards of research governance and maximises opportunities for staff and patients to participate in cutting-edge clinical studies.

The Trust's integration of research into everyday clinical practice demonstrates our commitment to evidence-based care and continuous improvement, ultimately benefiting the diverse communities we serve across North London.

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 NLFT, 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 Groups
- Divisional Quality and Workforce Meetings
- Weekly Trust Safety Huddle

Our quality governance structures and processes provide an avenue for effective monitoring of key quality and performance indicators and learning from patient safety incidents, audits, service reviews and service user feedback.

Through our quality governance systems, the Trust Board is provided with assurances on the quality of NLFT's services and patient safety:

- We produce comprehensive Trust and divisional quality dashboards incorporating safety, experience and effectiveness
- We have an active national and local clinical audit programme
- We monitor themes and trends in service user experience and complaints
- We monitor the standards of our inpatient wards and a number of community teams through the Tendable audit app, through executive-led safety walk-arounds and scheduled quality reviews of service
- We have a robust risk management and escalation framework in place.

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Our Clinical Fridays programme sees senior nurses across the organisation doing walkabouts every Friday on inpatient and community sites. This gives staff the opportunity to talk openly and honestly with nurse leaders about quality and safety.

We continue to work with our Experts-by-Experience (service users) to ensure our quality governance arrangements support the development of high-quality care and services. Our Involvement Register of Experts-by-Experience (EbEs) continues to grow with more EbEs being active in several programmes to improve the quality of services across the Trust.

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

Safeguarding

In November 2024 we became the North London Foundation Trust (NLFT) and Safeguarding continued to serve all five boroughs across the Trust. All safeguarding policies and processes were reviewed and ratified in June to September 2024, in preparation for this merger.

NLFT is fully committed in ensuring that safeguarding children, young people and adults with care and support needs is part of our core business. We recognise that safeguarding cannot be done in isolation. Our Trust values of working together with our partner agencies to be 'Professionally Curious' and 'Think Family' underpin how we protect those at risk of harm, abuse or neglect. To achieve this, the Trust works collaboratively with our safeguarding partners within the Safeguarding Boards and Integrated Care System (ICS) to safeguard the communities we serve. We continue our focus in developing evidence-based approaches to safeguarding, whilst balancing the rights and choices of an individual, with the Trust duties to act in their best interest to protect the patient, public and the organisation from harm. Our Trust values are central, ensuring our services are compassionate, respectful and have regard to the duty to protect individuals' human rights. We treat everyone with dignity and respect and safeguard people from abuse, neglect and discrimination, as well as reducing stigma.

Our Safeguarding Team continues to work with all internal and external partners to ensure safeguarding is core business throughout the Trust. We take all reasonable steps to promote safe practice and protect children, young people, and adults from harm, abuse and exploitation. We are fully engaged in the work of the Camden, Islington, Barnet, Enfield and Haringey Safeguarding Adult and Safeguarding Children Boards, and their associated sub-groups for both children and adults. We are fully compliant with Section 3 of the [NHS Safeguarding Accountability and Assurance Framework 2024](#) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 [Regulation 13: Safeguarding service users from abuse and improper treatment - Care Quality Commission](#)

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The Chief Nursing Officer is Executive Lead for safeguarding across the Trust, whilst operational responsibility has been delegated to the Associate Director for Safeguarding; supported by a team of named professionals for safeguarding children, and adults, and domestic abuse and sexual safety practitioners.

As part of our Corporate Governance, the Chief Nursing Officer continues to chair our Integrated Safeguarding Group (ISG), deputised by a Director of Nursing, providing robust leadership, scrutiny, and oversight of all safeguarding activity and monitoring of the action plan, plus ensuring the Trust executes its statutory duties in relation to safeguarding. This meeting is held on a quarterly basis, with North Central London Integrated Care Board designated nurses for child and adult safeguarding as part of core membership, adding to the scrutiny and assurance required.

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 ICB, and five individual Safeguarding Children, and Safeguarding Adults Boards, provide robust challenge in our assessment of compliance with our statutory responsibilities. As part of this, the Trust must meet statutory requirements in relation to disclosure and barring (DBS) checks – all staff employed at the Trust undergo a standard or enhanced DBS check before they are employed. The Trust is committed to ensuring DBS checks are repeated every five years.

All eligible staff are required to undertake relevant safeguarding training, commensurate to their role and in alignment with the respective Intercollegiate guidance for adults and children. The Level 2 training is provided by NHSE e-learning for healthcare, and the Level 3 training is developed and delivered by the safeguarding team which is regularly reviewed to ensure it reflects recent and evidence-based learning, including from statutory reviews. The Trust has a training strategy in place for delivering safeguarding training at appropriate levels, as defined in the relevant Intercollegiate guidance for both safeguarding children and safeguarding adults. Training compliance is monitored within the Trust Integrated Safeguarding Group and at the Trust Quality and Safety Group.

Over the 2024-2025 reporting year, we continued our focus on “Making Safeguarding Personal” and learning from stator reviews to emphasise best practice to maximise protection of service users. We continue to “see the adult, see the child”, with our “Think Family” agenda being continuously embedded within the Trust, and we continue to work collaboratively with partner agencies to safeguard and protect children and adults with care and support needs.

To be proactive in ensuring we continue the “Think Family” and “Professional Curiosity” agenda, two drop-in advice surgeries are delivered weekly by members of the safeguarding team and a colleague from the Mental Health Law hub. One drop-in surgery is specifically for safeguarding and mental health law, the other is specific to domestic abuse and harmful practices. Safeguarding children supervision is also delivered as required for practitioners working in the Trust’s child and adolescent mental health services and Perinatal mental health services.

In December last year, we appointed a safeguarding Practitioner to work across the Trust, this has allowed us to provide training as required to staff who will now be able to offer increased expertise

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to their teams. The presence of this Safeguarding Practitioner has also allowed other staff to dedicate more time to other projects.

The Trust's White Ribbon event continues to be delivered annually, with a successful event in November 2024. Two webinars were also produced for international men's day, focussing on raising awareness of men's mental health and suicide and second one to raise awareness of men's experiences of domestic and sexual abuse. The safeguarding team also delivered other bespoke training to Trust teams as requested, throughout the year.

2.14 Stakeholder Statements and Response to the Quality Account

2.14.5 NHS North Central London Integrated Care Board Statement (NCL ICB)

2.14.6 Joint Statement by Healthwatch Camden and Islington

2.14.7 Joint Health Overview and Scrutiny Committee for North Central London

Commented [GR13]: To be added

2.15 Feedback

If you or someone you know needs help understanding this report, or would like the information in another format, such as large print, easy read, audio or Braille, or in another language, please contact our Communications Department by emailing Communications@candi.nhs.uk.

If you have any feedback or suggestions on how we might improve our Quality Report, please do let us know by emailing nlft.communications@nhs.net

If you would like to give feedback on services at North London Foundation Trust, please email us at nlft.patient.experience@nhs.net or call 020 8702 4700.

2.16 Statement of the Directors' responsibilities for the Quality Report

Commented [GR14]: To be added

Acknowledgements

North London Foundation Trust would like to thank all the staff, service users and partner organisations that contributed to this report.

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