



East London NHS Foundation Trust

Summary of Annual Report and Accounts 2017 - 2018



We care *We respect* *We are inclusive*

CONTENTS

- 2 About This Publication
- 3 Joint Foreword
- 5 Achievements
- 7 Research and Innovation
- 8 Technology
- 10 New Developments
- 11 Staff Developments
- 13 Focus on Children and Young People
- 15 Recovery
- 16 People Participation
- 17 Performance Analysis
- 18 Finance
- 19 Remuneration Report
- 22 Annual Governance Statement 2017/18

Contact Us

The Trust's postal address is:
 Trust's Headquarters
 9 Alie Street
 London
 E1 8DE

Email: elft.communications@nhs.net

About This Publication

This is a summary of the ELFT Annual Report and is only part of the full Annual Report and Accounts for 2017/18.

The Auditors (KPMG) have audited the Trust's financial statements and given an unqualified opinion for the year ending 31 March 2018. They found the Trust's financial statements to be a true and fair view of the Trust's affairs, income and expenditure during this period. And that the Trust's accounts had been properly prepared in accordance

with the Department of Health's Group Accounting Manual 2017/18.

You can download a copy of the full Annual Report and Accounts, which includes the Trust's Quality Report, from the Trust website:
<https://www.elft.nhs.uk/About-Us/Publications>

Or contact the Communications team on **020 7655 4049** or email elft.communications@nhs.net

JOINT FOREWORD

By Chief Executive, Dr Navina Evans, and Trust Chair, Marie Gabriel CBE

We are delighted to introduce our Annual Report for 2017-2018 which sets out how we have performed over the last 12 months to ensure that we are a high-performing and financially-secure Trust, delivering best quality and cost-effective care to our communities.

We started the year by welcoming 270 new community health staff in Tower Hamlets on 1 April 2017. Although 1 April 2017 fell on a Sunday, that didn't stop us setting aside a few hours to visit staff who were working over the weekend to say a personal hello before meeting other teams over the next few days. These teams have been an asset to the Trust from Day One and are at the forefront of developing new approaches to care at home to prevent hospital admissions. Along with community health services in Newham, they have helped to put East London NHS Foundation Trust (ELFT) on the map as an innovative provider of community services. We recently welcomed another cohort of dedicated community health staff, this time in Bedfordshire, who joined us on 1 April 2018.

Being able to provide community health services as well as mental health services means that, along with partner agencies, we can design care pathways that are integrated and make sense to service users: to get the right care for them, in the right place, at the right time.

Our Quality Improvement (QI) Programme has gone from strength-to-strength, playing a critical role in improving the care and treatment we provide. QI is an integral part of how we do things and is used across the organisation. We have particularly focused on reducing incidents of violence, employing the least restrictive interventions when caring for people, reducing harm, improving waiting times and the prevention of pressure ulcers, all with encouraging results. We are committed to continuous improvement towards better outcomes for service users through using this methodology.

In recent months, we have relaunched four Staff Networks who will work with us and service users to ensure that we are a truly inclusive organisation. These are: a Women's Staff Network, a Black, Asian and Minority Ethnic (BAME) Staff Network, a Disabled Staff Network and a Lesbian, Gay, Bisexual, and Transgender (LGBT) Staff Network. They will help us to nurture and grow our talent and develop our strategy and policies. We are proud to have one of the most diverse workforces in the NHS, which is reflected in having a diverse Board team. The Staff Networks will enable us to grow the next generation of leaders.

A key theme during the year was the Trust's "Big Conversation". The Trust was at a point where we needed to take stock, evaluate where we had got to and to plan our strategy for the next five years. The best place to start was by talking to our staff, service users, Governors and Members. So began our "Big Conversation" which involved over 700 people using their combined experience, knowledge and energy to determine the Trust's direction of travel. This culminated in the Trust Board agreeing the following:

The purpose of the Trust is: To improve the quality of life for all we serve.

Our ultimate objective is: By 2022, we will build on our success and lead on the delivery of integrated care. ELFT will do this by working purposefully in collaboration with our communities and partners, always striving towards continuous improvements in everything we do.

In short, these statements determine the Trust's direction and help us to focus on the future. Following on from this work, we have agreed four strategic priorities:

- Improved the Patient Experience
- Improved the Health of Communities
- Improved Staff Experience
- Improved Value.



Dr Navina Evans, Chief Executive and Marie Gabriel, Chair

JOINT FOREWORD

We look forward to making this a reality and are grateful to everyone involved in these discussions for their help in getting us to this point. These are exciting times as we seek to build on our achievements in a complex, and increasingly integrated, health and social care environment. Now, more than ever, we need to work closely with our partners to make the best use of our resources and our respective knowledge to provide optimum support to, and partnership with, our communities.

We would like to acknowledge the incredible contribution of our staff who continually impress us with their thoughtfulness, sensitivity and kindness in dealing with the vulnerable people in their care.

Our dedicated Governors and Members continue to play a crucial role in keeping us grounded and focused on what matters. Governors in particular, have effectively represented the needs of their constituencies in informing our strategy.

The commitment of our service users to become engaged in all aspects of Trust life is unparalleled and has brought us international recognition. We would not be an "Outstanding" Trust without their insights, be it through peer support, interview panels or training, just to mention a few.

We thank everyone involved in supporting the Trust for their unique contribution. We look forward to our continued collaboration as we deliver our new strategy to influence and improve the health and well-being of local people.

The Trust operates from over 115 community and in-patient sites, employs almost 5,500 permanent staff and has an annual income of £390 million.

The main inpatient areas in our localities are:

City and Hackney

City and Hackney Centre for Mental Health
Homerton
London, E9 6SR

Newham

Newham Centre for Mental Health
Glen Road
London, E13 8SP

Tower Hamlets

Tower Hamlets Centre for Mental Health
275 Bancroft Road
London, E1 4DG

Bedfordshire

Mental Health Unit
Calnwood Road
Luton, LU4 0ET

Oakley Court

Angel Close
Luton, LU4 9WT

Community Health Bedfordshire

Archer Unit
Bedford Health Village
Kimbolton Road
Bedford, K40 2NT

Luton

Luton and Central Bedfordshire Mental Health Unit
Calnwood Road
London, LU4 0FB

Community Health Newham

East Ham Care Centre
Shrewsbury Road
London, E7 8QP

Forensic Services:

John Howard Centre
12 Kenworthy Road
London, E9 5TD

Wolfson House

311-315 Green Lanes
London, N4 2ES

Specialist Unit

The Coborn Centre for Mental Health
Cherry Tree Way
Glen Road
London, E13 8SP

There are also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams. The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside a hospital setting.

Achievements and Improvements - Awards

The Trust is proud of the awards it has won and been nominated for over the last year, here are some of the most significant:

Patient Safety Awards 2017

Mental Health – Shortlisted

RCPsych Awards 2017

Psychiatric Team of the Year: Quality Improvement
East London Mental Health of Older People (MHCOP)
Memory Service (winner - November 2017)

UK Rail Industry Awards

Back on Track (KeolisAmey Docklands)
Social Responsibility Category – Winner

World Illustration Award

QI Visibility Wall at Newham Centre for Mental Health
(Jonny Glover) Site Specific Professional Category – Winner

Bedfordshire Junior Young Person of the Year (YOPEY) Award

CAMHS Service Users, Roshni Patel (December 2017)

Royal Television Society North West Awards 2017

Best Learning or Education Programme (November 2017) Film series: When I Worry About Things

HSJ Awards 2017

Butabika Link: International Health Partnership –Winner (November 2017)

Rail Business Awards (January 2018)

Customer Service Excellence Award 2018
The 'Back on Track' project run by the Trust and KeolisAmey Docklands, the operator of the Docklands Light Railway

Achievements and Improvements - Patient Care and Stakeholder Relations



Our QI programme launched five years ago. With most services and teams involved in a QI project, QI has become a mainstream part of the work of the Trust. As projects are led by staff and areas of potential change are identified by teams, the impact and benefits to patients are immediate and sustained as it involves everyone.

Violence reduction - Mental health teams across the Trust have embraced the violence reduction programme introduced in the last 12 months, and looked at ways to better manage these issues. But more importantly, to anticipate and prevent incidents by acting on small changes in behaviour that could become more serious. This has led to a change in culture on all our wards which has resulted in a safer, calmer environment for inpatients and staff. It is a key step in helping the Trust to meet its pledge to reduce seclusion, restraint and other forms of restrictive practice

The Big Conversation – During the summer of 2017/18 our staff took part in the biggest face-to-face engagement exercise this Trust has ever under taken –

the Big Conversation. About 800 staff and patients told us what they thought ELFT was good at and what we should be known for in the future. We have analysed the feedback and discussed this with Directorate Management Teams (DMTs), the Council of Governors and the Trust Board. Now this feedback has been used to inform ELFT's emerging strategy and a new mission 'To improve the quality of life for all we serve'

Focus on recovery – As part of its commitment to recovery principles the Trust has rolled out a revolutionary new approach to patient assessment using the DIALOG approach. This focus on the goals and aspirations of service users and works with them to identify the steps needed to reach these. Patients and carers have been involved in designing the new programme, and in delivering the training to staff. Alongside this there are now Recovery Colleges in place across the whole Trust, and a quality improvement workstream dedicated to re-shaping community mental health services and delivering truly recovery focused care.

Enjoying Work - The aim is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users.



Achievements and Improvements - Integrated care

The Trust now provides community health care in many of the areas where it provides mental health care. This enables teams to develop bespoke care packages for service users across all services to ensure they get the right care in the right place at the right time. With easy access to fellow professionals, staff can provide better support to people with both physical health and mental health issues.

Community teams work closely with health and social care providers in each borough or county to improve the way people with long-term conditions are supported, to prevent the need for hospital admission.

During its first year in ELFT, the Tower Hamlets Community Learning Disabilities Service has

introduced changes to focus on enabling people with a learning disability to reach optimum health. There is a strong focus on prevention, anticipating health issues and being proactive when the health of an individual changes. Being part of ELFT means mental health care is more joined up as both services share the same electronic records and know who is involved in supporting families.

Edwin Ndlovu, Service Director, is pleased with the progress made. *"The team has risen to the challenges and changes over the last 12 months. We are still on our journey to refining how we support families in Tower Hamlets. But what I do know is that we have an amazing team here who are committed to getting it right. Thank you."*

Research and Innovation



The Trust supports a wide range of research activities. Most activities are conducted in collaboration with the academic partners at Barts Health and the London School of Medicine & Dentistry, Queen Mary University of London, and City University London.

Particular successes of research in the Trust during 2017/18 included two new large Research Programmes started that were awarded to the Trust:

- A National Institute for Health Research (NIHR) Programme Grant for Applied Research (PGfAR) called TACKling chronic depression - adapting and testing a technology supported patient-centred and solution-focused intervention (DIALOG+) for people with chronic depression, or TACK
- A second NIHR PGfAR called Improving quality of life and health outcomes of patients with psychosis through a new structured intervention for expanding social networks, or SCENE

In 2017/18 there was also the start of a NIHR Global Health Research Group. It is led by Prof Stefan Priebe and run in partnership by Queen Mary University of London, and the Trust. It focuses on developing psychosocial interventions for mental health care in Low- and Middle-Income Countries (LMICs), exploring the potentials of DIALOG+, family involvement in care, and befriending through volunteers for patients with severe mental disorders in Bosnia-Herzegovina, Colombia and Uganda.

ELFT has also been awarded an NIHR Health Technology Assessment (HTA) grant called Effectiveness of group arts therapy for diagnostically heterogeneous patients: Randomised controlled trial in mental health services, or ERA. The study will begin in September 2018.

The Unit for Social and Community Psychiatry is a designated World Health Organization (WHO) Collaborating Centre. The Unit is the only WHO Collaborating Centre specifically for 'mental health services development' in the world and is one of a small network of selected centres that are involved in writing the European Mental Health Action Plan. It is based at the Trust's Newham Centre for Mental Health.

Technology



New Care Programme Approach

The Trust has rolled out a new approach to patient assessment using DIALOG. This focuses on the individual goals and aspirations of service users and works with them to identify the steps needed to reach these. Patients, staff and carers have been involved in designing the new programme, and in delivering the training to staff.

eCorrespondence

We rolled out eCorrespondence in November 2017 to East London RiO users which resulted in 30,000 documents [DIALOG+ careplans, appointments letters, discharge summaries] being sent electronically directly from RiO into the patient's GP EMIS record. This will improve patient care by sending clinical correspondence in real-time resulting in better communication to support informed decision-making. This initiative will also save administrative time for both ELFT and GP practice staff freeing them up to spend more time focusing on the service user.

NHS.net Email

The Trust has migrated all staff over to the NHS.net email system. This will bring savings to the Trust and mean that staff can access their email from any location where there is Wi-Fi.

Summary Care Record

The Summary Care Record works alongside information-sharing channels through established local integrated care records, so that patients benefit from the care professionals involved in their care having access wherever the patient is treated across the NHS in England. This enables health professionals to support people accessing care outside their local area: e.g. when away from home or those living close to geographical healthcare boundaries.

There have been 132,000 viewings per week across the NHS. That's one view every 4.5 seconds and 13 views every minute. There have been 2,732 viewings in ELFT (as at January 2018).

Mobile Working

Community Locality Teams in Tower Hamlets and Newham are benefiting from mobile working using hand-held devices. This means that staff can record actions from visits straight away on the EMIS system and see previous interventions, comments and decisions. This will ensure that patient care is based on fact and in-the-moment information, and will reduce the time staff spend writing up their notes back at their offices. Three hundred iPads have been deployed to these staff groups since December with 14,000 mobile consultations carried out to date.

Dr Navina Evans went on some visits with a district nurse to see the technology in action. She said *"Great to see EMIS mobile in action and grateful to the patients who welcomed me into their homes and gave valuable feedback."*



New Developments

Adult and Older People's Mental Health Services Now One



These services were previously managed in separate Directorates but have now been brought together. This means that transition for patients to services for older people is more joined up with shared systems, and teams can work with an individual according to need rather than age.

Buddying Up With Norfolk and Suffolk NHS Foundation Trust (NSFT)



In October 2017, East London NHS Foundation Trust (ELFT) was asked to buddy with Norfolk and Suffolk NHS Foundation Trust (NSFT) who provide mental health services, substance misuse and learning disability services in East Anglia. There have been two-way visits to share good practice and strategies to improve care, performance and staff morale with both organisations learning from each other.

Expansion of Crisis Services

City and Hackney have expanded their crisis services, and now consist of the City Mental Health Street Triage service, a 24-hour crisis helpline number, a crisis café, a service users' network, and a direct referral number all of which aim to reduce A&E attendance and provide alternative forms of support for people with mental health issues.

The Street Triage service is provided in partnership with the City of London Police. The team attend incidents together where information suggests that there are issues relating to mental health involved in the 999 call.

Bedfordshire Community Health Services

Bedfordshire Community Health Services joined the Trust on 1 April 2018. ELFT is working in partnership with Cambridgeshire Community Services NHS Trust (CCS) who will provide services to children and young people. ELFT will provide services to adults and older adults over a five-year contract period.

Tower Hamlets Community Health Services

On 1 April 2017, the Trust welcomed 300 staff working in community health services in Tower Hamlets who transferred from Barts Health to the Trust.

Foot Health Services

The Foot Health Service has moved to a new model of care to focus on patients who have high-risk conditions that could lead to serious foot issues. Workshops have been established to offer training to patients and carers about looking after their feet.

Staff Developments

Breaking the Rules

"Breaking the Rules" is a series of activities led by the Quality Improvement team asking staff to think about things in their working life that impedes their progress, gets in the way or delays them in carrying out an intervention. Staff are invited to submit ideas via email, suggestions boxes or in a mobile video igloo which visited a range of sites.

Apprentices

We have been pleased to welcome more than 100 Apprentices into our services to help them to develop a career in local health services. The Apprentice scheme is available to non-graduates of any age. Apprentice schemes are also available to existing staff to help them to gain qualifications and develop their skills.

Breakfast With Navina

Dr Navina Evans is connecting with front-line staff through informal Breakfast with Navina sessions at sites across the Trust. These provide a relaxed setting for staff to talk about their work, issues, highlights and obstacles and to ask questions. They are an opportunity for Navina to test ideas, share her thinking and hear ideas from staff.



Staff Networks

The Trust established four staff networks on 31 March 2018 and appointed sponsors and leads for BAME, Women, Disabled staff and LGBT. The Women's Network lead conducted an exclusive interview with the Chief Executive and Chair, published in two instalments on the Trust intranet for staff, in recognition of ELFT's unusual position in have two BAME women in the most senior leadership positions.

Staff Awards

Our Staff Awards event took place in November 2017 at The Barbican. The event opened with the ELFT Beats drummers who were part of the 2012 Olympic Games. As always, the event was uplifting with many unsung heroes in the Trust being honoured for their contribution to ELFT.



Staff Flu Protection

In this year's flu campaign, we wanted to encourage as many staff as possible to get vaccinated to protect themselves and others from catching the flu. We matched last year's flu uptake with 67% of staff getting their flu jab this winter. Staff in the Newham directorate did the best, vaccinating 89% of staff. As an incentive, ELFT agreed to fund a UNICEF vaccination for every flu jab taken up by a staff member resulting in a donation of £10,000.

Focus on Children and Young People

Bedfordshire CAMHS School Project

The Bedfordshire CAMHS schools project has become well embedded across Central Bedfordshire and Bedford Borough following an earlier successful pilot project in Bedford Borough. CAMHS Practitioners are embedded in Upper Schools and work closely with School pastoral care teams, including Special Educational Needs Co-ordinators and School Nurses to provide a fast, bespoke response to children and young people presenting with mental health problems.

CAMHS Film Showcase

A series of films have been made by CAMH services across the Trust which have involved clinicians and young people speaking about their experience of mental health difficulties.

The films are moving and hard-hitting and incorporate the voice of young people throughout. Screenings of the films have taken place at the Curzon Cinema in Aldgate and at the Vue Cinema in Bedford to an audience made up of young people, parents / carers and professionals including CAMHS colleagues, social care staff, hospital paediatric staff, education staff and other groups.

Community Eating Disorders Services for Children and Young People

In 2016, commissioners provided funding for two new community eating disorders services for children and young people: one serving East London and the other

serving Luton and Bedfordshire. The services are now well established and have significantly improved the detection and treatment of eating disorders in young people and reduced the number of hospital admissions.

Sol Campbell Visits CAMHS



Former England international footballer Sol Campbell met young service users in City & Hackney CAMHS to talk about the 'crossroads moment' that led to him pursuing football. The visit was part of a radio piece for the BBC Today Programme. Sol, who grew up in Plaistow was accepted onto a football training programme at the age of 14. He spoke candidly about the value of hard work, goal-setting and ambition that led him down the path of football.





Galaxy Ward

In December 2017, there was a major addition to our CAMHS inpatient care provision with the opening of Galaxy Ward, a new 12-bed adolescent PICU for London. Galaxy Ward forms part of the Coborn Centre for Adolescent Mental Health provision and is located adjacent to the original Coborn building.

Feedback about the unit has been positive. *“My 16 year old suffered a major mental health crisis. Due to his ASD and history, lots of units refused to help him.*

The Coborn Centre offered to take him when others wouldn't on their new Galaxy Ward. Their holistic approach to his meds and his treatment was just what was needed and their patience and understanding helped to put our family back together and give him the courage to go forward and smile again. I can't thank the staff enough for giving him this opportunity to recover in a safe environment. Their work is life changing.”

We care We respect We are inclusive

Recovery

As part of its commitment to recovery principles the Trust has rolled out a revolutionary new approach to patient assessment using the DIALOG approach.

This focuses on the goals and aspirations of service users and works with them to identify the steps needed to reach these.

Patients and carers have been involved in designing the new programme, and in delivering the training to staff.

Alongside this there are now Recovery Colleges in place across the whole Trust, and a quality improvement workstream dedicated to re-shaping community mental health services and delivering truly recovery focused care.



We care We respect We are inclusive

People Participation



The People Participation Team operates throughout the Trust to ensure that service users, carers and our local communities are actively involved in the planning, development and effective delivery of all Trust services.

People Participation highlights:

Back on Track DLR project

The award-winning Back on Track Docklands Light Railway (DLR) project has provided training to DLR staff to support people with mental health or psychological difficulties which affect their confidence and approach to using public transport.

Met Police Mental Health Awareness Training

The People Participation Team will be providing bespoke mental health training to the Police to enhance their understanding from the individual's point of view and give them strategies and tips to manage the situations they are called to.

Mental Health Awareness training has also been provided to the East London Business Alliance and Job Centre Plus.

Transport for London (TfL) / Crossrail suicide prevention work

The Trust will be providing input into staff training to identify high-risk behaviour, provide strategies and role-play for staff to intervene effectively and manage high-risk situations.

Playing On

The Playing On Theatre Project using drama techniques to co-produce training and awareness for our staff, service users and community.

PRIDE research

Research is underway to look at the benefits and positive impact of service user involvement on individual recovery (led by service user researchers).

Performance Analysis



How the Trust Measures Performance

The key ways in which the Trust measures performance is as follows:

- NHS Improvement Single Oversight Framework
- Performance against national targets
- Performance in national staff and patient surveys
- Performance against contract targets, including Commissioning for Quality and Innovation (CQUIN) targets
- Quality measures under the domains of patient safety, clinical effectiveness and patient experience
- Outcomes of quality improvement projects, including progress against the Trust's key priorities of violence reduction, pressure ulcers, physical health and access

- Key financial and workforce targets
- Service user and carer experience
- Outcomes of Care Quality Commission (CQC) inspections.

Progress in these areas is monitored by the receipt and scrutiny of the following reports at directorate, executive, committee and Trust Board-level:

- Performance and Compliance Report
- Quality Report
- Finance Report
- Workforce Report
- Specific reports on national survey results and other periodic results.

Performance of the Trust in 2017-2018

The overall performance of the Trust can be summarised as follows:

Category	Indicator	Performance
NHS	Single Oversight Framework segmentation	2
Improvement	(1-4 with 1 being the best)	
Care Quality Commission (CQC)	Overall rating (either "inadequate", "requires improvement", "good" or "outstanding")	Outstanding
National targets	National targets relevant to mental health and community services	Fully compliant

More detailed analysis of the Trust's performance can be found in the following sections of this report:

- Financial review
- Our Workforce
- Quality Account Report

Information about environmental matters and information about social, community and human rights issues including information about any Trust policies is contained within the Public Interest Disclosures.

Finance

Audited Annual Accounts for the year ended 31 March 2018

The Trust received £390m of income in 2017-2018. The table below provides an analysis of the income as reported in the accounts with comparators for the previous financial year.

Statement of Comprehensive Income for the year ended 31 March 2018

	2017/18	2016/17
	£000	£000
Income from Activities		
Clinical Commissioning Groups and NHS England	338,963	312,188
Department of Health	-	349
Foundation Trusts	2,799	3,162
Local Authorities	16,221	21,558
NHS Trusts	5,999	4,166
Non-NHS: Overseas patients (chargeable to patient)		
NHS Other	-	159
Non-NHS Other	2,820	-
	366,904	341,853
Other Operating Income		
Education and Training	9,890	11,186
Research and Development	1,403	1,522
Receipt of capital grants and donations	-	-
Rental revenue from operating leases	523	463
Other Income	5,507	
	23,364	17,596
Total Operating Income from Continuing Operations	390,268	359,449

Remuneration Report

For the purposes of this report, the disclosure of remuneration to senior managers is limited to Executive and Non-Executive Directors of the Trust.

Trust Board Appointments and Remuneration Committee

Details relating to the purpose and composition of the Appointments and Remuneration Committee are set out in the Appointments and Remuneration Committee pages of this report.

Annual Statement on Remuneration

Executive Directors' salaries are decided by the Appointments and Remuneration Committee taking into account the requirements of the role, benchmarking information, individual and Trust performance, and the financial circumstances relating to the Trust performance and those relating to the Trust as a whole. Individual performance bonuses are not paid to Executive Directors.

No individual is involved in any discussion or decision regarding their own pay.

Very Senior Manager (VSM) pay is used in the Trust for Executive Directors. This enables pay at higher rates than Agenda for Change pay rates and is the most common reward mechanism for senior staff in the NHS. An incremental scale for Executive Director posts on VSM was introduced in 2014-2015 as a more structured way of determining executive director pay, and provides an incremental scale in line with other NHS reward schemes and simplifies decision-making on the level of reward. The incremental scale was reviewed in 2017-2018 to align the incremental gaps with other incremental pay scales in use in the Trust. Incremental advancement along the scale is based on the Committee being satisfied with overall performance of the Executive Team based on an evaluation report submitted by the Chief Executive.

In 2017-2018 the Appointments and Remuneration Committee decided to award incremental advancement for Executive Directors paid on VSM pay, but did not award a cost of living rise of 1% to be applied to the salary scale.

Salary	An incremental scale is available for senior managers on VSM	Minimum £121,120	Maximum £136,350
Additional annual leave	Additional annual leave is available as an alternative to increase in salary	1 day per annum	5 days per annum

Senior Managers' Remuneration Policy

This is the current policy on senior managers' remuneration. The VSM pay scale has been reviewed in the financial year 2016-2017 and implemented in the financial year 2017-2018.

Salary is the key remuneration component of the overall reward package for all staff and is designed to support the long-term strategic objective of recruiting and retaining appropriately educated, trained and motivated staff.

Additional annual leave as an alternative to salary increase is available as part of the overall reward package for Executive Directors and is designed to support the strategic objective of ensuring our staff are engaged and empowered to deliver the highest quality of service. It recognises that non-financial reward provides an important mechanism to recognise performance.

Both these policies reflect policies available to all staff in the Trust who are employed on incremental pay scales and have access to additional annual leave as a reward for near perfect attendance.

The primary performance measurement for awarding of incremental advancement is an annual appraisal conducted by the Chief Executive for the Executive Directors and by the Trust Chair for the Chief Executive. Performance is assessed against individual objectives and the overall performance of the Trust.

The Appointments and Remuneration Committee has the discretion to vary starting salary on VSM pay in line with skills, experience and market conditions.

As a high-performing Trust, ELFT regularly reviews VSM and remuneration policies thoroughly through the Appointments and Remuneration Committee. ELFT's policy is to successfully attract and recruit well qualified, experienced executives, including clinicians, into the most senior leadership positions. In order to do this and remain competitive some Executive Team members are paid on medical consultant pay scales with enhancements. ELFT has a strong track record of developing its own talent and has an executive remuneration policy that has enabled a flexible and autonomous approach with full accountability to the Board.

There are no other future policy decisions on pay planned.

Remuneration Report

Non-Executive Directors Remuneration for Non-Executive Directors	Other fees payable
£51,005 per annum (Trust Chair)	No other fees are payable to Non-Executive Directors
£15,150 - 1,7675 per annum (Other Non-Executive Directors)	No other fees are payable to Non-Executive Directors

Service Contracts Obligations

Policy on Payment for Loss of Office

All Executive Directors have permanent contracts of employment with the Trust. Executive Directors are required to give three-to-six months' notice to terminate their employment contracts.

In the employment contract for Executive Directors there is discretion to terminate employment with immediate effect by paying a sum in lieu of notice equal to basic salary, only subject to prior deductions for tax and national insurance contributions excluding any element in respect of holiday entitlement that would have accrued during the period for which the payment is made.

Salaries and Allowances

The remuneration arrangements for both Executive and Non-Executive Directors including the Trust Chair are set out within the Accounts section of this report. Pension information for Executive Directors is also provided in this section. Non-Executive Directors' remuneration is non-pensionable.

The remuneration of the Trust Chair and Non-Executive Directors is reviewed by the Nominations and Conduct Committee of the Council of Governors and set by the Council of Governors.

There was no compensation paid to any past or current members of the Trust Board Directors during the year.

Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust

Remuneration comparisons are undertaken on an annual basis with other mental health trusts in London and across the Foundation Trust Network. This comparison is also used to benchmark salaries when new posts are recruited to.

When decisions about incremental advancement and remuneration for Executive Directors and Non-Executive Directors are made information is provided about pay and conditions for staff employed on Agenda for Change contracts and Medical and Dental Staff terms and conditions of service.

Annual Report on Remuneration Service Contracts

Non-Executive Directors are appointed for fixed terms as set out in the Directors' report. The dates of Executive Director appointments are listed below:

Details of staff paid via off-payroll arrangements are set out in the Accounts.

Remuneration Report

Name	Executive Director Post	Date of Appointment	Notice Period
Dr Navina Evans	Chief Executive	1 August 2016	6 months
Paul Calaminus	Chief Operating Officer	1 March 2017	3 months
Steven Course	Chief Financial Officer	1 June 2015	3 months
Mason Fitzgerald	Director of Corporate Affairs	1 February 2014	3 months
Dr Paul Gilluley	Chief Medical Officer	1 March 2018	6 months
Lorraine Sunduza	Interim Chief Nurse	25 September 2017	3 months
Dr Mohit Venkataram	Director of Commercial Development and Performance	1 November 2016	3 months
Sandra Drewett	Director of HR and Organisational Development	19 October 2017	3 months
Richard Fradgley	Director of Integrated Care	19 October 2017	3 months
Amar Shah	Chief Quality Officer	19 October 2017	3 months
Jonathan Warren	Chief Nurse/Deputy CEO	1 August 2010	3 months
Dr Kevin Cleary	Chief Medical Officer	1 June 2011	3 months

Details of staff paid via off-payroll arrangements are set out in the Accounts.

Director Expenses

There was a total of £3,288.50 of expenses claimed for 2017-2018 financial year. All expense claims are made and processed in line with Trust policy.

Annual Governance Statement 2017/18

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks against the achievement of the organisation's policies, aims and objectives of East London NHS Foundation Trust, and to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2018 and is up-to-the date for the approval of the annual report and accounts.

The Trust Board are accountable to the Independent Regulator NHS Improvement for performance and control issues, and submits regular monitoring returns and exception reports to NHS Improvement in accordance with the Single Oversight Framework.

3. Capacity to handle risk

The Audit Committee has delegated responsibility for ensuring the Board Assurance Framework is well maintained, and other Board committees review risks relevant to their terms of reference. Directorate Management Team meetings review their directorate risk registers.

The Chief Nurse has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Associate Director

of Governance and Risk, who leads and manages the Trust's Assurance Department. All Directors have responsibility to identify and manage risk within their specific areas of control, in line with the management and accountability arrangements in the Trust. Directorates have identified leads for risk management.

The Assurance Department provides support to directorates and departments on all aspects of effective risk assessment and management. The Department maintains the Trust's incident and risk reporting system, and risk registers. The Department also has a vital role in training, which is given to staff on induction and regular training opportunities are provided to staff at all levels, including root cause analysis training.

The Assurance Department is responsible for the dissemination of good practice and lessons learned from incidents or near misses. Good practice is disseminated within the Trust through information sharing, cascading of information via the groups and committees included in the healthcare governance framework, maintenance of the incident register and consequent learning from such incidents.

4. The risk and control framework

Key elements of the Risk Management Strategy

Attitude to, and management of, risk is embedded within the Trust's Risk Management Strategy. The strategy and related procedures set risk management activities within a broad framework within which the Trust leads, directs and controls its key functions in order to achieve its corporate objectives, safety and quality of services, and in which it relates to patients, staff, the wider community and partner organisations. The Trust has a Board Assurance Framework in place which provides a structure for the effective and focused management of the principal risks to meeting the Trust's key objectives. Risks are assessed by using a 5x5 risk matrix where the total score is an indicator as to seriousness of the risk.

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these

Annual Governance Statement 2017/18

cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board at each meeting in public.

The Trust has quality governance arrangements in place. The Chief Quality Officer is the executive lead for quality. The Trust has a Quality Strategy and the Trust Board receives a regular report on quality issues at each meeting. The quality of performance information is assessed through the Information Governance Toolkit and through the annual Quality Account's audit. Assurance on compliance with CQC registration requirements is obtained through the role of the Quality Assurance Committee, the performance framework, and from the Trust's own schedule of unannounced visits to services.

Embedding risk management in the activity of the organisation

Risk management is embedded throughout the Trust's operational structures, with emphasis on ownership of risk within the directorates and a supporting role by the Assurance Department.

Directorates are responsible for maintaining their own risk registers, which feed into the Trust's corporate risk register. The local risk registers are reviewed at Directorate performance meetings that are held on a monthly basis. The Assurance Department receives risk registers from Directorates, as well as copies of committee and sub-group meetings throughout the Trust. Directorate representatives attend key committees of the healthcare governance framework, ensuring formal channels of reporting, wide staff involvement, and sharing of learning. The implementation of incident and other risk-related policies and procedures throughout the organisation ensure the involvement of all staff in risk management activity.

During 2017-2018 our focus remained on the integration of Luton and Bedfordshire services, as well as the acquisition of Tower Hamlets and Bedfordshire community health services.

Involvement of public stakeholders

Risks to public stakeholders are managed through formal review processes with the Independent Regulator (NHS Improvement) and the local

commissioners through joint actions on specific issues such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health and Overview Scrutiny Committees. The Council of Governors represents the interests of members and has a role to hold the Trust Board to account for the performance of the Trust.

Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the CQC. The Trust underwent a two-week announced inspection by the CQC in June 2016 and was rated "Outstanding".

The CQC carried out an inspection of Luton and Bedfordshire services in October 2017, and no significant concerns were raised.

The CQC is completing a CQC Well-Led review in April 2018. The Trust has had a preparation programme in place, including mock inspections of services and Board Development events.

NHS Pension Scheme

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

Equality & Diversity

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

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Acts and the Adaptation Reporting requirements are complied with.

Foundation Trust Governance

As an NHS Foundation Trust, the Trust is required by its licence to apply relevant principles, systems and standards of good corporate governance. In order to

Annual Governance Statement 2017/18

discharge this responsibility, the Trust has a clear and effective Board and Committee structure, which is regularly reviewed. Responsibilities of the Board and Committees are set out in formal terms of reference, and responsibilities of directors and staff are set out in job descriptions. There are clear reporting lines and accountabilities throughout the organisation.

The Board receives regular reports that allow it to assess compliance with the Trust's licence: i.e. the Board receives finance reports and performance and compliance reports at each meeting. Individual reports address elements of risk, such as reports on safe staffing levels. This enables the Board to have clear oversight over the Trust's performance.

As part of its submission of the 2017-2018 Operational Plan, the Trust submitted to NHS Improvement a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above, and through regular review of governance developments as part of the Board development programme.

The Trust has developed integrated reporting throughout the year in order to give the Board better oversight of strategic performance and risk issues.

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

As Accounting Officer, I have responsibility for ensuring economy, efficiency and effectiveness of the use of resources. Performance in this area is monitored by the Trust Board on a regular basis. The Trust Board discusses and approves the Trust's strategic and operational plans, taking into account the views of the Council of Governors. The operational plan includes the annual budgets. Throughout the year, the Trust Board receives regular finance and performance reports, which enable it to monitor progress in implementing the operational plan and the performance of the organisation, enabling the Board to take corrective action where necessary, and ensure value for money is obtained. The in-year resource utilisation is monitored by the Board and its committees via a series of detailed reports covering finance, activity, capacity, human resource management and risk.

Performance review meetings assess each directorate's performance across a full range of financial and quality

metrics which, in turn, forms the basis of the monthly performance and compliance report to the Service Delivery Board.

The key processes embedded within the Trust to ensure that resources are used economically, efficiently and effectively, centre on a robust budget-setting and control system which includes activity-related budgets and periodic reviews during the year which are considered by executive directors and the Trust Board. The budgetary control system is complemented by Standing Financial Instructions, a Scheme of Delegation and Financial Approval Limits.

As Accounting Officer, I have overall accountability for delivery of the Annual Plan and I am supported by the Executive Directors with delegated accountability and responsibility for delivery of specific targets and performance objectives.

I am also supported by the work of Internal Audit who, in carrying out a risk-based programme of work, provide reports on specific areas within the Trust and make recommendations where necessary. The work of Internal Audit, and the progress of implementing their recommendations, is overseen by the Trust's Audit Committee.

During the year, Jonathan Warren, Chief Nurse, and Dr Kevin Cleary, Chief Medical Officer, left the Trust. Dr Paul Gilluley has been appointed as Chief Medical Officer. Lorraine Sunduza has been appointed as Interim Chief Nurse. The Board has a series of development events during the year, and carried out an annual review of its effectiveness in January 2018, using the CQC Well-Led Framework.

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Interim Chief Nurse is the Executive Director lead for Information Governance, and is supported by key staff within the Assurance Department and directorate leads. The Trust has a nominated Caldicott Guardian (Chief Medical Officer) and a Senior Information Risk Owner (Chief Financial Officer). Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Trust Board receives reports on compliance with the Information Governance Toolkit.

There were four information governance incidents

Annual Governance Statement 2017/18

during 2017-2018 that were reportable to the Information Commissioner. The incidents involved: papers being stolen from a car; 29 appointment letters sent to one patient; a report sent to external NHS staff in error; and contact details of 43 patients sent to one patient through the hybrid mail system. Three of the four incidents have been investigated and action plan put in place to reduce the likelihood of reoccurrence, including training and support to staff. The incident regarding the hybrid mail system is currently being investigated. No sanctions have been issued by the Information Commissioner.

The Finance, Business and Investment Committee considers the cyber security policies and procedures to ensure that they are fit for purpose. The Committee also oversaw the response to the May 2017 Wannacry ransomware attack, and gained further assurance that controls are in place.

6. Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Chief Quality Officer is the executive director lead for the Quality Report, and work is coordinated by the Trust's Quality Committee, which reports to the Board's Quality Assurance Committee.

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2018-2019; and performance against quality indicators for 2017-2018. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

The Trust has a Quality Strategy which has been approved by the Trust Board. The quality priorities for 2018-2019 have been developed in conjunction with senior clinicians and managers, the Council of Governors and service user groups. They form part of the Trust's strategy which was approved at the February 2018 Trust Board meeting.

The Trust undertakes a major Quality Improvement

programme, and is using an external partner, the Institute of Healthcare Innovation, to support the programme and build capacity of staff to deliver locally led quality improvement initiatives.

There are controls in place to ensure that the Quality Report is an accurate statement of the Trust's performance during the year. Information regarding the Trust's performance is produced by the Trust's performance management systems, and is regularly reported to the Board and performance management meetings throughout the year. The Trust's Performance Management Framework has been reviewed by Internal Audit and has received a substantial assurance opinion.

7. Review of effectiveness

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

I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports.

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

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2017-2018 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

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

Annual Governance Statement 2017/18

The effectiveness of the system of internal control is guaranteed by ensuring clear duties and accountability are allocated to each part of the healthcare governance framework, and to individuals within the framework.

The Board receives the Board Assurance Framework at each meeting, receives reports from the Quality Assurance Committee and from the Audit Committee, and notes minutes from key committees and groups within the framework. Reports submitted to the Board identify risk and are linked to the Board Assurance Framework, where relevant.

The Audit Committee is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management. It approves the annual audit plans for internal and external audit activities, receives regular progress reports and individual audit reports, and ensures that recommendations arising from audits are actioned by executive management. The Audit Committee receives the minutes of the Quality Assurance Committee and the Chair of the Quality Assurance Committee, who is an independent Non-Executive Director, is a member of the Audit Committee.

The Trust has an in-house Counter Fraud service in place, in line with the NHS Standard Contract. The Audit Committee receives regular reports from Counter Fraud services.

The Audit Committee has delegated responsibility for the Board Assurance Framework, and other Board Committees review risks relevant to their terms of reference. There is shared membership between the Audit and Quality Assurance Committees via Internal Audit, the Chief Financial Officer, the Director of Corporate Affairs and the Chair of the Quality Assurance Committee. The Quality Assurance Committee receives the minutes of the Quality Committee.

The Quality Committee integrates the processes of clinical governance and risk management. It receives reports from working groups, and reviews risk with the Chairs of these groups. It considers the clinical audit plan and receives and discusses individual clinical audit reports, ensuring that appropriate action is being taken to address areas of under-performance. Executive Directors chair officer committees and groups, with managers from various disciplines and from various services participating in these groups. The Quality Committee reports to the Quality Assurance Committee, and also has links to the Service Delivery Board.

Internal Audit services are outsourced to RSM UK,

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

Directors ensure that key risks have been identified and monitored within their directorates and the necessary action taken to address them. Directors are also directly involved in producing and reviewing the Board Assurance Framework, and attend the Audit and Quality Assurance Committees to report on risk within their areas of control.

The interests of patients, clients and other stakeholders is given authority by inclusion of representatives on various groups of the Trust, as well as the role of the Council of Governors.

The Trust's regular reporting to NHS Improvement provides additional assurance with regard to the Trust's governance arrangements and compliance with the Trust's provider license.

The net result of these processes is that risk is assessed systematically, with internal reviews ensuring checks and balances, a local chain of reporting which ensures follow-through of recommendations and actions, and wide staff involvement ensuring effective communication throughout the Trust.

Internal Control Issues

During 2017-2018, the Trust's Internal Auditors have not given any no assurance reports. They issued four reports where they provided partial assurance over the design and application of the controls in place to manage the identified risks:

- *Workforce information*
- *Data quality – complaints*
- *Board Assurance Framework and Risk Management*
- *Financial Accountability, Reporting and CIP*

In order to address the issues raised in these reports the following action has been taken:

- **Workforce information** - formal procedures have been developed for the compilation of workforce information, and updated spreadsheets have been issued for the calculation of appraisal rates. The Trust is also reviewing the workforce information systems

Annual Governance Statement 2017/18

currently in use.

- **Data quality and complaints** - refreshed guidance was introduced in order to determine whether extensions to complaints' investigation should be granted, and an assurance process put in place. Data quality policies have also been introduced for this area.
- **Board Assurance Framework (BAF) and Risk Management** - the BAF has been refreshed in-line with the new Trust strategy, and work has been undertaken to improve the quality of directorate risk registers. The Risk Management framework is being updated in order to ensure more effective risk management practice.
- **Financial accountability, Reporting and Cost Improvement Plans** - the Quality Impact Assessment process is being reviewed. The Trust is also strengthening the budget manager sign-off process and training for budget managers.

Progress against outstanding actions will be monitored by the Audit Committee.

The Trust's Board Assurance Framework (as of 31 March 2018) has four red-rated risks:

- *It fails to recruit high quality staff*
- *The Trust may not maintain financial viability if: a) the short-term impact and potential lack of achievability of Cash Releasing Efficiency Savings (CRES) requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as Sustainability and Transformation Funding (STF)*
- *The Trust may not maintain financial viability if: b) the long-term impact and potential lack of achievability of CRES requirements over the next five years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.*
- *Agreement via consultation with commissioners, the public and other stakeholders may not be granted in time to execute major plans, which should result in reduced expenditure and a more efficient delivery of service*

Action plans are in place and are summarised in the BAF. These risks are regularly monitored by the relevant Committees and the Trust Board.

In addition, not all risks were reduced to their risk appetite score by the end of the year. The Board is refreshing the BAF and the Risk Appetite Statement for the new financial year and accompanying action plans are being put in place to ensure improvement in this area.

8. Conclusion

The Trust has an adequate and effective system of internal control, and the specific internal control issues detailed above are being addressed through robust action plans. No significant control issues have been identified, and the control issues identified in this statement have action plans in place to address them.

The Audit Committee, Quality Assurance Committee, Finance, Business and Investment Committee, and the Trust Board will continue to monitor these areas closely and agree additional action as required.

Paul Calaminus
Acting Chief Executive Officer



For free translation phone

Për një përkthim falas telefononi

للترجمة المجانية الرجاء الاتصال هاتفياً

বিনাখরচে অনু বাদের জনস্ টেলিফোন করুন

Za besplatne prevode pozovite

欲索取免費譯本，請致電

Pour une traduction gratuite, téléphonez

Για δωρεάν μετάφραση, τηλεφωνήστε

મફત ભાષાં તર માટે ફોન કરો

निःशुल्क अनुवाद के लिए कृपया फोन कीजिए

بو ته رجومه كردنى به خورايى ته له فون بكه بو

Dël nemokamo vertimo skambinkite

സൗജന്യമായ തർജ്ജിമയ്ക്കായി ബന്ധപ്പെടുക

Po bezpłatne tłumaczenie prosimy dzwonić

Para uma tradução grátis, telefone

મુ ુ ્રુ ળાદ લઈ ્રે ઠ વરે

Перевод – бесплатно. Звоните

Para obtener una traducción gratuita llame al

Turjubaan bilaash ah kala soo hadal telefoonka

இலவச மொழிபெயர்ப்புக்கு தொலைபேசி செய்யவும்

Ücretsiz çeviri için telefon edin

Để có bản dịch miễn phí hãy điện thoại

مفت ترجمے کے لئے فون کریں

Also for Audio, Large Print and Braille, phone

0800 952 0119

© The Language Shop

We care

We respect

We are inclusive