



# East London NHS Foundation Trust

## Summary of Annual Report and Accounts 2016 - 2017



*We care*

*We respect*

*We are inclusive*

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## About This Publication

This is a summary of the ELFT Annual Report and is only part of the full Annual Report and Accounts for 2016-17.

The Auditors (KPMG) have audited the Trust's financial statements and given an unqualified opinion for the year ending 31 March 2017. 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 2016/17.

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

Or contact the Communications team on **020 7655 4049** or email [communications@elft.nhs.uk](mailto:communications@elft.nhs.uk)

# JOINT FOREWORD

BY Dr Navina Evans and Marie Gabriel

Welcome to our Annual Report Summary for 2016-17. It has been an exceptional time in the history of the Trust or it might be more accurate to say it has been an 'Outstanding' time.

We were truly delighted to hear on 1 September 2016 that the hard work of staff across the Trust received the ultimate acknowledgement in being awarded an 'Outstanding' rating by the Care Quality Commission. This makes ELFT the only mental health and community health Trust in London and the East of England to be rated as 'Outstanding'.

We are pleased that the CQC inspectors were able to see for themselves how our staff share the same values, how they are dedicated to providing the highest quality of care and how they work with those with lived experience to ensure responsive, recovery focused services. The CQC rating reflects how everyone is focused on the way care is delivered, on the environments in which we provide care in, on how it feels to be cared for by Trust staff, and how we work alongside carers and families.

The CQC report was full of positive observations on the culture in ELFT and the minutiae of ways staff strive to get it right for patients. The assessors commented on the calibre of leadership in the Trust and how the diversity of the Trust board reflected the makeup of local communities. They noted that the Trust is well led with a visionary board and senior leadership team who have created an open culture that welcomes innovation.

They were struck by the passion staff exhibited for their work, noting that many staff had worked at the Trust for a number of years and said they would not want to work anywhere else. They found staff to be enthusiastic and hardworking, genuinely committed to improving services with an appetite for innovation, both in London, and in Bedfordshire and Luton.

In November, our staff, our work with those with lived experience, and our focus on continuous improvement, were once again recognised when we won the Health Service Journal's Provider Trust of the Year award. So our annual Staff Awards Ceremony later that month was an opportunity to thank staff for their unerring commitment to patient care and celebrate their achievements.

In Tower Hamlets, we were delighted to welcome the new Reset service into the Trust in October, and the Community Learning Disabilities Service joined us in February. As a partner in the Tower Hamlets Together Vanguard, and a participant in two regional Sustainable Transformation Plan areas, we look forward to working with partners to find innovative ways to work together, coordinate care and ensure the physical health and mental health needs of people have parity of esteem.

During the year we had to say goodbye to some of our teams as contracts moved to other provider organisations. As always we recognised their contribution during our Staff Awards.

2016 ended sadly with the news that Dr Robert Dolan, our newly retired Chief Executive, had died. Words cannot express the massive impact that he had on the work of the Trust and on all of us that worked with him. As you read through this year's annual report, you will see that Robert left a lasting legacy in ELFT which continues in the myriad of developments and initiatives underway.

We would like to take this opportunity to thank our staff, partner organisations and commissioners for their continued support and commitment to the Trust. Thank you also to the patients and carers who work with us as partners to help us improve the experience of and outcomes for those who use our services. Our final thanks are to our members for their involvement and to our Governors who ensure we effectively consider the needs of all our communities.



Dr Navina Evans, Chief Executive and Marie Gabriel, Chair

## Achievements and Improvements - Patient Care and Stakeholder Relations

### Achievements

#### CQC Rating ELFT as 'Outstanding'

The Trust was rated as 'Outstanding' by the Care Quality Commission in September 2016 making us the only mental health and community health trust in London and the East of England to be rated as 'Outstanding'.



The inspection team carried out an extensive two week assessment in June, visiting 86 services and talking to over 300 patients, 52 carers and over 700 staff. In the first week, they examined Newham community services and mental health services in all three east London boroughs before moving onto Bedfordshire and Luton in the second week. The assessment team were impressed with the calibre of leadership in the Trust and felt the diversity of the Trust board reflected the makeup of local communities.

They were struck by the passion staff exhibited for their work, noting that many staff had worked at the trust for a number of years and said they would not want to work anywhere else. They found staff to be enthusiastic and hardworking, genuinely committed to improving services with an appetite for innovation, both in London, and in Bedfordshire and Luton.

They rated the Trust to be exceptional with regard to care and compassion for patients and being responsive to their needs. They heard from patients that staff made a point of getting to know them and understand them in order to better meet their needs. Patients felt that they weren't judged and their individual choices were respected.

They noted that the Trust's quality improvement programme had led to many improvements in the care for patients and the running of the organisation. The report stated that this had also encouraged innovation and stimulated staff engagement.

### Awards Galore

On top of being awarded a CQC rating of Outstanding, it has been quite a year for awards for ELFT. Read on to see the range of awards the Trust was shortlisted for or won:

#### HSJ Value in Healthcare Awards 2016

- Training and Development – Highly Commended
- Mental Health – Shortlisted
- Community Health Redesign – Shortlisted

#### BMJ Awards 2016

- Education Team of the Year – Winner

#### Nursing Times Awards 2016

- The Prince of Wales Award for Integrated Approaches to Care – Shortlisted

#### Positive Practice Awards 2016

- The London Pathways Partnership (LPP) – Winner (Health, the Emergency Services and Criminal Justice category)
- Early Intervention – Shortlisted

#### Royal College of Psychiatrist' Awards 2016

- Team of the Year for Child and Adolescents – Newham Child and Family Consultation Service – Winner
- Psychiatric Trainer of the Year – Dr Ian Hall, Consultant Psychiatrist – Winner
- Team of the Year – Tower Hamlets Adult Mental Health Inpatient Team – Shortlisted

#### HSJ Awards 2016

- Provider Trust of the Year – Winner
- Clinical Research Impact – Shortlisted

#### NHS Employers 2017

- Annual Flu Fighter Award – Shortlisted (Most improved flu fighter campaign)

#### Patient Safety Awards 2017

- Mental Health Category
- Mental Health Street Triage project – Shortlisted

#### Health Service Journal (HSJ) 2017

- Value in Healthcare Award
- Mental Health Street Triage project – Shortlisted
- Medical Unexplained Symptom project – Shortlisted

#### UK Rail Industry Award 2017

- Awarded to KeolisAmey Docklands in partnership with ELFT
- Back on Track project (Corporate Social Responsibility category)

## Achievements and Improvements - Patient Care and Stakeholder Relations



### Quality Improvement



Our QI programme launched four 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.

The continued work to transform services in Luton and Bedfordshire, to meet the needs of the local population, has entered year two, with tangible success. Our work around quality improvement continues apace, and we continue to work closely with our partners the IHI; and look to share, and seek out, ideas and innovation nationally and internationally.

As well as our quality improvement programme, we have succeeded in meeting key local and national standards and Commissioning for Quality and Innovation (CQUIN) standards.

In 2017/18, we will be building on the progress made in integrating services in Bedfordshire and Luton into the organisation. We have enhanced clinical leadership

and introduced new systems and processes to support clinical practice and provide staff with the tools they need to provide high standard care.

Going forward, we will be working more closely with partner organisations both at a local level within our local boroughs and regions, and on a broader scale within two Sustainability and Transformation Plan areas in London and Bedfordshire.

*"Quality is our organising principle. It is not an add-on, it is what we do every day of the week. If we focus on what is important to our patients, service users and staff then we can provide the highest quality care. We inevitably have targets that we need to meet, for waiting times, physical healthcare for patients with severe mental illness and access times for patients with first episode psychosis to name a few. These are all aspects of quality which are important in their own right. The most important thing for us is that we integrate this work into overall approach to quality."*

- Dr Kevin Cleary, Chief Medical Officer  
(Extract from ELFT Quality Accounts 2016-17)



## Trust Psychiatrist Awarded CBE

2017 got off to a good start with the news that Consultation Psychiatrist Professor Kamaldeep Bhui was awarded a CBE (Commander of the British Empire) in the Queen's New Years' Honours List for services to mental health care and research.

Professor Kamaldeep Bhui is an Honorary Consultant Psychiatrist in the Trust and Professor of Cultural Psychiatry & Epidemiology, Head of Centre for Psychiatry at Queen Mary University of London. He is also Editor of the British Journal of Psychiatry and the International Journal of Culture and Mental Health and is the co-founder and director of the Centre for Applied Research and Evaluation – International Foundation – Careif.

Professor Bhui is regarded as a distinguished pioneer

and a life time practitioner in the field of culture and mental health, research and teaching which has had a major impact in addressing health inequalities amongst some of the most vulnerable people in society.

In a joint response, Marie Gabriel, the Trust's Chair and Chief Executive, Dr Navina Evans, said: *"Professor Bhui has had a profound influence on mental health care in the Trust and across the country. Through his research, he has explored previously uncharted areas of identity, culture and risk which ELFT has directly benefited from. His work has brought new insights to help us to gain a greater understanding of our patients and enabled our staff to become culturally competent. This honour is wholly deserved. We are so proud."*

## Achievements and Improvements - Patient Care and Stakeholder Relations

### Integrated Care

ELFT has continued to work with partners during the last 12 months to develop more integrated health and care services to work. Working in an integrated way will enable us to care for people more effectively and in a more joined up way. This will be more efficient for patients and avoid delays and duplication.

To bring this to life, we are working with service users and carers, GPs, hospitals, other community and mental health providers, and councils and the voluntary sector to identify how best to organise services around people and communities: joining up primary and secondary care, health and social care, mental and physical health care.

We are also working across two Sustainability and Transformation Plan areas, North East London and Bedfordshire Luton and Milton Keynes, both of which have designing and delivering integrated accountable care services as priorities.

There are a number of similar features in the design of new integrated services across all areas and ELFT is ensuring that mental health has parity of esteem with physical health services in all these discussions.

Tower Hamlets has just celebrated two years as a multi-specialty community provider vanguard. ELFT has worked with our Tower Hamlets Together partners to deliver the best performance on emergency admissions to acute hospital of all of the vanguards which has resulted in admission avoidance and treating and supporting more people in their own homes

We have a team of mental health nurses working as part of locality based multi-disciplinary teams, with consultants, occupational therapists, district nurses and care home staff working in care homes to service users with complex mental and physical health needs. Our psychiatric liaison services have provided a comprehensive mental health and drug and alcohol service to the Royal London Hospital, delivering a significant reduction in the length of time people with mental health problems stay in hospital.

In City and Hackney, we have worked the GP Confederation, Homerton University Hospital and the London Borough of Hackney to deliver mental health nursing into the One Hackney and City programme, providing coordinated whole person care to people at risk of admission to hospital, and through dementia,

talking therapies and CAMHS alliances. We are continuing to work with Hackney partners through the devolution pilot to develop new ways of delivering support through locality based multi-disciplinary teams with streamlined access.

In Newham we continue to work with partners to deliver high quality community and mental health services for people with complex needs, through improved multi-disciplinary working with practices and rapid response services for people in need of more urgent support in their own home.

In Luton, we are working closely with Cambridgeshire Community Services Trust and GPs to consider how mental health can be integrated into the primary care home model they are piloting as part of the National Association of Primary Care pilot.

In Bedfordshire, we are working with GPs, the Council and the newly renamed Essex Partnership University NHS Foundation Trust to pilot a more integrated multi-disciplinary approach in Ivel Valley as a starting point for further work across Bedford county and borough.





## Tower Hamlets Red Bag Scheme

In March 2017, the Trust in partnership with the Tower Hamlets Together Vanguard, launched the Red Bag Scheme, a simple initiative to help people living in care homes in the borough receive quick and effective treatment should they need to go into hospital in an emergency.

The "red bag" keeps important information about a care home resident's health in one place, making it easily accessible to ambulance and hospital staff. It includes standardised information about the resident's general health, any existing medical conditions they have, medication they are taking, as well as highlighting the current health concern. This means that ambulance and hospital staff can more effectively determine the treatment required.

It also has room for personal belongings such as clothes for day of discharge, glasses, hearing aid and

dentures, and stays with the patient whilst they are in hospital. When they are ready to go home, a copy of their discharge summary (which details every aspect of the care they received in hospital) will be placed in the red bag so that care home staff have access to this important information when they arrive back home. The resident may also be discharged quicker from hospital as the care home will have been able to get an understanding of their care needs from discussions with the hospital.

Georgina Birch, lead for Tower Hamlets Integrated Care, at the Trust said: *"The red bag will greatly improve communication between the care home, ambulance service and hospital, so that everyone involved in caring for the patient during an emergency has access to vital information. We believe this simple approach will lead to great benefits for care home residents in the area."*

## Achievements and Improvements - Patient Care and Stakeholder Relations

### Health Minister Commends ELFT for Reducing Length of Hospital Admissions

The Secretary of State for Health, Jeremy Hunt, congratulated the Trust on being the most improved trust for patients experiencing delayed transfer of care in England.

In his letter, the Minister said, *"Moving from 1903 to 281 days of delay across the three months with 18 fewer patients being in a hospital bed every day when they would be better served elsewhere is a remarkable achievement. The Trust is a real example to others, demonstrating how to improve performance in a short space of time and ensure that your patients get the care that they deserve."*

*"Please do pass on my congratulations to all those who work at the trust; the service they give makes a real difference to the lives of many of the area's sickest and most vulnerable patients."*



## Research and Innovation

### Dragon's Den

In August 2016, the group presented change ideas for large scale projects with potentially high impact to the group of clinical and service directors in a "Dragon's Den" format. The ideas were chosen in line with ELFTs QI priorities and included three main project pitches as follows:

- Patient Controlled Admission (aiming at reduced bed occupancy, improved self-management/empowerment, and reducing violent incidents)
- Transitional interventions pre/post discharge from inpatient care (aiming to foster recovery during crisis and to reduce readmission rates)
- Structured Medicines Optimisation (main aims: optimise physical health and reduce harm through reducing number of prescribed medications, improve treatment adherence, improve cost-effectiveness)

These ideas have since been taken forward by directorates for local QI projects. The group is currently working on new ideas for the next round of pitches to directors, concentrating on the themes "Access and Demand management" and "Cost effectiveness".



## Research and Innovation

### Service Users and Carers in Research Bid

In 2016, the Service User and Carer Research group developed the first service user led research project and successfully applied for a grant from Queen Mary University, Centre for Public Engagement. The project, called PRIDE, will investigate the impact of people participation work on service user recovery. The research topic was chosen by service users and part of the grant will pay for training on research methodology for service users, so that they can participate as research assistants.



### New CPA Evaluation

Following the introduction of the new CPA process, a large scale service evaluation will be undertaken in partnership with Professor Alan Simpson's team from City University.

The new CPA template and corresponding clinical processes are underpinned the evidence based approach of DIALOG+ for service user engagement and care planning as the main building block.

Seven teams across ELFT piloted the new approach and both service users and health professionals rated the new approach highly, acknowledging that it fosters recovery care and puts the service user at the centre of the care planning process.

### Innovations and Service Development

Two projects are underway to explore telehealth technologies as opportunities for innovative health care interventions and support systems. A QI project in Tower Hamlets and a research project in Newham are testing innovations in information sharing and gathering as well as recovery care support systems using technology such as the 'Florence Text Messaging' service.

ELFT continues to explore opportunities to pilot innovations to improve the supervision experience for all staff members, aiming to systematically relate and structure the supervision to capture staff concern and to relate to staff needs in respect of maximising the quality of work environments.

### Breadth of ELFT Research

Throughout the 2016/17 year, the Trust has been involved in 96 studies; of which 62 were funded studies included on the NIHR Portfolio, 11 were unfunded explorations such as pilot studies, plus 23 student theses.

During 2016, researchers associated with the trust have published over 75 articles in peer reviewed journals.

Further information regarding the research undertaken across the Trust, including a list of on-going and previous research is available: <https://www.elft.nhs.uk/Research>

You can find more information about ELFT research in the Quality Accounts section of the full Annual Report.



## Technology

### New Care Programme Approach (CPA)

A not-so quiet revolution has taken place across mental health services in the Trust as a new approach to assessing patients, planning their care and working with them towards their recovery was adopted. It is based on the renowned Dialog+ work of Professor Stefan Priebe and its use as an engagement and assessment tool. The new CPA has involved patients and staff from Bedfordshire, Luton and London and is the largest project the Trust has done which has involved - just about everyone. It will engender a more collaborative relationship between patients and staff to gain a better understanding of what areas of patient's lives they would like to improve and what goals they want to achieve. Templates on the Trust's electronic record system have radically changed to complement the recovery focus of mental health assessments.



### Health Information Exchange – Sharing Information

The public often assume that their records and medical history can be seen by whichever health care professional is in front of them. But the reality is that this is not the case and the health professional is reliant on the explanations given to them by the patient or their carer.

The Health Information Exchange (HIE) is a new system that connects patient record systems in the Trust with other NHS organisations, where the patient consents to their information being shared. This means that the health worker looking after an individual can read the notes of others involved in the patients care. This will inform decisions about their care. Bedfordshire and Luton patients do not currently have a HIE record unless they have been in contact with the acute hospitals in East London.

### IT Improvements

Bedfordshire and Luton There has been a strong focus on embedding and improving clinical recording and reporting of service activity in Luton and Bedfordshire. There was significant investment in the computer hardware that staff use to enable them to record information more easily and speedily. Additionally, ELFT introduced a new managed printing solution to replace the previous fragmented arrangements, and we expanded WiFi provision across Luton and Bedfordshire to benefit patients and staff.

Newham Staff working in community health services benefited from introducing of the EMIS patient record system which will enable staff to communicate more effectively with GPs and have a shared record of patient care.

Whole Trust The IT team have been developing local digital roadmaps to support the Sustainable Transformation Plans (STPS) in both North East London and for the Bedfordshire, Luton and Milton Keynes (BLMK) STP

There has been significant investment in IT security upgrades across the whole Trust and we have introduced new 'VOIP' telephone systems to a number of sites which provides more reliable and inexpensive call management which has improved the experience of members of the public when they call a health centre.

## Technology

### Arts and Wellbeing in ELFT



The Trust launched a new Arts and Wellbeing Group to develop Arts in Health initiatives in the Trust to improve the environment and staff and service user wellbeing. #PersonalPixels was the group's first project - a photography competition which encouraged a wide range of staff and service users to take photos and images which conveyed a moment, an emotion or a mood. Over 100 entries were submitted. A number of schools participated in the project as part of their health and wellbeing work. Future arts projects for the coming year include an architecture and mental health conference and an ongoing collaboration with Tate Modern delivering our creative approaches to compassionate care training as part of the Band 3 development programme.

### New Services Join ELFT



Tower Hamlets Community Learning Disability Service  
The Trust welcomed 35 new staff in the Tower Hamlets Community Learning Disability Service who transferred to ELFT on 1 February.

This is an integrated service provided in partnership with the London Borough of Tower Hamlets made up of health staff and social workers who assess and support people who live in Tower Hamlets with a learning disability, their families and carers. The service helps individuals to be as independent as possible by offering advice, therapy and practical support, or by directing them to other services that can also help them. The service was previously provided by Barts Health. Tower Hamlets Clinical Commissioning Group awarded the new contract to ELFT.



Reset - Tower Hamlets Drug and Alcohol Service ELFT was awarded the contract to provide drug and alcohol services in the borough. The Trust ran the previous service but the new contract, which commenced on 31 October 2016, brought together other providers under the management of ELFT. The service is based at Beaumont House on the Mile End Hospital site.

Reset will support people whose lives are affected by their use of drugs and alcohol ranging from intravenous drug users to 'social' drinkers consuming a bottle of wine every evening. Reset's number is: **020 8121 5301**

It is an integrated service which provides drug and alcohol treatment to Tower Hamlets residents aged 18 or over. Support offered includes:

- advice and information for substance users (drug & alcohol) and concerned others
- alcohol detoxification
- healthcare assessments
- testing for HIV, Hepatitis B, C and immunisation
- access to needle exchange
- residential rehabilitation services
- counselling
- support for clients experiencing domestic violence
- onward referral to further support services as required

Clients will have access to a wide range of additional support including support and advice on how to access education, training and employment (ETE), benefits, day programmes and aftercare. People can self-refer themselves. Families, friends and carers can contact the service for information, advice and support.

*"It is important that when people take that first step to get help, that they can access the service easily, are welcomed into the service with kindness and respect, and that they feel support all around them as they go forward. Reset will be with them at every stage of their journey helping them to reach their goal."*

- Sharon Hawley, Service Manager for Specialist Addictions Service across ELFT

## Technology



### Farewell to Two Newham Services

The Trust said farewell to the School Nurse service who transferred to the London Borough of Newham in January 2016, and to the Child Health Information Service who transferred to North East London Foundation Trust at the end of March 2016.

### The Accessible Information Standard

From 31 July 2016, all organisations that provide NHS or adult social care were legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

Providing information which is understandable to the patient will have a positive influence on their treatment and care, providing safer and more personalised care. As a Trust, we have been working hard to ensure that our staff are equipped with the tools and resources needed to comply with the requirements of the standard.

For more information, visit NHS England's webpage dedicated to the Accessible Information Standard: [www.england.nhs.uk/ourwork/accessibleinfo](http://www.england.nhs.uk/ourwork/accessibleinfo)

## Improving Our Environments

Activity to improve the environments in which we provide services has continued throughout 2016-17. We know the value of having the right therapeutic setting for people to recover and feel safe whilst maintaining their privacy and dignity. And it is important for staff to have a work environment which enables them to carry out day to day activities comfortably and safely.

Sometimes, the changes involved are not ideal and require patients and staff to relocate and in some cases, travel longer distances such as in Bedfordshire. But the Trust needs to have the optimum environment for patient care and at the same time, make the best use of its resources. Many moves represent a dramatic improvement in the space available to look after patients such as the Newham Wheelchair service moving to East Ham Care Centre.

More change is in the pipeline in Bedfordshire and Luton with plans to make Charter House a clinical hub for Luton services. Refurbishment work will include improving the air conditioning, changes to work spaces and maximising efficiency of clinical space. Converting the building for extensive clinical use could involve some teams moving to Charter House and the possible relocation of some staff to other locations.

The redevelopment of Florence Ball House in Bedford Health Village is underway to create a community hub for Bedford services. This is due to be completed by the end of May 2017.

# Saving Energy

Last year, ELFT achieved greater reduction in energy usage and cost across the Trust. A 19% reduction in our utility costs and a 10.3% reduction in our usage kept us well in line to hit our carbon reduction commitment of 80% by 2050 from 1993 values.

LED lighting was installed in the Appleby Health Centre in Newham. Not only improving the look and feel of the site but also achieving year on year energy savings. Further LED lighting installations are planned for other sites.

Boiler insulation at Newham Centre for Mental Health will reduce wasted heat loss and improve efficiency.

We recruited a team of sustainability champions across the Trust. Using our online energy and sustainability portal, any member of staff can help the Trust to reduce energy and our carbon footprint!



# Staff Developments

## Trainee Mental Health Social Workers



The Trust welcomed eight trainee mental health social workers as part of the Think Ahead programme.

The programme is being run in partnership with London Borough of Hackney and Luton Borough Council where the trainees are based.

The Think Ahead programme opened for applications last year and immediately became one of the country's most competitive graduate options with over 2,300 applicants. It has been supported by over £12m funding from the Department of Health.

## Associate Nurses

The Trust has recruited seven staff who applied to join the new nursing associate programme in Bedfordshire and Luton. They will join colleagues from healthcare partners including Bedford Hospital and Luton & Dunstable Hospital in joining the two year programme. It will be a work-based university course and run in partnership with the University of Bedfordshire.

The Associate Nurses role has been launched to bridge the gap between the role of clinical support worker and graduated registered nurse. Staff will receive training for two years and then have the option to apply for a nursing associate post with the Trust or go on to a shortened version of the nurse training.

They will be trained to perform nursing duties that support the delivery of high quality care under the support and supervision of qualified nurses, who will lead.



## Duke of Edinburgh Award Scheme



ELFT became the first NHS trust in the country to run The Duke of Edinburgh's Award (DofE). The DofE is open to young people aged 16-24 to support young people using Bedfordshire and Luton Mental Health and Wellbeing Services. Training is provided to service users in the community and offered to inpatients as part of their recovery plan when they go home.

The licence is for Bedfordshire and Luton Mental Health and Wellbeing Services. For the Bronze Award, participants are required to complete an hour of physical activity, an hour learning a new skill and an hour volunteering every week. The six-month programme finishes with a two-day expedition. Email [steve.muggridge@elft.nhs.uk](mailto:steve.muggridge@elft.nhs.uk) if you would like to get involved.





# Breaking the Rules

If you were around any of the Trust's sites in March, you will have noticed some strange goings on around the Trust with red tape and graffiti appearing everywhere. This was part of a campaign to get staff attention to think about the red tape which has symbolised the bureaucracy and petty rules that surround us and can impede our work. Staff were asked to think outside the box and challenge accepted processes.

A video booth travelled around sites in the Trust to enable staff to record a short film explaining what form, or process or obstacle they would like to see swept away. Suggestion boxes were distributed to various locations and an electronic suggestion box: [suggestions@elft.nhs.uk](mailto:suggestions@elft.nhs.uk)

Suggestions included:

- Having a day a week without sending emails to free up time?
- Staff buying back their annual leave from the Trust if they don't want to take it
- Ability to buy items from online companies more cheaply rather than through the NHS supply chains
- Strategies to speed up recruitment processes



## Focus on Children and Young People

### Trust Pilots UK's First Digital Personal Child Health Record



The Trust was selected to pilot a new project that has transformed the way parents track their child's health and development. The Redbook also known as the Personal Child Health Record (PCHR) is a national development record that is given to all parents at the point of a child's birth.

The record is used by GPs and healthcare professionals to track developments such as weight, height and general health. The eRedbook is an online version of the existing, paper-based Redbook that is created, updated and maintained by the parent and healthcare professionals. It comes with an array of digital tools that will give parents greater access and involvement to directly manage their child's health from day one. To register your interest and sign up to the pilot please go to [www.eredbook.org.uk/ELFT](http://www.eredbook.org.uk/ELFT) or email: [healthvisitors1@nhs.net](mailto:healthvisitors1@nhs.net) for more information.

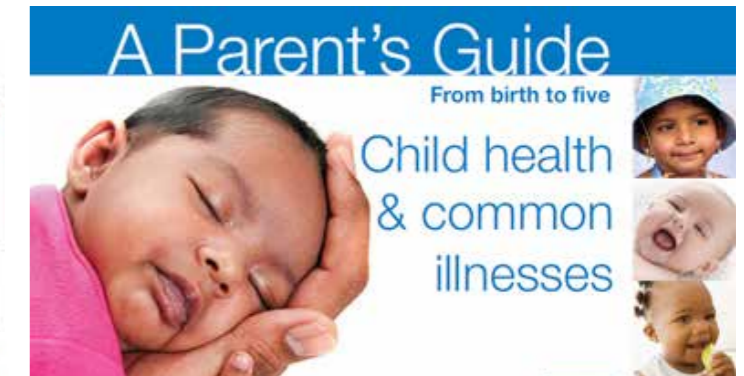
### Launch of Bedfordshire Schools Programme by CAMHS

Bedfordshire CAMHS launched the Bedfordshire Schools Programme to provide specialist support for staff and students across 41 schools.

CAMHS staff visits secondary, special needs schools and further education sites across Bedford Borough and Central Bedfordshire to provide mental health support and training for staff and students, including coaching on simple coping mechanisms that can be used during difficult times.

They also work to identify children and young people who might be experiencing mental health problems and provide vital, early care either through CAMHS or by signposting other specialist organisations.

### FREE Parents' Guide to Child Health



EVERY parent or carer wants what is best for their growing baby and to give them the best start in life. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and ear infections. The Parents Guide to Child Health helps parents to learn how to care for their child at home, when to seek advice from a health visitor/call a doctor and when to contact emergency services. It can be downloaded here:

[www.elft.nhs.uk/Get-Involved/Child-Health](http://www.elft.nhs.uk/Get-Involved/Child-Health)

### Emergency Asthma Inhaler Scheme for Schools



Pupils from Carpenters Road Primary School and Curwen Primary School in Newham took part in a film to raise awareness about emergency action to take in the event of an asthma attack. Parents, teachers and health staff attended a launch event in December 2016 and heard from those involved in developing the film, how it had come about and from some of the young stars themselves.

The training video is aimed at teachers, school staff, parents, healthcare workers, GPs and the public to build their confidence about using an emergency asthma inhaler and be aware of the actions to take. The film is available on school websites, YouTube and the Trust website.

## Focus on Children and Young People

### Hard Hitting Self Harm Film

The Trust produced a film exploring the issues of self-harm in young people and the stigma associated with it. The film called 'Teenage Misadventure' is based on real life stories based on a teenager called Dan, who is grappling with a difficult and violent home life and is using self-harm as a coping mechanism. The film will be used in training sessions to encourage staff think about the way in which they engage with 'self-harmers'. The film aims to transform the attitudes of health care professionals and equip them the skills to support patients better.

### Supporting Families in City and Hackney

The Hackney CAMHS team ran a non-violence resistant (NVR) programme to help parents and carers manage violence and harmful behaviours in adolescents. The sessions aimed to restore individual strength and self-respect of parents and promote caring and respectful relationships in the family and wider communities. The programme ran for a period of 12 sessions with nine parents graduating from the course. The attendees

learnt to use psychological therapies methods to manage conflicts and improve their confidence and reclaimed their skills. Since then, the parents have arranged to set up an informal parenting group for continued support.

### Newham Skype Pilot Increases Young People's Clinic Attendance

A pilot scheme in Newham is helping young people keep on top of their diabetes care. Skype appointments were rolled out to all patients as part of a four year trial. Since launch in 2011, 480 webcam appointments have been carried out, reducing 'do not attends' (DNA's) from 30-50 per cent to 16 per cent. The service was set up with the Health Foundation's SHINE award (£75,000) and is thought to increase productivity and patient throughput by 22% – 28%, saving approximately £27 per consultant appointment in clinician time. The service is offered by the Diabetes team at Newham University Hospital, Barts Health and supported by the Trust and Newham Clinical Commissioning Group.



## Focus on Children and Young People

### Tower Hamlets Conduct Disorder Pathway and Schools Project

Norman Lamb MP, former minister for community and social visited Child and Adolescent Mental Health Services (CAMHS) in Tower Hamlets to learn about our Conduct Disorder Pathway and Schools Project. The project works in partnership with local schools and the Pupil Referral Unit to equip families with innovative and sustainable interventions to manage behavioural issues. The programme is targeted at parents but indirectly impacts on the young person's behaviour using de-escalation and reconciliation gestures helping them to rebuild a relationship with their child. He heard from parents who had explained how the techniques had improved family relations and had helped them to understand their child's perspective and reflect on their own behaviours and responses. Norman praised the work of the team.

*"I found it very inspiring to hear from parents and young people today who have shared their journey with me, this programme combats family breakdown and changed the lives of the family that I spoke today. I have great admiration for the work that is being done here in Tower Hamlets."*

- Norman Lamb MP

### Young People Help Peers

YOUNG people completing their National Citizen Service (NCS) in Bedfordshire have been praised for their work in supporting their local NHS Child and Adolescent Mental Health service (CAMHS).

Twenty teenagers involved with the summer's NCS group have donated 20 sensory boxes to the Trust's Bedfordshire Child and Adolescent Mental Health Services (CAMHS) team which provides help for young people living across Central Bedfordshire.

Dr Michelle Potts and Louise Savage, from the Central Bedfordshire Emotional and Behavioural Team, accepted the boxes on behalf of Bedfordshire CAMHS saying, "I am touched that so much thought and effort has gone into this amazing donation which will genuinely help other young people."

### Community Eating Disorder Service for Children and Young People

July 2016 saw the launch of a new East London Community Eating Disorder Service for Children and Young People (CEDS-CYP). Research shows that timely access to a specialist team improves the outcome of eating disorders in under-18s. The service offers assessment and treatment to young people with a suspected or confirmed eating disorder. The service also promotes awareness and early intervention in Eating Disorders to schools and local organisations in Newham City and Hackney and Tower Hamlets.

For further information email: [elt-tr.ELCEDS-CYP@nhs.net](mailto:elt-tr.ELCEDS-CYP@nhs.net) or visit: <http://camhs.elft.nhs.uk/>





## Improving Health



# Getting Serious About Smoking Cessation

All inpatient sites in East London are now smokefree. This means that staff, patients and visitors are not be able to smoke on these premises. Posters have gone up on all sites and information leaflets have been developed to support discussions with patients with space to note local support and useful websites.

*"We know that smoking can affect a person's physical and mental health. That is why we are helping our patients to go smoke free and deliver the best possible health outcomes for them. Quitting smoking can help increase self-confidence and relieve stress, anxiety and depression in the long-term."*

- Dr Paul Gilluley, Head of Forensics Services

Smoking is the largest single cause of premature deaths and preventable ill-health in England, with one in two smokers predicted to die from a smoking-related disease. People who have a mental health illness have a 10-20 year reduced life expectancy and smoking is one of the main causes of this. There are higher rates of smoking prevalence amongst people who have a mental health illness so the Trust has a duty to reinforce the positive aspects of stopping smoking. Pharmacy teams have been working closely with service users and staff with weekly inpatient smoking cessation clinics, Nicotine Replacement Therapy and general wellbeing advice.

## Improving Health

### Inpatient GP Services

An in-house GP Service is available on mental health inpatient wards in London for patients with physical health issues which require a GP assessment. This will enable staff and the individual themselves to manage physical health concerns as well as their mental health as they are inextricably linked.

### Using Mindfulness to Prevent Gambling

The City and Hackney BME Access Service and the Vietnamese Mental Health Services (VMHS), collaborated to develop a mindfulness group to address problem gambling amongst members of East London's Vietnamese community. It incorporated elements of cognitive-behavioural therapy to help service users gain insight into situations that could be "high risk," like feeling sad and lonely, using alcohol and being unable to work which could trigger lapses in gambling behaviour, and choosing alternative actions.

### Early Intervention Services Available to All Age Groups



Our Early Intervention Services (EIS) are now an 'ageless' service. EIS teams support people experiencing their first episode of a psychotic illness. These services were previously available to younger people but it is now a service with no upper age limited so anyone can be referred. People are most likely to experience psychosis for the first time in their late teens to early thirties. Initially, people may feel that something isn't right, but can't quite identify what. They may become more withdrawn, experience loss of sleep or appetite, find it difficult to concentrate, feel suspicious or paranoid. Later signs might include strange behaviour, unusual beliefs or hallucinations.

People can recover fully from psychosis: the most important thing is to get help early. Information about our EIS teams can be found on the Trust's website: [www.eft.nhs.uk](http://www.eft.nhs.uk)

### Bedfordshire Mental Health Street Triage



Bedfordshire's new multi-agency Mental Health Street Triage received a heartfelt thank you from a mother whose son was helped in a crisis. In a letter to triage partners the mother described how her 18-year-old, who suffers from depression and paranoia, became psychotic and aggressive after his condition deteriorated over several days. She dialled 999 for an ambulance, and the call handler alerted the Mental Health Street Triage. The team attended, providing expert support.

*She said, "Throughout this the street triage team were so supportive, explained what was going on, were lovely to my son, but above all were so determined to help us. I really don't know what would have happened if they were not there."*



# Promoting Talking Therapies

A range of activities have taken place to promote talking therapies to local communities. In Newham, the Trust took part in a mental health campaign run by the Newham Recorder, the local paper. Monthly 'Pop Psychology' sessions are running throughout the year offer local people the chance to attend a free lecture and discussion about a range of topics relating to mental health wellbeing.

In Bedfordshire and Luton, the team have been running a campaign to raise awareness of mental health support for men living in rural settings, and the BME community in Luton town. The team used an advertising campaign in the town, on buses and bus shelters, and targeted sporting events at the Bedford Blues Rugby Club and the Luton 'hatters' Football Club. Luton CMHTS to Work Closer with GPs.



# Improving Health

## Dementia Development Programme



In Tower Hamlets, over 30 staff from local care homes and sheltered accommodation completed a Dementia Development Programme delivered by ELFT Occupational Therapist Jennie Gulrajani. Residential and care home staff have said the project impacted their work with many describing significant shifts in staff confidence and skills when working with people with dementia.

*"The hard work and dedication from all staff involved has made a positive difference on people with dementia living in care settings. I look forward to continuing to work together to provide the best person centred care for people with dementia in care settings in Tower Hamlets."*

- Occupational Therapist Jennie Gulrajani

## Luton CMHTS Working Closer with Patient's GPs

A restructure of Luton's Community Mental Health Teams (CMHTs) has taken place to align them with GP clusters. This will mean that staff can form stronger relationships with GP practices enabling them to work more closely together to treat and support patients with mental health difficulties. It will improve communication, and GPs will be able to liaise with just one team.

## Annual Sickle Cell/Thalassaemia Conference

Over 280 people attended the 6th Annual Sickle Cell Conference on 12 November at East Ham Town Hall. The Rt Hon. Stephen Timms, MP for East Ham in Newham dropped in to say a few words to the audience alongside a range of specialist speakers from the local health trusts, the De Montfort University, the Sickle Cell Society and the UK Thalassaemia Society. The conference attracts people from outside of the borough who want to hear more about cutting edge developments in this field.

Sickle cell disease and thalassaemia are genetically inherited blood disorders which mainly affect people whose ancestors are from Africa, Asia, the Middle East, the Mediterranean, and the Caribbean Islands. In Newham, there are 300 children and 500 adults known to have a Sickle Cell diagnosis and around 100 children/adults affected with thalassaemia.

*"Events like this are really important to families living with this condition. Many have low self-esteem due to the stigma surrounding the conditions in various communities. There is a lack of awareness from health professionals. People can feel marginalised and under supported in the social setting. For example, when accessing support with accommodation, there is minimal understanding of the importance of having dry, warm and accessible housing."*

- Sekayi Tangayi, Specialist Nurse and Service Manager, Newham Sickle Cell Service



# Recovery



## Mental Health Academy and Recovery College for Bedfordshire and Luton

A new Mental Health Academy and Recovery College for Bedfordshire and Luton launched in the summer of 2016 at the University of Bedfordshire, in partnership with the Trust. Free Recovery College courses run from locations across Bedfordshire and Luton promoting wellbeing and offering relevant, real-life help and support for all. Courses are delivered in collaboration with service users, University staff, students and Trust staff. The easiest way to enrol is via email: [RecoveryCollege@elft.nhs.uk](mailto:RecoveryCollege@elft.nhs.uk) or call: **01582 709012/07748 660 070**

## Tower Hamlets Recovery College

In Tower Hamlets, Recovery College courses are available for people who have used mental health recovery services, their carers and families, and staff working in the borough from the NHS and voluntary sector. The college brings an educational and collaborative approach to mental health services. Courses are planned and delivered by people with lived experience of mental health (peer tutors) together with people who work in mental health. Classes include life coping for carers, Psychological First Aid, understanding mental health, confidence and communication skills. For more information, email: [robert.pickard@elft.nhs.uk](mailto:robert.pickard@elft.nhs.uk) or call: **020 7426 2450/07908 459 239**

## FX Recovery College in Forensic Services

In ELFT's Forensic Directorate, they have named their Recovery College the FX Recovery College. It launched in January 2017 and aims to offer opportunities to learn new skills, understand past experiences better, and give individuals more control over their next steps. The prospectus is available on all wards and has a range of recovery-themed courses.

FX Recovery College courses are based on the three key principles: Recovery, Education and Co-production. Patients can enrol by speaking to their ward OT.



# Helping Service Users Get Back to Work

The first 12 months of a national pilot to help mental health service users return to work saw ELFT exceed its Department of Health (DoH) targets. The Bedfordshire and Luton Employment Service is working in partnership with national charity, the Centre for Mental Health, as part of the DoH-funded programme to increase access to IPS (Individual Placement Support) employment support.

In its first year, the team recorded 77 paid employment outcomes. They had been set a target of

achieving 60 by the end of March 2017 making them the best performing Trust in the pilot involving six trusts.

*"This is a model we believe passionately in. The figures are obviously really pleasing but the most satisfying part of this journey for our fantastic team is that we have helped so many people into paid employment."*

- Julie Bailie, Employment Service team leader



## Recovery

### Changing Lanes

Changing Lanes is a specialist community based service working across North East London. The service has been commissioned to help a specific identified population of ex-offenders with severe personality difficulties to rebuild their lives in the community. The service name was chosen by service users and comes under the umbrella of the Millfields Medium Secure Personality Disorder Unit at the John Howard Centre in Hackney. The unit has provided this inpatient service for over 10 years so have invaluable experience with this patient group.

Changing Lanes is a service that is committed to helping service users to not reoffend. The core function of the service is to undertake specialist risk assessments with an emphasis in aiming to undertake assessments in partnership with the service user and the involvement of the key partner agencies.

### Discovery Project Celebrates 20<sup>th</sup> Year of Service

2016 marked the 20<sup>th</sup> year of The Discovery Project, a community based group psychotherapy day project for adults in Tower Hamlets experiencing psychosis. Since its inception, Discovery has kept at its heart the principles of recovery: hope, empowerment, inclusion and the lived experience. As a Discovery service user put it, *"It's like another pair of eyes in order to see your own life again clearly"*.

### Changes to Newham's Day Support

A re-organisation of crisis services took place in Newham. The Day Hospital function is no longer available. Instead, ten new Home Treatment Team places have been introduced. The new redesigned service will offer some group workshops, and continue to provide transport and hot lunches for people.

A new group programme across community and inpatient services commenced on 7 March. 36 groups are available ranging from psychological interventions to activity-based groups such as gardening. In the main, these will take place at Balaam Street in Plaistow away from the hospital site to support people in a community setting and support them in eventually using local services and regaining social connections with the local community.

### New Community Teams in Newham

Three new teams are up and running in Newham to assess and support people with a mental health condition. These new teams mark a shift in the approach to mental health care in Newham to focus on addressing the immediate issues, but then working with the individual to put plans in place to improve their mental health wellbeing in the long term.

For the first time, there is a single point of referral for professionals which will simplify the referral process when there are concerns about the mental state of an individual.

#### The Assessment and Brief Treatment Team - 020 3288 5100

The Assessment and Brief Treatment Team receive all secondary mental health referrals and enquiries. They assess individuals, develop a plan of care and provide initial treatment and interventions for up to 6 months. In cases where the referral is not appropriate, they will offer advice and onward referral. Named consultants psychiatrists continue to link with GP practices as they do now so that the existing close working and good communication can continue.

Two New Recovery Teams The Recovery teams provide care coordination and ongoing support and intervention for people with significant mental health support needs who require a longer term service. The expectation is that this intervention will be time limited and recovery focused. Patients will be transferred back to the care of their GP when their condition is stable and plans are in place to maintain their wellbeing.

#### Recovery Team South - 020 3288 5080 Recovery Team North - 020 8475 8000

With the establishment of these new teams, the Community Mental Health Teams and the Assertive Outreach team ceased to operate after 4 April 2016.



## Crisis and Recovery Support

Knowing where to get help in a mental health crisis can be a minefield. In City and Hackney, ELFT has joined forces with Mind to launch a trio of services available 24 hour a day to offer immediate support to people in crisis or in distress, but also follow up with a range of interventions.

### 24 Hour Crisis Helpline

The helpline is for people of any age who may have long term psychological issues or who have had a sudden crisis such as a shock, bereavement, relationship issue, etc. They offer confidential expert advice and guidance support and referrals to local services if needed. Contact the helpline on **020 8432 8020**.



### Walk-in Crisis Café

As well as offering a welcome cuppa, the Crisis Cafe is a safe, supportive and therapeutic place for anyone struggling and not coping with life. The Café is at 15a Homerton Row next to the Homerton University Hospital site and is open from 6pm-9pm Monday to Thursday, and from midday to 4pm on Saturdays. Call **07938 554 298** or email [wellbeingnetwork@cityandhackneymind.org.uk](mailto:wellbeingnetwork@cityandhackneymind.org.uk)

### Service User Network (SUN)

The Service User Network is for people who experience emotional and psychological distress. The Network can also support family, friends and people who support someone with mental health issues. To find out more, contact the SUN on **07508 842 688** or email [SUNreferrals@elft.nhs.uk](mailto:SUNreferrals@elft.nhs.uk)



# Recovery

## Peer Support Worker Programme

Discharge from a psychiatric ward is an important point in a patient's journey, but for many it can be a confusing, scary and lonely experience. The ENRICH programme which stands for 'Enhancing Discharge from Inpatient to Community Mental Health Care' is a 5 year funded trial looking at impact of peer support work on discharge. The peer support intervention aims empower patients to discover and use their own strengths and build connections in their own community.

## The Trust's First EMDR Europe Accredited Consultant

A clinical supervisor for the Luton Wellbeing Service has become the Trust's first EMDR (Eye Movement Desensitization and Reprocessing) Europe Accredited Consultant.

Clinical Psychologist Dr Syed Ali Naqvi, has received the prestigious accreditation in recognition of his extensive work with diverse and complex client groups. EMDR is an approach used in psychology.

## New IT Suite for R3, Redbridge's Drug and Alcohol Service



R3 provides advice, treatment and support to people whose lives are affected by drug or alcohol use in partnership with specialist charities, Blenheim and QALB. This includes support for people who have overcome addiction with finding employment and developing relevant skills to help rebuild their lives. A newly refurbished IT learning centre has been established which has enabled them to host training sessions, group workshops, online tutorials and teach IT skills needed in the workplace. Jobseekers can even pick up an impressive outfit for their job interviews, from R3 'Walk in Wardrobe' scheme, which collects donations of business wear clothing from local residents and businesses.



# People Participation



The People Participation team support a range of activities and initiatives to ensure the Trust is involved with key initiatives which help to integrate service users back into their communities, challenge stigma and ensure that staff are equipped to support service user needs. They oversee interview training, supporting and facilitating service users and carers to sit on staff interview panels. In the last year, the team have been involved in a new interview process for consultant psychiatrists (both on formal and informal panels)

The service provides training to staff on a range of topics like care planning, compassion, recovery and engagement, and they and a service user representative meet all new staff on their first day on the Trust's Induction training.

The team in partnership with service users played a huge role in developing the new CPA process this year, which has a greater focus on recovery. They are also involved in the CPA training for staff and an introductory film to CPA.

The Back On Track project (with Docklands Light Railway) won a UK National Rail Award. The initiative

has been led and managed by the People Participation team and focuses on building service user confidence in using local transport for those who have got out of the habit or feel overwhelmed.

Additionally, the team provides Mental Health Awareness training to all Job Centre Staff in the three East London boroughs and provide input to the Trust's Quality Improvement Programme.

A highlight of 2016 was the first ever People Participation awards to celebrate the contributions of service users and carers. This took place in the Queen Elizabeth Park and honoured service user who had not only overcome personal challenges but were contributing to projects which supported others.

Building on these in 2017/18, the People Participation Team will continue to support people to get involved. This will include on-going outreach and supporting new people to get involved; continue to increase the number of people involved; increase the range of activity, training and opportunities and challenge poor service delivery where this occurs and work towards continuous improvement.

## Performance Analysis

### How the Trust Measures Performance

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

- NHS Improvement risk ratings
- Performance against national targets
- Performance in national staff and patient surveys
- Performance against contract targets, including 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 inspections

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

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

### Performance of the Trust in 2016/17

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



Category	Indicator	Performance
NHS Improvement	Single oversight framework Segmentation (1-4 with 1 being the best)	2
NHS Improvement	Governance risk rating (on a scale from green to red, with green being the best)	Green
Care Quality Commission (CQC)	Number of standards that are assessed to be non-compliant following CQC inspections	Nil
National targets	National targets relevant to mental health and community services	Fully compliant
National Staff Survey	National ranking for overall staff engagement score	1 <sup>st</sup> - In the top four places for the past three years
National Community Patient Survey	Overall national ranking	Rated Outstanding by CQC

## Finance

### Audited Annual Accounts for the year ended 31 March 2017

#### Statement of Comprehensive Income for the year ended 31 March 2017

	Note	2016/17 £000	2015/16 £000
Operating income from patient care activities	3	341,853	335,111
Other operating income	4	17,596	15,751
<b>Total operating income from continuing operations</b>		<b>359,449</b>	<b>350,862</b>
Operating expenses	5	(346,434)	(338,346)
Operating surplus (deficit) from continuing operations		13,015	12,516
Finance income	11	314	321
Finance expenses	12	(2,433)	(2,457)
PDC dividends payable		(5,605)	(5,535)
<b>Net finance costs</b>		<b>(7,724)</b>	<b>(7,671)</b>
Gains/(losses) arising from transfers by absorption	36	-	36,816
Movement in the fair value of investment property and other investments	16	12	(220)
<b>Surplus/(deficit) for the year from continuing operations</b>		<b>5,303</b>	<b>41,441</b>
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations		-	-
<b>Surplus/(deficit) for the year</b>		<b>5,303</b>	<b>41,441</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments charged to revaluation reserve	6	(5,138)	(16,631)
Revaluation gains charged to revaluation reserve	15	6,823	27,376
Remeasurements of the net defined benefit pension scheme liability/asset		(1,030)	(542)
<b>Total comprehensive income/(expense) for the year</b>		<b>5,958</b>	<b>51,644</b>

The notes on pages 14 to 53 in the full Annual Report and Accounts for 2016/17 form part of these accounts



# 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 Sub-Committee

Details relating to the purpose and composition of the Appointments and Remuneration Committee are set out in the Appointments and Remuneration Committee pages in the full Annual 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 level.

Very Senior Manager (VSM) pay is used in the Trust to reward 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, provide an incremental scale in line with other NHS reward schemes and simplify decision making on level of reward. Incremental advancement along the scale is dependent on the Committee being satisfied with executive director's performance based on the annual evaluation report submitted by the Chief Executive.

In 2016/2017 the Appointments and Remuneration Committee decided to award incremental advancement for Executive Directors paid on Very Senior Manager pay and 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 will be 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 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 Very Senior Manager 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
£15,150 - £17,675 per annum	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 month 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 Chair are set out within the Accounts section of the full Annual Report.

Pension information for Executive Directors is also provided in the full Annual Report. Non-Executive Directors' remuneration is non-pensionable. The remuneration of the Chair and Non-Executive Directors is reviewed by the Nominations and Conduct Committee of the Council of Governors and set by the Council.

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

## Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust

Remuneration comparisons are undertaken on an annual basis with the 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 section of the full Annual Report.

## Director Expenses

There was a total of £994.66 of expenses claimed for 2016/17 financial year by 4 directors (out of 7 currently in office). All expense claims are made and processed in line with Trust policy.

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
Jonathan Warren	Chief Nurse/Deputy CEO	1 August 2010	3 months
Dr Kevin Cleary	Chief Medical Officer	1 June 2011	3 months
Dr Mohit Venkataram	Director of Commercial Development and Performance	1 November 2016	3 months

# Annual Governance Statement 2016/17

## 1. Scope of responsibility

I was appointed Chief Executive and Accounting Officer on 1 August 2016. Before that I was the Director of Operations and Deputy Chief Executive of the Trust since 2012.

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 2017 and up to the date of approval of the annual report and accounts.

The Board of Directors (Trust Board) are accountable to the Independent Regulator (formally called Monitor, now NHS Improvement) for performance and control issues, and submits quarterly monitoring returns and exception reports to NHS Improvement in accordance with the Risk Assessment Framework which was replaced from Quarter 3 of 2016/17 with the new Single Oversight Framework.

## 3. Capacity to handle risk

The Trust has a Risk Management Strategy and operational policies approved by the Trust Board. Leadership is given to the risk management process through a number of measures, including designation

of Executive and Non-Executive Directors to key committees within the Trust's Healthcare Governance Framework structure.

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 Director of Corporate Affairs has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Assistant Director of Assurance, 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

# Annual Governance Statement 2016/17

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 sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board on a quarterly basis, and red rated risks are reported to each meeting. The Trust has quality governance arrangements in place. The Chief Medical Officer is the Board 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 Accounts 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 quarterly 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 2016/17 our focus remained on the Luton and Bedfordshire integration risks and controls which was one of our priority areas. The Quality Assurance Committee and the Board received updates at every meeting.

### 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 & Overview Scrutiny Committees.

The Council of Governors represents the interests of members and has a role to hold the Board of Directors to account for the performance of the Trust.

### Care Quality Commission

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

### 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 Act and the Adaptation Reporting requirements are complied with.

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## 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 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 monthly finance reports and quarterly performance & compliance reports. Individual reports address elements of risk, such as monthly reports on bed occupancy. This enables the Board to have clear oversight over the Trust's performance.

As part of its submission of the 2016/17 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.

## 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 around 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 Board of Directors. 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.

## Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Trust has a nominated Caldicott Guardian (Chief Medical Officer), who is also the executive director lead for Information Governance, and is supported by key staff within the Information Management & Technology Directorate and directorate leads. 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 was one information governance incident during 2016/17, which was also included in our 2015/16 statement because it occurred in the beginning of April 2016. Learning was shared across the Trust to ensure it will not re-occur.

## 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

# Annual Governance Statement 2016/17

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 Medical 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 2017/18, and performance against quality indicators for 2016/17. 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 2017/18 have been developed in conjunction with senior clinicians and managers, the Council of Governors and user groups. They form part of the Trust's operational plan for 2017/18 which has been prepared in line with NHS Improvement requirements, and agreed by the Trust Board.

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 2016/17 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"*.

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 on a quarterly basis, and receives a report on red rated risks 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 a Counter Fraud service in place, in line with the NHS Standard Contract. The Audit Committee

# Annual Governance Statement 2016/17

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 2016/17, 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:

- **Temporary Staffing** - Following up on the previous financial year's red rated report, a further audit was carried out in August 2016. An action plan was put in place. In addition, a Quality Improvement project led by the Chief Financial Officer in conjunction with HR and nursing leads was initiated to reduce agency spend. The two high priority management actions identified were:
  - a) that agency workers could be used even if bank staff were available because the requesting officers did not always make it clear to the central HR team that bank staff should be given priority over agency staff and
  - b) some units in the Trust did not utilise the HR Central Booking team for obtaining temporary staffing cover but contacted Recruitment Agencies directly for the supply of agency staff. Also, some Bank shifts were not requested via Healthroster so the internal auditors were unable to test the authorisation process as booking forms were not used. It was noted that bank staff were contacted directly via telephone call, text message or emails but records for these are not maintained making the audit trail very difficult.
- **Medical Job Planning** - The audit identified that job plans were not always updated on an annual basis, they were not always evidenced as approved by a more senior staff member and they did not always contain consultant objectives. In addition, at the time of review there was no approved Medical Job Planning policy in place.
- **Data Quality** - G3 & G4 Pressure Ulcers – Community Heath Newham, Face Down Restraint, DNAs - The audit identified from a sample of indicators tested that incidents were sometimes approved by the Assurance Team rather than being approved by local managers who have responsibility for investigation and validation of the incident reported. Also the outcome of appointments was not always recorded on RiO by clinicians. There were also instances identified where action logs to improve service

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quality did not always record dates of completion for actions.

- **Board Assurance and Risk Management** - This audit provided reasonable assurance for the Board Assurance element of the review and partial assurance over the Corporate and Directorate Risk Registers. For Directorate risk registers, it was observed that the risk description did not take the cause and consequence approach; furthermore, controls had not been clearly identified. It was further identified that some of the Directorate risk registers were not sufficiently reviewed at the monthly Divisional Management Team meetings and the quarterly Quality Review Meetings. In relation to the findings of the audit on temporary staffing, all management actions were followed up closely and further intensified efforts were put in place, including weekly meetings with relevant areas. In relation to the findings of the audit on Medical Job Planning, all management actions have been implemented.

In relation to the audit on Data Quality - G3 & G4 Pressure Ulcers – Community Heath Newham, Face Down Restraint, DNAs, management actions were followed up to ensure that local managers are held to account for the investigation of the incidents reported and their validation. In addition, an ongoing programme of training for clinical staff which emphasises the importance of timely reporting the outcome of appointments on RiO in order to improve the accuracy of data has been put in place with several sessions already delivered.

In relation to the findings of the Board Assurance and Risk Management audit, greater emphasis is put by the Divisional Management Teams. A dedicated Risk Manager has also been appointed and will be starting in May 2017 to support the directorates in managing and reporting on their risks and controls more effectively.

The Trust's Board Assurance Framework (as of 31 March 2017) has three red rated risks:

- *Failure to transform district nursing services in order to meet the needs of the local health services and wider community.*
- *The Trust may not maintain financial viability if:*
  - a) *The short-term impact and potential lack of achievability of 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 STF funding.*

- *The Trust may not maintain financial viability if:*
  - b) *The long term impact and potential lack of achievability of CRES requirements over the next 5 years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.*

Action plans are in place and are summarised in the Board Assurance Framework. 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 Board Assurance Framework 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.

## Current priorities

The Trust has three main priorities related to control issues for 2017/18:

- The Trust to continue putting appropriate controls in place to ensure financial viability.
- The Trust to review, embed and monitor controls in Tower Hamlets Community Services.
- The Trust to clarify the governance arrangements around the Sustainability and Transformation Plans (STPs).

## 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.

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.



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