

# **East London NHS Foundation Trust Annual Report and Accounts 2014-2015**



**East London NHS Foundation Trust  
Annual Report and Accounts 2014–15**

**Presented to Parliament pursuant to Schedule 7, paragraph 25(4)  
(a) of the National Health Service Act 2006**



<b>CONTENTS</b>	<b>Page Number</b>
<b>Joint Foreword by Dr Robert Dolan, Chief Executive and Marie Ga Chair</b>	6
<b>About East London NHS Foundation Trust</b>	8
<b>Strategic Report</b>	11
- <b>Vision, Mission and Values and Strategic Priorities</b>	11
- <b>Operating Review/Achievements and Improvements</b>	15
- <b>Performance – Quality Accounts 2014/15</b>	31
- <b>Financial Review</b>	108
- <b>Monitor’s Quarterly Monitoring Arrangements</b>	112
- <b>Our Workforce</b>	113
- <b>Equality and Diversity</b>	119
- <b>Social Inclusion and Partnership Working</b>	120
- <b>People Participation</b>	122
- <b>Volunteer Report</b>	125
<b>Directors’ Report</b>	127
- <b>Board of Directors</b>	127
- <b>Audit Committee</b>	141
- <b>Appointments and Remuneration Committee</b>	145
- <b>Other Board Committees</b>	146
- <b>Council of Governors’ Report</b>	147
- <b>Membership Report</b>	152
- <b>Nominations and Conduct Committee</b>	155
- <b>Public Interest Disclosures</b>	156
<b>Remuneration Report</b>	159
<b>Statement of Compliance with the NHS Foundation Trust Code of Governance</b>	163
<b>Contact Us</b>	164
<b>Audited Annual Accounts</b>	166

## Joint Foreword by Dr Robert Dolan, Chief Executive and Marie Gabriel, Chair

Welcome to the East London NHS Foundation Trust (ELFT) Annual Report for 2014-15. Our aim is to provide the highest quality mental health and community care in the country and we work with patients, carers, Governors, members, staff and partners to achieve this. Key to the achievement of this ambition is our Quality Improvement Programme. During 2014-15 this transformational programme gathered pace with over 100 projects across frontline services, corporate teams and the Council of Governors working to make improvements to the delivery of care. Projects are either focused on reducing harm or delivering the right care in the right place at the right time. Over 200 people have participated in training provided by our Quality Improvement team and the Institute for Healthcare Improvement, our strategic partner.

Our Quality Improvement Programme demonstrates our commitment to harness the skills of our staff and creating the conditions where all can participate in innovation. More importantly, as we prove the success of new ideas we ensure shared learning across the Trust, adopting and adapting new ways of significantly improving the care and treatment of our patients. The annual Quality Improvement Conference in March 2015 was a real highlight of the year with staff, patients and partners all coming together to celebrate our achievements and focus on priorities for the coming year. It is excellent to see our approach to improvement receiving both national and international acclaim.

The Trust has continued its focus on improving patient experience, drawing on patient feedback to refine the way we provide care. We were pleased to note that three quarters of patients who responded to the Friends and Family test indicated they would recommend the Trust's services. We have performed well in national patient surveys, coming third in the country, and use this feedback along to develop our services. We continue to engage with people who use our services through our People Participation team to ensure that they are at the heart of all we do. We will continue to strive to build on this so that our services are designed and delivered with patients at the very centre.

We are aware that staff satisfaction has a real impact on the patient experience and we know that staff who feel valued and empowered by the Trust will deliver improved care and outcomes for our patients. As such, we were delighted to be named one of the HSJ and NHS Employers Top 10 best Places to Work In Healthcare. Following on from that, the national NHS Staff Survey 2014 results placed us joint first for overall staff engagement and satisfaction. We achieved the best scores in the country for job satisfaction, staff motivation and work and staff feeling empowered to contribute towards improvements at work. None of these

achievements would be possible without the dedication of all our staff, so we take the opportunity to thank each and every one of you.

Our strong reputation for delivering excellent, high quality clinical care in innovative ways and for working fruitfully alongside people with lived experience has enabled us to develop the Trust outside of east London. In 2014-15 we worked with staff, Governors and patients to bid for mental health services in Bedfordshire and Luton. We were named as the preferred provider in December 2014 and everyone has been working hard to be able to safely transfer services to the Trust by 1 April 2015. In next year's Annual Report we will be able to report on how the services are developing and operating across Bedfordshire and Luton.

Finally on behalf of the Trust Board, we wish to thank our staff, Governors and Foundation Trust members for their commitment and support throughout 2014-15. We would also like to thank our commissioners, local NHS trusts, and other partners for working with us openly in our joint pursuit of integrated, efficient services that are focused on the individual rather than organisations. We know it has been a busy and challenging year that presented new opportunities as well as hard work to ensure that ELFT remains able to deliver the best possible services to patients and their families in an ever tightening financial climate. We are looking forward to working with staff and our patients across both east London and Bedfordshire to bring together our skills, expertise and knowledge to really make a difference to the healthcare of our local communities.

Our Annual Report provides an update on the service developments, achievements and also the challenges the Trust has faced over the past year, and is part of our statutory and regulatory requirements. We hope you will find it informative.

# About East London NHS Foundation Trust

## Background Information

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded University status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, the Trust integrated with community health services in Newham making us now a trust that provides mental health and community health services. This was followed in June 2012 by joining with Richmond Borough Mind to provide The Richmond Wellbeing Service.

Our latest expansion covers Bedfordshire and Luton, where in April 2015 we became the mental health provider for both areas serving a population of over 630,000.

ELFT provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet.

In addition, the Trust provides forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex.

The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England.

The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England.

The Trust provides local services to an East London population of 820,000 and provides forensic services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas. It therefore poses significant challenges for the provision of mental and community health services. We are also the NHS mental health provider organisation in Bedfordshire and Luton and run a number of other services in areas like Richmond in west London.

The Trust operates from over 100 community and inpatient sites, employs almost 5,000 permanent staff and has an annual income of £322m.

The main inpatient areas in our localities are:

### City and Hackney



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

Newham

Newham Centre for Mental Health  
Glen Road  
London E13 8SP

Tower Hamlets

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

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

Community Health Newham

East Ham Care Centre  
Shrewsbury Road  
London E7 8QP

Forensic Services:

John Howard Centre  
12 Kenworthy Road  
London E9 5TD

and

Wolfson House

311-315 Green Lanes  
London N4 2ES

And as of 1 April 2015

Bedfordshire

Weller Wing  
Kempston Road  
Bedford  
Beds  
MK42 9DJ

Luton

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

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

The Trust's postal address is:

Trust's Headquarters  
9 Alie Street, London, E1 8DE

Switchboard Telephone Number: 020 7655 4000

Fax Number: 020 7655 4002

Website: [www.elft.nhs.uk](http://www.elft.nhs.uk)

# Strategic Report

This section sets out a summary of the Trust's strategic direction and priorities. More detailed information is set out in the Trust's 2 Year Operational Plan which is submitted to Monitor and available to the public on the Trust website [www.elft.nhs.uk](http://www.elft.nhs.uk) Information regarding the Trust's performance is set out in the remainder of this document.

## Vision, mission and values and strategic priorities

The Trust's vision, mission, values and strategic priorities are based on the core values of the NHS as a whole. They have been developed through feedback from staff as part of the Appreciative Inquiry project, consultation with the Council of Governors and learning from the Francis Inquiry.

### Vision

*To be making a positive difference to people's lives*

### Mission

*To provide the highest quality mental health and community care*

### Values

Our three core values are:

- **We care**  
*Everyone is entitled to the highest quality care*
- **We respect**  
*Everyone should be treated with kindness and respect*
- **We are inclusive**  
*Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve*

And the following values support us in achieving them:

- **We work together**  
*Together with our service users, carers and partners we work as a team to promote the health, wellbeing and independence of the people we serve*
- **We strive for continuous improvement**  
*Our mission to deliver the highest quality services is a continuous process*
- **We discover and share our knowledge**  
*We encourage research and innovation to find new and better ways of treating people and keeping them healthy and well. We then share what we learn*

The Trust has three main strategic priorities as a framework for delivery of its strategic and operational plans:

- Improving service user satisfaction
- Improving staff satisfaction
- Maintaining financial viability

The Trust's quality, clinical and financial strategies are summarised in the 2 Year Operational Plan. They provide the basis for delivering the three strategic priorities, as follows:

*Improving service user satisfaction* – delivered through implementation of the Quality Improvement Strategy, the overall Clinical Strategy and specific service line strategies

*Improving staff satisfaction* - delivered through implementation of the Quality Improvement Strategy, the Clinical Workforce Strategy, and the underpinning Workforce and Organisational Development Strategies

*Maintaining financial viability* – delivered through implementation of the Financial and Investment Strategy, and ensuring continuous improvement in productivity and efficiency

### **Integrated Business Strategy**

The Trust's Integrated Business Strategy is designed to provide the Board and the Trust with a high level summary of the Trust's strategic objectives across its key functions (Quality Improvement, Business, Finance, Operations, Organisational Development and Workforce), and ensure that these functions are aligned and working together towards the vision and mission of the Trust.

The overall objectives of the strategy directly support the Trust's three strategic objectives of improving service user satisfaction, improving staff satisfaction and maintaining financial viability. A summary of the main objectives of the key functions are set out below.

### **Quality Improvement Strategy**

The overarching aim of the Quality Improvement Strategy is to ensure the delivery of the highest quality care which is based on values and evidence, utilises expert clinical skills appropriately, and is both effective and efficient, and therefore provides the best possible outcomes.

### **Business Strategy**

The overarching aim of the Business Strategy is to ensure that the Trust builds on its strengths and achievements and actively considers opportunities to expand its services to areas in which it can provide high quality care to service users and carers.

The Trust actively considers opportunities to expand our Forensic, adolescent inpatient unit, Mother and Baby inpatient service and Improving Access to Psychological Therapy services and should consider any potential opportunities to provide aspects of its core business in other geographical areas.

### **Research Strategy**

The Trust's Research Strategy should maintain, and if possible widen, its focus and excellence in clinically relevant research which is linked to service and business development. The Trust should maintain and strengthen its collaboration with academic partners and potentially invest in research units that support the competitive profile of the Trust.

### **Financial Strategy**

The Trust's key financial objective is to maintain the long term viability of the Trust and generate sufficient surplus to reinvest in capital schemes to support the Trust objectives of improving service user and staff satisfaction.

### **Organisational Development Strategy**

The overall objective of the Organisational Development strategy is to ensure that the Trust continues to be a "clinically led, management supported" organisation that is able to learn and adapt based on changes to the internal and external environment.

The Trust's leadership development programmes should continue to develop strategic, commercial, quality improvement and change management skills, and to ensure that talent development and succession plans are in place. The Trust's Organisational Development and Learning and Development programmes should focus on the development of all teams (clinical and non-clinical) within the Trust. Support functions (Finance, HR, IT, governance etc.) should be developed together with clinical services to ensure that they support front-line clinicians in an integrated, reliable, flexible and supportive manner. Specific initiatives should be delivered in order to improve capability in relation to quality improvement and change management.

### **Workforce Strategy**

The overall objective of the workforce strategy is to support the Trust's strategic objectives by recruiting and developing the right staff, optimising skill mix and productivity, improving working lives and therefore delivering an engaged workforce. The Trust should recruit a workforce that is able to meet the diverse needs of service users and carers, is reflective of the communities in which it operates, and provides the highest standards of customer service. The optimal numbers and skill mix of staff should be in place in order to deliver high quality services in line with the strategic objectives of the Trust, and local and national commissioners. Sufficient clinical capacity must be available to ensure that expert clinical skills are close to the service user and provide effective support to primary care.

The Trust is committed to support training and teaching of health professionals in collaboration with local academic partners. This will develop future staff in the Trust and elsewhere in the NHS and improve the quality of existing staff in different professional groups.

The Learning and Development Strategy focuses on reducing the burden of statutory and mandatory training; increasing the availability of training in relation to

clinical skills and the delivery of therapeutic interventions; and providing the opportunity for team based development across all teams in the Trust.

### **Clinical and service line strategy**

The Trust's overall clinical strategy is to provide the right care in the right setting, focusing on the implementation of recovery orientated practice and interventions whilst providing integrated and holistic care to service users. This directly supports our mission to provide the highest quality mental health and community care, in order to make a positive difference to people's lives.

### **Enhanced quality governance**

The Trust has robust governance arrangements in place to ensure the quality of services it provides, and reviews these on an annual basis to consider further improvements. Quality governance and quality performance are discussed in detail in the Annual Governance Statement in the accounts, and in the Report.

The Trust Board considers Monitor's Quality Governance Framework in reviewing its quality governance arrangements. The Trust has strengthened the role of the Quality Assurance Committee in order to ensure that there is robust oversight and scrutiny of quality issues within the organisation. Board reporting has also been improved.

The Trust has maintained a green governance rating with Monitor during the course of the year, and has had no compliance issues identified by the Care Quality Commission. The Board is therefore assured that its quality governance arrangements are robust and working well in practice.

# Operating Review/Achievements and Improvements

## Quality Improvement Programme

In order to support to support our mission to deliver the highest quality mental health and community care in England we launched our Quality Improvement Programme in February 2014. In the past year the QI Programme has really gathered pace with over 100 projects led by frontline staff, patients and Governors.

We have two broad aims to help move us towards achieving our goal:

1) Reduce harm by 30% each year, by tackling the 'big safety issues':

- Reduce physical violence
- Reduce falls
- Reduce restraints
- Reduce medication errors
- Reduce harm from pressure ulcers

2) Right care, right place, right time

- Improve patient and carer experience
- Reduce delays and inefficiencies
- Improve reliability of evidence-based care
- Improve access to care at the right location

With an organisation as large as ours, we know that 'change' can seem like a challenge to achieve. The Quality Improvement Programme relies on developing a culture of continuous improvement within each team and at every level of the organisation. To make this happen we are focusing on four key things in the way we support improvement:

1) Listening and learning from our staff – our staff are best-placed to identify areas for improvement and drive these improvements forward. We aim to strengthen the voice of our staff – from front-line to administrative and support staff.

2) Strengthen the voice of our patients and carers – all Quality Improvement projects must involve service users. It is essential we learn from their experience, understand what really matters and would make a meaningful difference.

3) Measurement – by measuring the impact of testing changes, viewing data over time and making data available and transparent, we can work together to understand whether we are improving.

4) Team work – we want each improvement team to involve a range of staff and patients, so that work together to flatten hierarchies, capture as much diversity of opinion and ideas as possible, and engage everyone to be part of improvement work.

## Performance on National Standards

Category	Indicator	Performance
Monitor	Finance risk rating (on a scale of 1-4, with 4 being the best)	4
Monitor	Governance risk rating (on a scale from green to red, with green being the best)	Green
Care Quality Commission	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	1st =
National community patient survey	Overall national ranking	3rd

## Service developments

### ***Tower Hamlets RAID Service Launched***

The Tower Hamlets Department of Psychological Medicine RAID (Rapid Assessment, Interface & Discharge) service was officially launched on 3 July by Jim Fitzpatrick MP at an event at the Royal London Hospital. The service is one-stop shop for people over 16 years old who require mental health assessment in the Emergency Department or who are inpatients at The Royal London Hospital, Mile End Hospital or the London Chest Hospital.

The service started operating in January 2014 with the aim is to prevent unnecessary admission into in-patient mental health care, reduce length of stay of acute general wards, to resolve immediate issues and concerns and direct patients to primary and secondary services that can provide on-going care, treatment and support.

### ***Launch of Tower Hamlets Autism Service***

The Tower Hamlets Autism Service had its formal launch on 30 October 2014. The service has been commissioned by Tower Hamlets Council and is provided jointly by the Trust and the Job Enterprise and Training service (JET) based in Mile End. The Tower Hamlets Autism Service offers assessment, diagnosis and initial support to adults over 18 in the borough with communication and social interaction difficulties which may be due to an Autistic Spectrum Disorder.

The Autism Service can provide up to 12 sessions including post-diagnostic support, social skills and communication programmes, and initial treatment for associated mental disorders. Employment support and advice is provided through The Tower Project, [www.towerproject.org.uk](http://www.towerproject.org.uk) The JET service will then use their expertise to offer the clients training, assistance and ultimately paid work. The team can also direct individuals to other services and groups in Tower Hamlets that offer support to people with autism and their families.

### ***Improving mental health inpatient services for older people in City and Hackney and Tower Hamlets***



City and Hackney, and Tower Hamlets Clinical Commissioning Groups in partnership with the Trust conducted a 13 week consultation on changes we would like to make to inpatient services for older people with mental health problems aged 65 and over, who live in City and Hackney and Tower Hamlets. We would like to merge two inpatient wards onto one site at Mile End Hospital. This consultation focuses on inpatient services for older people who have conditions that have a psychological cause such as depression, schizophrenia, mood disorders or anxiety.

A number of public meetings were held between January and March 2015 and the responses to the consultation are being reviewed. Further actions will be identified once the feedback has been collated and reviewed.

### ***New Clinical Record System***

Over 700 staff from across the Trust were involved in scoping and evaluating a number of different electronic record systems in 2014. After a detailed procurement and consultation process, the Trust signed a contract with Servelec to provide Open-RiO, as our electronic patient record system. The external auditors of the procurement process were impressed with the level of engagement of clinicians and administrators and the quality of the evaluation of the various systems reviewed by Trust staff.

The new system will really enhance the way we work and improve patient care. A huge amount of work has taken place to safely transfer some 10 million records to the new system so that staff and patients can begin to feel the benefit of this improved approach to patient information. It has many extra specifications that will free up staff time to enable them to spend more time with patients. The new system offers the Trust the ability to decide what data collected locally to ensure it meets the specific needs of our patients. Through developing a partnership approach with the system supplier, the Trust plans will be able to produce better quality data and more meaningful information to share with its partners over the next 12 months.

### ***Mental Health Teams based in Police Stations and Courts***

A new scheme in London to put mental health teams in police stations and courts, in a bid to cut reoffending launched on Friday 4 April 2014. Staff from the Trust are based in police stations and courts in Newham and Tower Hamlets in a bid to cut reoffending by tackling the high rate of mental health needs amongst people in the criminal justice system.

The pilot scheme launched in north east London is commissioned by NHS England in London and will reach more than 2.5 million people, covering 13 custody suites and seven courts across the patch. The Trust is working in partnership with the charity Together to deliver the service.

The service improves health outcomes, by enabling vulnerable people to get help with their mental health needs when they most need it, as well as reduce the burden on the criminal justice system by saving police and court time. It is part of a nationwide scheme to test out a new model of liaison and diversion services to assess their impact on improving access to treatment, decreasing health inequalities, reducing the burden on police and court time and cutting the number of repeat arrests.

### ***CAMHERA young people and photography project***

In May 2014 our Occupational Therapists worked with staff from the University of East London's BSc (Hons) Clinical & Community Psychology programme to develop a volunteering initiative which partners University students and young people at the Coborn Centre.

The staff and students offered social visits, dance and music classes, workshops and lectures in the centre. All activities are developed collaboratively, and are driven by the interests and requests of the young people attending the centre.

One of the collaborative projects enabled participants to explore their creativity and discuss the experience of the clinical environment in which the workshops took place. The outcomes that the participants wished to share have been included in a book that documents the project.

13 young people worked with Georgia Metaxas, a professional photographer who specialises in large scale commissions aimed at engaging the public. The work took place over the course of two photographic workshops that each lasted two hours.

Thank you to Dr Chris Pawson (UEL Principal Lecturer: BSc Clinical & Community Psychology) and Evangelia Theochari (Principal Occupational Therapist and UEL graduate) for supporting this project.

### ***Newham Adult Mental Health Services Recieve Full CQC Compliance***

In June 2014 the Care Quality Commission (CQC) published the Compliance Report for Newham Adult Mental Health Services following their inspection earlier this year. We are pleased to report that we are fully compliant.

### ***Wellbeing Games a Great Success***

On 11 June 2014, patients, carers and staff from the Trust took over the Copperbox at the Olympic Park for the Trust's Wellbeing Games.

This was the first event of this kind hosted by the Trust with aim of bringing people together through sport. Over 360 people attended the event where they were able to try out different activities including boxing, Zumba and yoga.

There was also a more competitive element to the event with teams and individuals competing in table tennis, running races and even an egg and spoon race. Darius Knight, the professional table tennis player who was part of Olympic Team GB for London 2012 and is an ambassador for UK Sport, was in attendance. He gave patients and staff some top ping pong tips and even played against a few patients.

The Trust hopes to make this an annual event to raise awareness of the benefits of being physically active and to provide an opportunity for people who use the Trust's services to come together with staff and engage in sport.

The Trust would like to thank Motivate East and Wheelpower who partnered with us to help make this event happen.

### ***IAPT services launch new websites for local communities***

The Trust has launched three new websites to support people with mild to moderate mental health conditions. The Trust runs three IAPT (Improving Access to Psychological Therapies) Services in Newham, Richmond and Luton.

The websites are being launched to support local people to find out more about the specialist support available to them.

Our IAPT services provide group workshops, counselling, self-help courses, computer-based therapy and a range of talking therapies to help people with anxiety, depression, issues with anger, worry, severe shyness, phobias, obsessive behaviour, intrusive thoughts, difficulties coping after severe trauma and relationship and family troubles.

The new websites provide information about different mental health difficulties, details about how to access support and services and useful links to tools and techniques to help people.

The websites can be accessed via the following links:

Luton Wellbeing Service - [www.lutonwellbeingservice.nhs.uk](http://www.lutonwellbeingservice.nhs.uk)

Newham Talking Therapies - [www.newhamtalkingtherapies.nhs.uk](http://www.newhamtalkingtherapies.nhs.uk)

Richmond Wellbeing Service – [www.richmondwellbeingservice.nhs.uk](http://www.richmondwellbeingservice.nhs.uk)

### ***Coborn Centre End of Summer Fete Showcases Young Talent***

Young people at the Coborn Centre for Adolescent Mental Health celebrated the end of the summer holidays at their fete on 29 August. Throughout the summer patients have been involved in the Coborn Centre Graffiti Project. They designed and produced two large scale graffiti art works and these were unveiled at the fete. The themes for each piece were put forward by the young people and they are 'happiness' and 'inspiration'.

The young people at the Coborn Centre proved that their creativity doesn't stop with art work by launching a music album at the fete. Patients have recorded versions of 'Happy' by Pharell Williams and 'Price Tag' by Jesse J. They have also designed the album cover.

The end of summer fete was a great success and enabled the young people to come together and celebrate their achievements both in terms of their creative projects and their own journeys towards recovery

### ***Trust Signed up to Safety***

The Trust is proud to be part of the Sign up to Safety campaign, to support the NHS to become the safest healthcare system in the world.

We already have a number of quality improvements projects underway with staff and patients. These include work to reduce falls, pressure ulcers and violent incidents on our inpatient mental health wards.

In September 2014 we signed up to the following Sign up to Safety pledges:

**Put safety first** - We will work towards reducing harm by 30% across our services each year.

**Continually learn** - We will use a systematic continuous improvement methodology to help us learn and adapt our efforts to improve safety. We will ensure that every improvement project incorporates the voice of the patient / service user.

**Honesty** - We will share with our service users, families and the public our progress on reducing harm. We will publish publicly our key safety data on a monthly basis.

**Collaborate** - We will support learning and sharing from improvement work across our organisation, and beyond our organisation, through internal events and through the academic health science network.

**Support** - We will ensure that every team in the organisation has the space to reflect, listen and learn about the quality and safety of the service being offered.

The five key areas we are focusing on for our safety improvement work are:

- Physical violence on mental health inpatient wards
- Inpatient falls
- Pressure ulcers
- Medication safety
- Physical restraints

### ***Trust ranks in HSJ Top 10 Best Places to Work in Health***

The Trust is proud to feature in the top 10 HSJ top 100 places to work in healthcare published in September 2014. The HSJ, in conjunction with NHS Employers, has compiled and published a list of the top 100 best places to work in health. This includes mental health and community trusts, acute trusts and clinical commissioning groups.

The HSJ and NHS Employers used NHS staff survey findings to analyse each organisation across seven core areas: leadership and planning; corporate culture and communications; role satisfaction; work environment; relationship with supervisor; training and development; and employee engagement and satisfaction.

### ***Winter Health Visiting Support***

In November 2014 the Health Visitors in Newham set up an additional winter health visiting support for parents by launching a helpline number available every evening and at weekends. They also set up a Saturday drop-in clinic to support working parents. The service provided extra support to families over the winter to ensure that they got the support they needed to cope with babies and children under 5 years of age if they become unwell or they are concerned about their health.

### ***Newham Rapid Response Service***

A new service was launched as a pilot on Monday 19 January 2015 in Newham to provide rapid assessment, immediate treatment and care to people with a long term physical health condition to prevent the need for hospital admission.

A team of highly skilled nurses, experienced physiotherapists and occupational therapists will treat people straightaway on the day of referral. The service is short-term and will support patients for between 3–5 days. If a hospital admission is indicated, the team will provide support when the patient returns home to enable people to leave hospital as soon as possible. The team can arrange equipment and supplies when necessary. The aim of the service is to support people in their own home, reduce unnecessary admissions and the possibility of hospital acquired infections.

### ***Dementia Lets Talk About It***

Our dementia trainers have been busy and contributed to exceeded our target for dementia training .We have trained over 1381 staff in dementia awareness as part of UCLP project and will continue to roll out training during 2015/16.

Throughout the project, those living with dementia have remained at the centre of all developments. The Trust has been delighted to collaborate with Buz Loveday from Dementia Trainers to launch an additional training resource to support the film, 'Still Here'.

The film, commissioned in May 2014, introduced an impactful message to raise awareness of issues around the diagnosis of dementia in young people, focusing on the experiences of a fictional character Abdul Hassan.

The training materials developed in February 2015, are interactive and engaging. They encourage healthcare staff to empathise and relate to people with dementia, and understand the impact of early onset dementia on people and their families” UCLP 2015. The film won an EVCOM Award .

### ***Sports Therapy at the Alcohol Recovery Centre***

In February 2015 we launched the 'New Life Through Sports Project' in partnership with Hackney Council and Sports England. After a successful pilot, the Alcohol Recovery Centre now provides a sports rehabilitation programme and this will run over the next three years. The programme links physical health and psychological wellbeing to support recovery from mental illness or addiction.

The programme matches clients from mental health and addiction services in Hackney with student sports coaches from the University of East London for a structured 12 week fitness programme. The service users are then expected to continue attending by themselves with free access to local gyms for up to 1 year.

The Trust recognises that physical and mental health are inextricably linked, improving physical fitness can be a valuable stepping stone on the road to recovery. The programme will be available to service users in Hackney; they will have access to sports coaches and local facilities as a part of their recovery treatment. The

programme expects to support over 200 people with mental health or drink/drug problems in its first year.

### **Diabetes**

This pilot is a joint venture between the mental health and community teams in Newham working with Newham CCG and has been designed and overseen by a joint CCG/ELFT working group.

Mental health care co-ordinators have been given additional skills in the management of diabetes with specialist input from diabetic specialist nurses and psychology. The pilot aims to enrol 40 patients with poorly controlled diabetes and who have severe mental illness or depression.

This will provide learning as to the delivery of integrated care across the mental health/physical health interface. In particular how mental health clients can be engaged and empowered to better manage their physical condition.

The service started in February 2015, patient recruitment has proved difficult and the working group is implementing a number of actions to increase GP referrals.

### ***Trust Marks No Smoking Day 'Stamp Out Smoking' campaign***

'No Smoking Day', the annual health awareness day that aims to help smokers quit, took place on 11 March 2015. The Trust launched our 'Stamp Out Smokin' campaign across our forensic services. We will be supporting patients to give up smoking at the John Howard Centre and Wolfson House.

Following launch events at both hospitals sites in 2014, the Trust has been working with Public Health Hackney to implement a smoke free environment by January 2016. We have held weekly smoking cessation clinics; this includes one to one sessions with specialist advisers, Nicotine Replacement Therapy and general support and wellbeing advice.

In February, the Trust hosted a London wide event on implementing smoke free environment in forensic services. The Trust was joined by a number of mental health service providers including Barnet, Enfield and Haringey Trust NHS Foundation Trust and West London Mental Health NHS Trust.

### **Awards and Recognition**

#### ***Millfields Therapeutic Community Accreditation***

In April 2014 the Millfields Unit at the John Howard Centre has been awarded full accreditation as a Therapeutic Community. The Millfields Unit is part of our forensic mental health service and supports patients with a diagnosis of severe personality disorder.

Following a rigorous, external whole-service audit undertaken by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) the Millfields Unit was awarded the Therapeutic Community accreditation. The unit scored 100% across 76 standards covering quality, activity and culture of the service.

Millfields is the only forensic NHS service in the UK to be accredited. This accreditation is recognition of the high quality of care that we provide at the unit and the work that we do in partnership with patients to support their recovery.

### ***Shine Awards 2014 funding for two Trust projects***

The Trust was awarded funding for two projects via The Health Foundation. This is part of their Shine Awards 2014, a programme that funds innovative healthcare teams to test new solutions to improving the quality of healthcare in the UK. The Health Foundation selected 23 projects in total. The Trust is leading on two of these projects.

The first project is to develop an innovative and integrated care pathway for patients with medically unexplained symptoms. Patients with medically unexplained symptoms often have unmet health needs due to the complex nature of their issues. The Trust's pilot project funded by Shine 2014 will look to offer a one stop shop for these patients whereby they can be identified, assessed and treated all within a primary care setting. The aim is offer integrated care for these patients, improving their health outcomes and ensuring they are treated in the right place at the right time.

The second project is a proposal to develop psychological services following facial injury within the Centre for Oral and Maxillofacial Surgery at Barts Health NHS Trust. Almost 40% of patients attending the Oral and Maxillofacial Surgery department following facial trauma present with psychological problems, including Post Traumatic Stress Disorder (PTSD), depression, anxiety and substance abuse, yet do not readily have access to psychological services. The aim is to pilot a psychological service providing brief intervention and signposting to appropriate local services. Training in understanding the impact of facial trauma will support clinical staff in early identification of psychological distress and minimise the wider impacts of untreated problems on patients. The project team will work in collaboration with Rapid Assessment Interface and Discharge (RAID) service providing an excellent opportunity to maximise new resources and initiatives in improving mental health care in acute hospital services.

### ***Health Secretary works a shift on Joshua Ward***

The Trust was pleased to welcome the Health Secretary, Jeremy Hunt, to Joshua Ward on Thursday 1 May. The visit was part of a programme of weekly visits where the Secretary of State meets frontline staff and patients across the NHS and works in the service. Mr Hunt spent over two hours working with staff on the ward. He supported the Community Meeting working with staff and patients to understand how the week on the ward had been and what improvements could be made.

After this Mr Hunt ran an art therapy group for patients with one of the Life Skills Workers. He then talked with frontline staff about their experience of working for the Trust, listened to their concerns and found out more about how frontline staff are involved in the Trust's Quality Improvement Programme.

### ***SUGAR Wins National Public Engagement Award***

Researchers at City University London in partnership with the Trust have won a national award for their mental health public engagement work from the National Co-ordinating Centre for Public Engagement (NCCPE).

SUGAR - Service User and Carer Group Advising on Research - was recognised for successfully developing community engagement and collaborative working in mental health nursing research. It was the winning project in the Health and Wellbeing category from over 230 entries.

The project is facilitated by Professor Alan Simpson from the School of Health Sciences at City University London. Established in 2009 and facilitated by Professor Simpson, the 13-member group consists of mental health service users and carers recruited via East London NHS Foundation Trust and local organisations. Members of the group receive education and training. They are provided with honorary university contracts, access to the library, computers and facilities, and are remunerated for involvement.

The group and academics meet monthly to collaborate on all aspects of a programme of mental health nursing research.

The group has been a great success with consultations with service users and carers resulting in changes and improvements in research funding applications. Members have also helped to address ethical issues; refined and tested research instruments; analysed and interpreted findings; and helped disseminate results. Due to its impact, the model has also been adapted by a team of academics working with patients and carers in kidney care, including haemodialysis and transplants.

### ***Professor Alistair Burns Visits Tower Hamlets***

On 29 July, Professor Alistair Burns, National Clinical Director for Dementia at NHS England and Professor of Old Age Psychiatry at the University of Manchester, paid a visit to dementia services in Tower Hamlets. Professor Burns had visited previously to formally open Columbia Ward, East London NHS Foundation Trust's centralised dementia assessment unit, back in 2012. He was interested to hear how services have developed since then and the Tower Hamlets Dementia Partnership showcased the collaborative work they have been doing.

### ***Trust Psychiatrist Voted Teacher of the Year***

Dr John Babalola, Consultant Psychiatrist in Newham, has been voted Teacher of the Year for teaching in east London during the 2013-14 academic year. The award is based on feedback from students undertaking medical training at Barts and The London School of Medicine and Dentistry.

### ***CAMHS Project Shortlisted for Nursing Times Award***

A project run by our Child and Adolescent Mental Health Services (CAMHS) was shortlisted for a Nursing Times award. The 'Young People's Choice and Partnership in Action' has made it through to the second stage of the process.

The Young People's Choice and Partnership in Action is a co-designed service improvement, empowering young people to have their say in their care by becoming



partners in the recruitment and selection process. The Nursing Times report an impressive 700 entries this year so it is a great achievement for the team

### ***Mother and Baby Unit Accredited as Excellent***

In July 2014 The Margaret Oates Mother and Baby Unit (MBU) was accredited as 'Excellent' by the Royal College of Psychiatrists and the Quality Network for Perinatal Mental Health Services. The unit provides care to women with a pre-existing mental illness who are at risk of becoming unwell or women who develop mental illness during pregnancy or after the birth. The unit enables women who are admitted for treatment of their mental health to be supported to ensure a safe delivery if they are pregnant and be treated in an environment where both their needs and the needs of the baby are met.

Only three Mother and Baby Units out of 22 in the UK are accredited as excellent. And it is the only one in London with this status.

### ***Newham Mental Health Ward Rated 'Excellent'***

The Ruby Triage Ward at Newham Centre for Mental Health was granted AIMS (Accreditation for Inpatient Mental Health Services) by the Royal College of Psychiatrists' Centre for Quality Improvement.

Having met 276 out of 279 standards (98.92%) they were rated 'excellent'. The ward team has achieved this within the first year of opening. The assessors commented on the excellent facilities available to patients both on and off the ward and the calm environment. They noted that staff were approachable and dedicated, and that the multidisciplinary team were patient focused and committed to supporting carers. They commended the 'This is Me' care plans in use on the ward and noted a high level of engagement between the pharmacist on the ward and the patients. They also commented on their good links with community teams and faith specific support.

### ***Professor Eileen Sills CBE Meets the Tower Hamlets Dementia Partnership***

On 26 August 2014, staff at the Robinson Centre in Mile End Hospital hosted a visit from NHS England's Clinical Director for Dementia, Professor Eileen Sills.

Professor Sills heard from a range of staff about the work underway in Tower Hamlets to develop services for people with dementia and their families to support them every step of the way. She heard perspectives from the Tower Hamlets Clinical Commissioning Group, the Alzheimers Society, London Borough of Tower Hamlets as well as Trust staff who make up the Tower Hamlets Dementia Partnership.

### ***Newham Telehealth Service First in Europe to Receive Accreditation***

The Trust was delighted to hear that we have been awarded accreditation status for our Telehealth services under The European Code of Practice for Telehealth Services. This makes us the first in the country to receive this accreditation.

The Telehealth team use technology to support patients with a long term medical condition to manage and monitor their own health. Equipment provided in the patient's home enables them to take blood pressure, blood sugar and pulse readings

which are transmitted via a TV top box to the telehealth team who can provide advice and guidance, or detect serious variations. It is playing a key role in supporting people to be independent and maintain their health and well-being.

The assessment team undertook an indepth review of the Trust's approach to telehealth care, looking at how Telehealth fits in with other healthcare and treatment interventions, the technologies employed to gather health readings, how findings are communicated to the patient's GP and other health workers and how patient satisfaction is measured and responded to by the Trust.

### ***Award Winning Garden Project***

A 'Green Team Gardening Project' based at Pritchards Road Day Centre in Tower Hamlets has come first in the 'Best Community Garden in the East End,' winning a Gold Award.

Adrian and members of the Green Team will attend a presentation event to be held at the Barbican on the 30 October where they will be presented their well-deserved Gold Award.

### ***Trust Health Visitors Host UNICEF Visit***

Health Visitors in Newham took part in a week-long study tour from 20-24 October 2014 hosted by the Institute of Health Visiting (iHV) and held in partnership with UNICEF. Delegates from eastern Europe and Central Asia were interested learning more about the concept of home visiting for families with children under five years of age. The Family Health Experts were in England to learn about the vital role that health visitors play in the health and wellbeing outcomes of children and their families.

Delegates spent a day with Newham health visitors as they visited families during their usual day-to-day activities. During the week, the participants heard presentations on policy, education, research, practice, frameworks and tools. Fellows of the Institute shared their knowledge and direct experience with the study tour participants and shared case studies.

### ***Globe Ward Award for Quality Improvement***

It was good to see so many staff from the Trust at the Quality Improvement Conference that was organised by UCL Partners (our local Academic Health Science Partnership) in November 2014. The event was aimed at sharing learning and good practice linked to quality improvement.

As part of the event two of our quality improvement projects were shortlisted as finalists in the poster presentation competition and were asked to present in the main auditorium. The weight management project at Newham Centre for Mental Health was one of the presentations showcasing the approach to supporting mental health inpatients to reduce the amount of weight they put on when they are staying on the wards. The other project was the violence reduction project taking place on Globe Ward in Tower Hamlets. The work on this project to reduce the number of violent incidents on the wards was presented.

We are delighted to announce that following the presentations Globe Ward were voted the winners.

### ***Race Equality Case Study Published***

The Trust was recognised in the NHS Providers report on racial equality. In accordance with our Equalities, Diversity & Human Rights Strategy we were selected as a case study for the NHS Providers report on race equality. We were selected as an example of a trust that is taking steps to improve their performance. NHS Providers have reported a board led commitment to racial equality, with one of the most diverse boards in the NHS with 40% BME and 40% female members.

The Trust serves one of the most diverse areas of the country, with 50 per cent of the population from BME communities with over 100 different languages spoken in the London Borough of Newham alone. We are keen to reflect the communities that we serve which is why over 55% of our workforce have a BME background. The trust embraces diversity as a fundamental prerequisite for success, we will continue to develop our understanding of the populations that we serve, and this will enable us to plan, design and deliver services more effectively and appropriately. We are working with local organisations to increase the number of BME candidates in recruitment exercises, including the East London Business Alliance, local authorities, further and higher education institutions and Jobcentre Plus.

### ***Trust Improved In Stonewall Workplace Equality Index Score***

The Trust is proud to report a significant improvement in our Stonewall workplace equality index score. Stonewalls' Workplace Equality Index 2015 is an annual audit of workplace culture for lesbian, gay, bisexual and transgender staff. The Trust has taken a number of steps to improve equality in line with our Equalities, Diversity & Human Rights Strategy. We are now ranked at 111 out of 397 organisations; this is a significant improvement on our position of 228 last year. Stonewall's Index audits employers who want to provide the best possible working environment for their LGBT staff. The Index is based on a range of key indicators which include a confidential questionnaire of LGBT staff and evidence provided by the participating organisations. East London NHS Foundation Trust is (jointly) the most improved Trust in London and the second most improved organisation within the health sector. The Trust has been selected to receive the 'Most Improved Award' at my WEI Health Sector Awards this year.

## **Communicating More Effectively**

### ***Awareness Raising Campaigns***

The Trust supported a range of health awareness raising campaigns during 2014-15 with services going out into the community, working with patients and carers and linking with partner organisations.

Some of the campaigns we supported included Alcohol Awareness week,

Occupational Therapy week, Autism Awareness week, national No Smoking day, Falls Awareness week and International Nurses day.

## ***Social Media***

The use of the Trust social media channels has gone from strength to strength, particularly on Twitter. The Trust uses these tools to communicate with patients, carers, partners and staff.

In February 2014 the Trust used social media to support the #Hellomynameis campaign that has the support from over 80 NHS trusts nationally. We are using this campaign to remind our staff of the importance of introducing themselves to patients.

## ***TrustTalk***

The Trust has moved to a quarterly hard copy edition of TrustTalk magazine and this is now aimed at all stakeholders rather than just for staff. To supplement the quarterly hard copies we have also introduced a monthly eTrustTalk for those members, patients, carers and partners who want to receive news electronically.

## **Research**

### ***Leading the way in Mental Health Research***

Research is regarded as an important part of what the Trust does. For several years it has been guided by the Research Director (Prof. Stefan Priebe) and supported by a Research Strategy Committee.

Three successful research Units spearhead research at Trust:

- **Violence Prevention**, led by Professor Jeremy Coid
- **Mental Health Nursing**, led by Professor Alan Simpson and
- **Social and Community Psychiatry**, led by Professor Stefan Priebe.

The latter is a designated **World Health Organisation Collaborating Centre** (the only one specifically for Mental Health Service Development in the world). Since 2007, these Units have been awarded more than £16 million competitive research funding from the Department of Health, European Union, Medical Research Council, National Institute for Health Research, and the Wellcome Trust. There have been several hundreds of research publications, some of them with a wide impact on both practice and further research.

Key areas have been research on Violence Prevention, Non-verbal Therapies, and Therapeutic Communication. The Trust is nationally and internationally leading in these research fields.

### ***Violence Prevention***

The Violence Prevention Unit published a study on the relationship between delusions and violence among people suffering with psychosis.

The research team looked at factors lying in between the association of psychosis and violence to identify the cause of the observed link. The team assessed many potential reasons for delusions to be linked to violence and found that anger caused by the delusions was the link. Only when the person's delusions made them angry, did this lead to them being violent. This is a major breakthrough and backs up what has been a long-established clinical observation.

The research team also explored the accuracy of commonly used risk assessment instruments and found that none of the instruments was better than chance when it came to predicting future violence amongst individuals with psychopathy. These findings have major implications for risk assessment, indicating that these risk assessment instruments have limited use in environments with a high prevalence of severe personality disorders such as secure psychiatric hospitals and prisons.

### ***Research on Non-verbal Therapies***

In line with the Trust strategy to promote the use of non-verbal therapies in mental health care, a body of research has been developing within the Unit for Social and Community Psychiatry with a current focus on group interventions of Body Oriented Psychotherapy and Music Therapy. Commonly known under the umbrella of 'arts therapies', which also include art, dance movement and drama therapy, these interventions focus upon the use of arts modalities to promote nonverbal forms of expression and communication.

To date, we have demonstrated that non-verbal therapies can be effective in patient groups with on-going mental disorders who have not benefitted from conventional treatments, i.e. patients with post-traumatic stress disorder and chronic depression. This research suggests that non-verbal therapies can be an innovative and very effective treatment which may be more widely used in the future. This research is ongoing.

### ***Research on DIALOG and Therapeutic Communication***

Communication and the therapeutic relationship between a patient and a clinician are central in mental health care. Research conducted by the Unit for Social and Community Psychiatry has shown that a more positive therapeutic relationship is associated with more favourable outcomes. A recent study has demonstrated that training psychiatrists in communication skills can lead to higher patients' satisfaction in patients with psychosis.

A major research programme focuses on the so-called DIALOG+ intervention. The technology supported intervention consists of an assessment of patients' concern and wishes for help, and a 4-step approach to address the concerns based on solution focused therapy. It aims to make patient-clinician communication in community mental health care more patient centred and therapeutic. A recent randomised controlled trial in East London has shown that the intervention leads to better patient outcomes with improved quality of life and saves costs at the same time. The challenge now is to implement the intervention in practice and develop it further in research.

### ***Research on Diabetes Self-management***

The Trust also supports research in the Newham Community Services. A series of studies explores how best to support diabetes self-management in people who also have a severe mental illness.

### ***Technology Improving Patient Care***

There have been significant technical and system developments in the past year to provide staff with the tools they need to effectively care for patients. The Trust has replaced a significant number of older computers, added capacity to the Trust

network and established a new data centre in the new Trust Headquarters with full disaster recovery capability at a secondary site.

### ***Enhanced infrastructure***

The Trust has invested in new server infrastructure to host the Trust's data, supported by a higher capacity network. Not only does this improve clinical and administration systems, it also means that, for example, the time taken for our overnight download of reporting data has been reduced significantly.

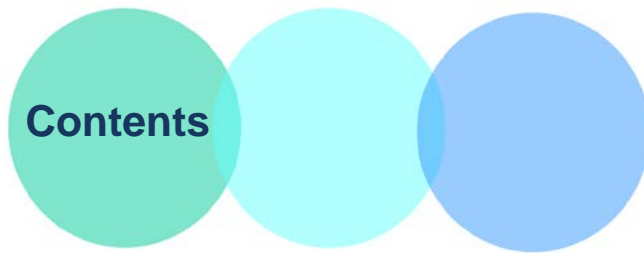
The Trust upgraded to Release 2 of BT-RiO in 2014, offering improved management of diaries, clinics and appointments, better integration of patient's progress notes and diaries, and an auto-save function making it less likely that work will be lost if a connection is broken.

### ***WiFi***

WiFi has been extended across the Trust and all Trust sites now offer guest wifi access.



**QUALITY ACCOUNTS**  
**2015**  
**East London NHS Foundation Trust**



## Achievements

### Executive Summary

#### Part 1 – Statement on Quality

- 1.1 Statement on Quality from Dr Robert Dolan, Chief Executive
- 1.2 Statement on Quality from Dr Kevin Cleary, Medical Director

#### Part 2 – Priorities for Improvement

- 2.1 ELFT Quality Strategy
- 2.2 Quality Indicators & Priorities for 2015/16
- 2.3 Review of Services
- 2.4 Participation in Clinical Audits
- 2.5 Research
- 2.6 Goals Agreed with Commissioners
- 2.7 What Others Say about the Trust
- 2.8 Data Quality
  - 2.8.1 Information governance Toolkit attainment levels
  - 2.8.2 Clinical Coding Error Rate

#### Part 3. Review of Quality Performance 2014/15

- 3.1 Review of Priorities 2014/15
  - 3.1.1. Quality indicators for 2014/15
  - 3.1.2. Good Quality Care across the Trust
- 3.2 Patient Reported Experience Measures (PREM)
- 3.3 Staff Survey
- 3.4 Complaints and PALS Annual Report
- 3.5 An Explanation of Which Stakeholders Have Been Involved
- 3.6 Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs)
- 3.7 Statement from Newham Healthwatch
- 3.8 Statement from Tower Hamlets OSC
- 3.9 An Explanation of any changes made to Quality Accounts Report
- 3.10 Feedback
- 3.11 2014/15 Statement of Directors' Responsibilities

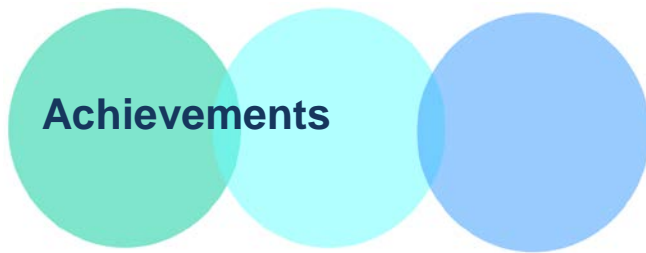
If you require any further information about the 2015 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000 or email [webadmin@elft.nhs.uk](mailto:webadmin@elft.nhs.uk)

#### Glossary

#### Contact with the Trust







The Trust is proud of the achievements made over the last year, below is a summary (including links) of just a few:

- **Staff Survey results** - ELFT is proud to feature in the Health Service Journal's (HSJ) top 10 in the top 100 places to work in healthcare. The HSJ in conjunction with NHS Employers compiled and published a list of the top 100 best places to work in health: <http://www.eastlondon.nhs.uk/News-Events/News/Trusts-Staff-Engagement-Score-is-the-Best-in-the-Country.aspx> & <http://www.hsj.co.uk/resource-centre/supplements/hsj-best-places-to-work-2014/5074461.article>
- **UCL Partners award to Globe Ward for Quality Improvement:** <http://www.eastlondon.nhs.uk/News-Events/News/Globe-Ward-Award-for-Quality-Improvement.aspx>
- **Pritchards Road Day Centre in Tower Hamlets won a Gold Award for 'Best Community Garden in the East End':** <http://www.eastlondon.nhs.uk/News-Events/News/Award-Winning-Garden-Project.aspx>
- **Mental Health Teams Shortlisted for BMJ Awards:** <http://www.eastlondon.nhs.uk/News-Events/News/Mental-Health-Teams-Shortlisted-for-a-BMJ-Awards.aspx>
- **Newham Telehealth Service First in Europe to Receive Accreditation:** <http://www.eastlondon.nhs.uk/News-Events/News/Newham-Telehealth-Service-First-in-Europe-to-Receive-European-Accreditation.aspx>
- **Newham Tops London HPV Immunisation Table:** <http://www.eastlondon.nhs.uk/News-Events/News/Newham-Tops-HPV-Immunisation-Table-For-London.aspx>
- **Development of DIALOG software:** <http://www.wolfson.qmul.ac.uk/current-projects/effective-patient-clinician-interaction>
- **Development of a Ward Welcome App** – The Trust has been working with service users to develop a mobile app that supports inpatients on our adult mental health wards: <https://itunes.apple.com/gb/app/wardwelcome/id909345645?mt=8>
- **Trust Film Shortlisted for an EVCOM Award:** <http://www.eastlondon.nhs.uk/News-Events/News/Trust-Film-Shortlisted-for-an-EVCOM-ward.aspx>



## Executive Summary

The Quality Accounts Report has become an important tool for strengthening accountability for quality within our organisation. In this report you will see how the Trust has worked hard to ensure that resources and energy are focused on improving the quality of the services we provide and ensuring they are sustained. The most significant element of this is the development of the Quality Strategy which sets out our ambition to deliver the best possible mental health and community care to our patients, service users, carers and families. We have made a commitment to quality of care being our foremost priority. This is embodied in our mission to provide the highest quality mental health and community care in England by 2020.

The report will present information in three parts. Part 1 contains the statements from the Chief executive and the Medical Director. Part 2 provides information regarding the 'Priorities for Improvement' and includes information across a range of areas such as the populations we serve the types of services we provide and information on our statutory responsibilities. Of particular interest in this section is the development of the Trust Quality Improvement Programme as this highlights how the Trust is using a structured methodology to improve the quality of care the trust provides aligned to two main priority areas: reducing harm and providing the right care in the right place, at the right time works.

Part 3 of the report provides a review of quality and performance in 2014/15 and presents information on across a large number of measures. Where possible we present the data together with comparative information so that you can see how well the Trust is doing against previous levels of performance and alongside our NHS colleagues.

## Part 1 – Statement on Quality

### 1.1 Statement on Quality from Dr Robert Dolan, Chief Executive



As a Trust, ELFT has always put high quality, patient centred care at the heart of what we do. We have strong clinical leadership, are a well led Trust and we are performing well financially. We face the same challenges as other NHS providers across the country and it our focus on continuous quality improvement, empowering both frontline staff and our patients to make positive changes to how we deliver services that has seen us perform so well in our staff and patient surveys.

During 2014-15 we focused even more on developing as a learning organisation, sharing good practice and continually looking at how we can improve the quality of care we deliver. A co-ordinated approach via our Quality Improvement Programme has made a difference in how we have been able to start shifting the culture in the Trust and empower our staff. Our approach to delivering training in our Quality Improvement methodology, supported by the Institute for Healthcare Improvement, has been effective in ensuring our staff take a consistent approach to making improvements to patient care. This has been demonstrated by the wide range of projects we now have in place across the Trust supporting our aims to reduce harm and to deliver the right care, in the right place at the right time. Our Quality Account 2015 provides details of the work that has taken place to improve the quality of our services and highlights our priorities for the coming year.

Staff satisfaction has a real impact on the patient experience and we know that staff who feel valued and empowered by the Trust will deliver improved care and outcomes for our patients. As such, we were delighted to be named one of the HSJ and NHS Employers Top 10 Best Places to Work in Healthcare. Following on from that, the national NHS Staff Survey 2014 results placed us as joint first in the country for overall staff engagement and satisfaction. We achieved the best scores in the country for job satisfaction, staff motivation and work and staff feeling empowered to contribute towards improvements at work. The Trust also has a well-established Staff Concerns at Work/Whistleblowing Policy, and in response to the Freedom to Speak Up report further work is being undertaken to ensure that the principles of the report are embedded within the organisation.

It is due to our strong reputation for delivering excellent, high quality clinical care in innovative ways and truly putting patients at the centre of what we do and how we work that we have been fortunate enough to develop the Trust outside of east London. In 2014-15 we worked with staff, Governors and patients to bid for mental health services in Bedfordshire and Luton. We were named as the preferred provider in December 2014 and everyone has been working hard to be able to safely transfer services to the Trust by 1 April 2015. In next year's Annual Report we will be able to report on how the services are developing and operating across Bedfordshire and Luton.

Finally I would like to thank all our staff, partners, Governors, members and of course our patients for supporting the Trust to deliver high quality clinical care.

## 1.2 Statement on Quality from Dr Kevin Cleary, Medical Director and Director for Quality and Performance



We started this year with a new, evolving strategy of quality improvement with a focus on improving the experience of our patients and service users. In addition we made an explicit statement about our commitment to improve the experience of our staff. These simple statements are about a wish to transform the culture of the organisation in a sustainable way; a complex process where we are still learning.

I am pleased to say that we have made a very positive start to our quality improvement work and have started to tackle some very difficult intractable problems. We have now almost completed wave 2 of the quality improvement programme for a group of our clinical staff, some service user representatives and governors. The aim has been to engage our staff in thinking differently about how we can improve our services and to show how change can be effected locally rather than being driven by central bureaucratic demands. Our staff have responded unbelievably positively to the opportunity offered by thinking imaginatively about how they can change things for our patients.

Violence and aggression is the largest single patient safety issue in adult mental health services. It adversely impacts upon patient experience, results in harm to patients and staff and adversely impacts upon the therapeutic environment. Our staff in adult and Mental Health Care of the Older Persons' services have developed a number of innovative ideas which have really decreased the number of incidents of violence on the wards, which has resulted not only in an improved experience for patients and service users but also has decreased staff sickness. In addition, there has been a 56% decrease in the use of prone restraint which greatly reduces the risk to service users and staff. We are justly proud of the work that the staff have undertaken.

In Community Health Services in Newham, pressure ulcers have been a major cause of distress and suffering for patients looked after by district nurses in their own home. Our staff have challenged the view that this is an intractable problem and have shown that with concerted effort using locally developed changes to the way that they work that we can significantly reduce the number of pressure ulcers acquired in the community.

Our most recent staff survey results show that staff have rated us very highly as an organisation where they are able to make change; a dedicated focus on quality can effect a culture change. Over the next year we want to work on improving the physical health of patients with mental health problems and waiting times for our service users. These are big challenges for us as an organisation but our staff have shown us how to change things for the better and I am confident that we make a start to tackle these problems.



## Part 2 – Priorities for Improvement

### 2.1 ELFT Quality Strategy

We aspire to provide care of the highest quality, in collaboration with those who use our services. ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change. It will not be easy to build this culture, but focusing on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective, give more power to our staff and improve patient experience and outcomes

**Our Mission: *'To provide the highest quality mental health and community care in England'***

We have two broad aims to help move us towards achieving our goal:

#### 1) Reduce harm by 30% each year

- Reduce physical violence
- Reduce falls
- Reduce restraints
- Reduce medication errors
- Reduce harm from pressure ulcers

#### 2) Right care, right place, right time

- Improve patient and carer experience
- Reduce delays and inefficiencies
- Improve reliability of evidence-based care
- Improve access to care at the right location

### Trust Priorities

In 2015/16 the Trust is continuing to implement the long-term priorities and measures of quality and satisfaction developed as a result of the collaborative work undertaken with partner and stakeholder groups. The Trust will maintain the focus on these three key areas to ensure continuity and consistency:

- **Improving service user and carer satisfaction**
- **Improving staff satisfaction**
- **Maintaining financial viability**

In spite of significant challenges, the Trust has directed considerable resources to improve these key priorities; we intend to build on this momentum. The challenge for the year ahead is to keep all areas of quality (patient safety, clinical effectiveness and patient experience) central to the care and treatment we provide.

*The focus on quality is helping us achieve our priorities.*

## **Promoting a Culture of Change**

With an organisation as large as ours, we know that 'change' can seem like a challenge to achieve. The Quality Improvement Programme relies on developing a culture of continuous improvement within each team and at every level of the organisation. To make this happen we are focusing on four key things in the way we support improvement:

**1) Listening and learning from our staff** – our staff are best-placed to identify areas for improvement and drive these improvements forward. We aim to strengthen the voice of our staff – from front-line to administrative and support staff.

**2) Strengthen the voice of our patients and carers** – all Quality Improvement projects must involve service users. It is essential we learn from their experience, understand what really matters and would make a meaningful difference.

**3) Measurement** – by measuring the impact of testing changes, viewing data over time and making data available and transparent, we can work together to understand whether we are improving.

**4) Team work** – we want each improvement team to involve a range of staff and patients, so that work together to flatten hierarchies, capture as much diversity of opinion and ideas as possible, and engage everyone to be part of improvement work.

## **Quality improvement programme**

Quality has been the undisputed buzzword in healthcare in for the last few years, with a number of seminal national reports focusing on how to improve quality of care.

At East London NHS Foundation Trust, we believe we currently deliver a good quality of care, with many 'bright spots' of excellent caring practice and innovation. There is also considerable inconsistency and variation, with a few 'dark spots' of concern. This situation is not unique to East London, and most healthcare staff may be able to relate to a similar picture in their organisation. Over recent years, as with many NHS providers, East London NHS FT has placed emphasis on quality control and quality assurance structures. This has resulted in relatively robust governance procedures, evidenced in the attainment of CQC essential standards of care for all visits.

Our ambition is to deliver the best possible mental health and community care to our patients, service users, carers and families. We have made a commitment to quality of care being our foremost priority. This is embodied in our mission to provide the highest quality mental health and community care in England by 2020. We recognise that achieving this will require a new approach to quality. The three landmark reports in 2013 on quality and safety in the NHS (Francis report, Keogh review and Berwick report) have all espoused the development of an organisational culture which prioritises patients and quality of care above all else, with clear values embedded through all aspects of organisational behaviour, and a relentless pursuit of high quality care through continuous improvement.

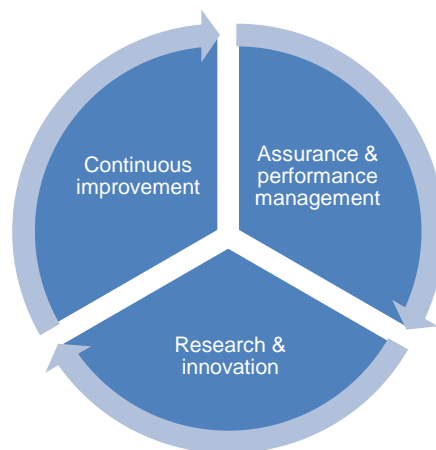
In addition but not unrelated, funding for the NHS is likely to remain static or possibly decline in real terms beyond the 2015 general election. Achieving year-on-year efficiency savings by focusing on rationalising inputs to the system (workforce, assets) is proving increasingly difficult and is likely to disproportionately affect staff morale and quality of care. It's abundantly clear to anyone working in the frontline of healthcare delivery that the area of

greatest inefficiency within the system lays within the clinical processes themselves, which have largely remained untouched through recent years of efficiency savings. Redesigning clinical pathways with the ambition of providing patient-centred, high value care offers the potential to realise continued savings from the health economy whilst delivering an improved quality of service to our patients. Successful redesign at this scale requires improvement expertise, dedicated resource, and rigorous application of a consistent methodology and a fundamentally different approach to quality, which involves putting patients and the families at the heart of the design and improvement work.

### Creating a balanced quality system

Our mission is to provide the highest quality mental health and community care in England. Being the very best requires continual improvement – always seeking to do things better. Sometimes it involves fundamental change in the way things are done, with everyone working together sharing the same passion and commitment.

The work required to achieve this will take several years, and involve us embedding improvement alongside assurance, performance management, research and innovation to develop a holistic approach to quality.



Our strategy takes a whole-organisation approach to quality improvement, and is built on experience and best practice from healthcare organisations and systems across the globe.

### Why are we doing this?

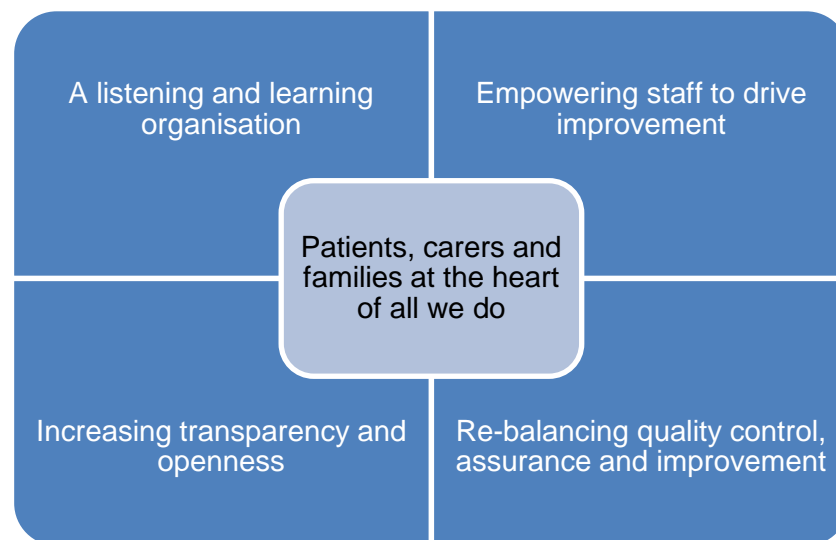
The right thing to do	Francis, Keogh and Berwick reviews	Engaging our staff	The economic climate
<ul style="list-style-type: none"> <li>• Improving quality of care is our core purpose</li> <li>• Of greatest importance to all our stakeholders</li> <li>• Build on the excellent work already happening to improve quality</li> </ul>	<ul style="list-style-type: none"> <li>• The need to focus on a more compassionate, caring service with patients first and foremost</li> <li>• More structured and bottom-up approach to improvement</li> </ul>	<ul style="list-style-type: none"> <li>• The desire to engage, free and support our staff to innovate and drive change</li> <li>• Engaged and motivated staff leads to improved patient outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• The need to do more with less</li> <li>– <i>improving quality whilst reducing cost</i></li> </ul>



## Culture change

Delivering our mission will rely on:

- Supporting our front-line staff to work in partnership with service users and carers, and providing them with the skills and freedom to innovate and test out ideas which could make a real difference. Eventually, we hope to support hundreds of quality improvement projects at the front-line, measuring their impact and spreading those ideas that have been shown to improve quality of care.
- ensuring that our teams are focused on the aspects of care that are of most importance to our service users, and supporting them to stop activity that is of less value
- embedding a culture of listening to our staff, service users and their families in our efforts to continuously improve our services



## Key elements of our Quality improvement programme

### 1. *Setting goals*

East London NHS Foundation Trust has set itself the long-term mission to provide the highest quality mental health and community care in England by 2020.

As initial areas of focus for improvement work, we have set ourselves two challenging stretch aims, which will provide frontline teams with a way to align their work with system-level aims:

- To reduce harm by 30% each year
- Right care, right place, right time

### **To reduce harm by 30% each year**

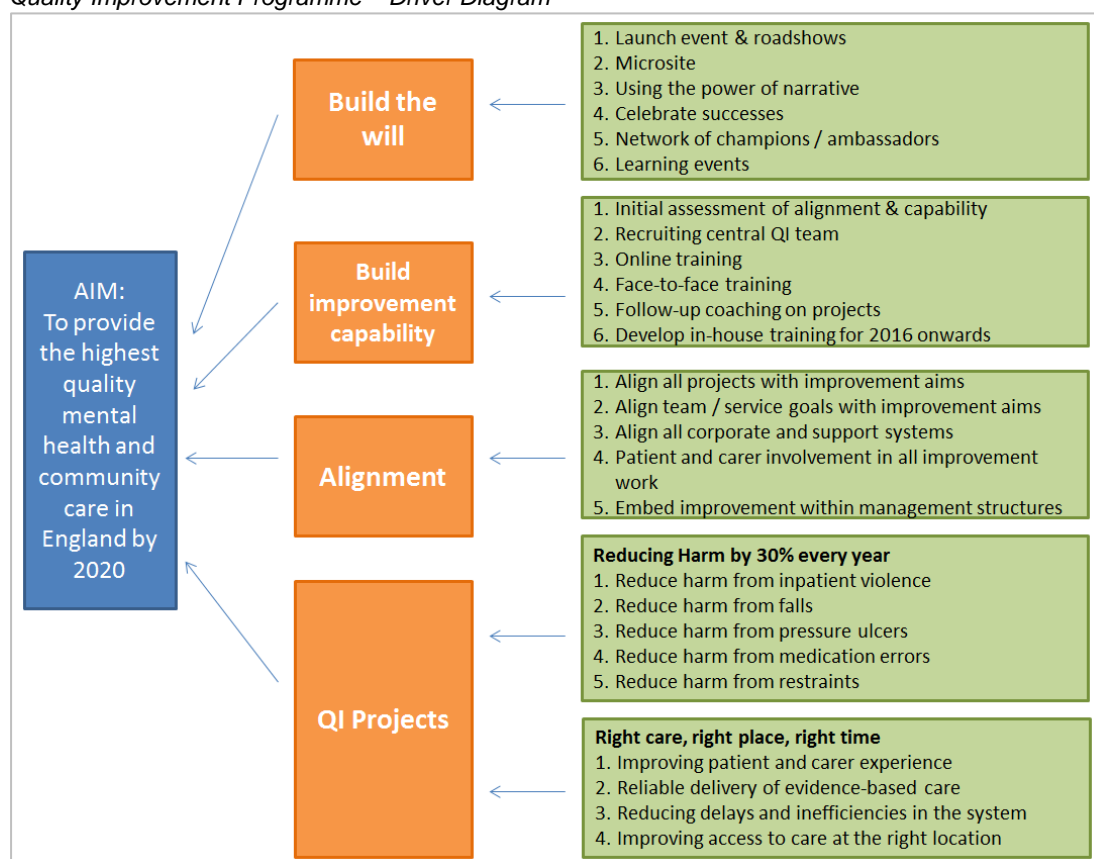
We want to reduce harm by 30% every year. Improvement projects we are working on now tackle the 'big safety issues' for our patients and families, including physical violence, falls, restraint, medication errors and pressure ulcers.



## Right care, right place, right time

Projects will focus on improving patient and carer experience, reducing delays and inefficiencies, improving the reliability of evidence-based care delivery and ensuring care is provided in the right setting as close to home as possible.

Quality Improvement Programme – Driver Diagram



The Quality Improvement Programme driver diagram provides a visual guide for how the quality improvement work is structured and how resources and work is co-ordinated to support the Trust strategy and priorities.

### 2. Central coordination

We are recruiting a central team to coordinate the programme, coach frontline teams in their improvement efforts and support internal and external learning and sharing from our work.

### 3. Building the will

To be truly successful in changing the culture of the organisation, we need to engage people at all levels and areas of the organisation, and those that have a role and interest in the provision of high quality care by East London NHS FT – whether staff, patients, carers, volunteers, commissioners, Governors or the local public.

Our approach to this challenge is two-fold: using traditional engagement channels, and also starting to build a grassroots movement. Traditional engagement activities have included a formal launch event for the programme in February 2014, attended by around 250 people, and road-shows across every major Trust site between March and May 2014. The

grassroots campaign will rely on networks and influence – developing local champions at every level, flattening hierarchies and making improvement opportunities available to all, and using a publicly available microsite to act as the central resource for the programme.

#### *4. Aligning our systems to support improvement*

Over the last few months, we have been slowly and steadily reviewing and re-aligning many of our corporate systems so that they will support our improvement work. Much of this has the potential to be transformative – for example, working towards the publication of complaints every month on our website, embedding a structure for listening at every level of the organisation, integrating quality data and making this available to every person in the organisation, reviewing all of our policies and procedures to ensure they support the development of a just culture, reviewing our clinical audit programme, refreshing our induction process, and ensuring that quality improvement is embedded within all of our internal training and development.

Alongside this, we're developing the framework for measuring and evaluating our progress on our strategy – not an easy task, considering the lack of standardised outcome measures in mental health, and the lack of accurate tariffs and costs for patient-level activity.

#### *5. Building improvement capability*

One of our earliest decisions was that we would be more successful in this journey if we partnered with an external continuous improvement expert, to support us with strategic advice and to help us build improvement skills in our workforce at scale and at pace. We are proud to be partnering with the world leaders in healthcare improvement, the US-based Institute for Healthcare Improvement, who will be helping us to build improvement skills in our workforce at pace and scale over the coming two years, and will be providing us with strategic support and advice.

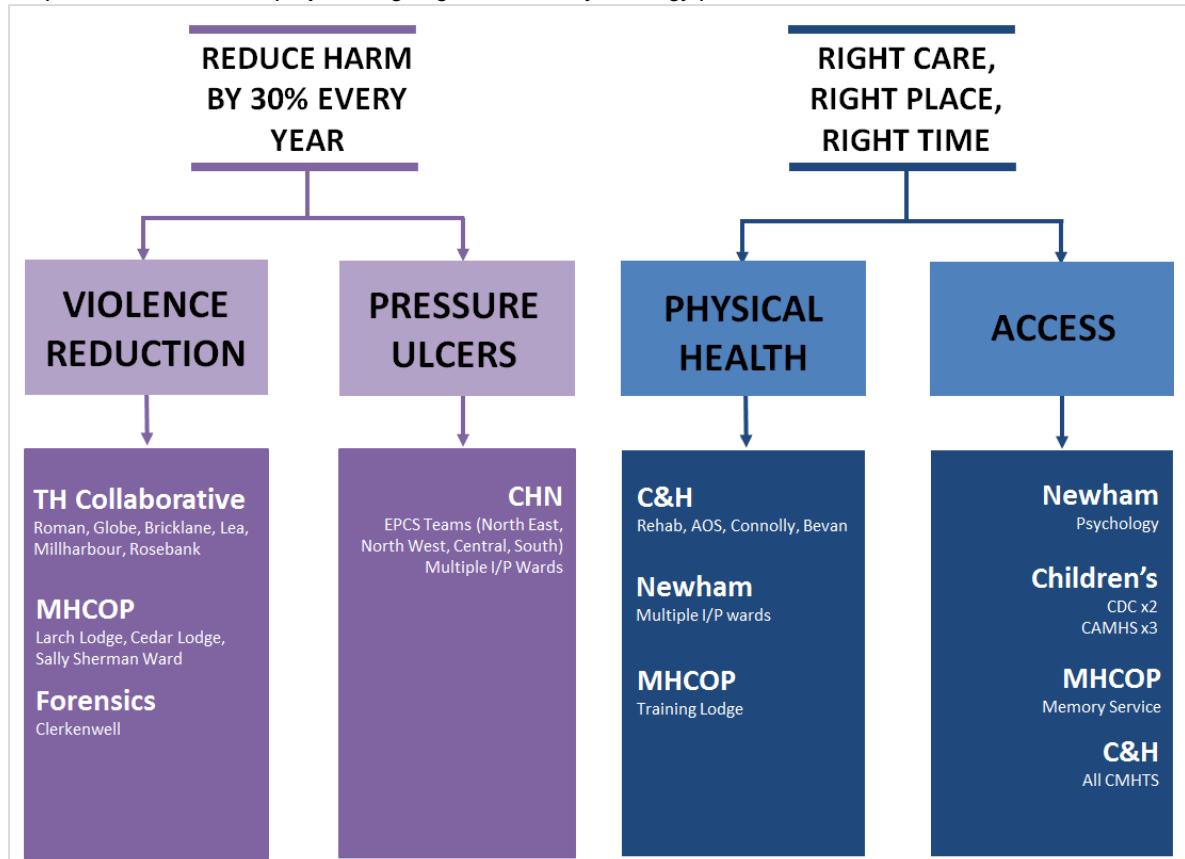
Please see this short film summarising the first year of the QI programme: <https://vimeo.com/121658198>

We're also working with BMJ Quality to provide our teams with a customised online platform to document their QI project, provide them with online tools & resources, and a way to publish their QI work.

## 2.2 Quality Indicators & Priorities for 2015/16

The quality Indicator priorities for 2015/16 align to the two broad aims of the Quality Strategy; 'Reduce harm by 30% every year' and 'Right care, right place, right time' as set out below. Examples of work currently initiated are set out below. The Trust will focus resources on developing these Quality Improvement projects further and initiating project in areas where gaps currently exist.

*Graphical overview of QI projects aligning to the Quality Strategy priorities*



### Reduce harm by 30% each year

#### 1) Violence Reduction

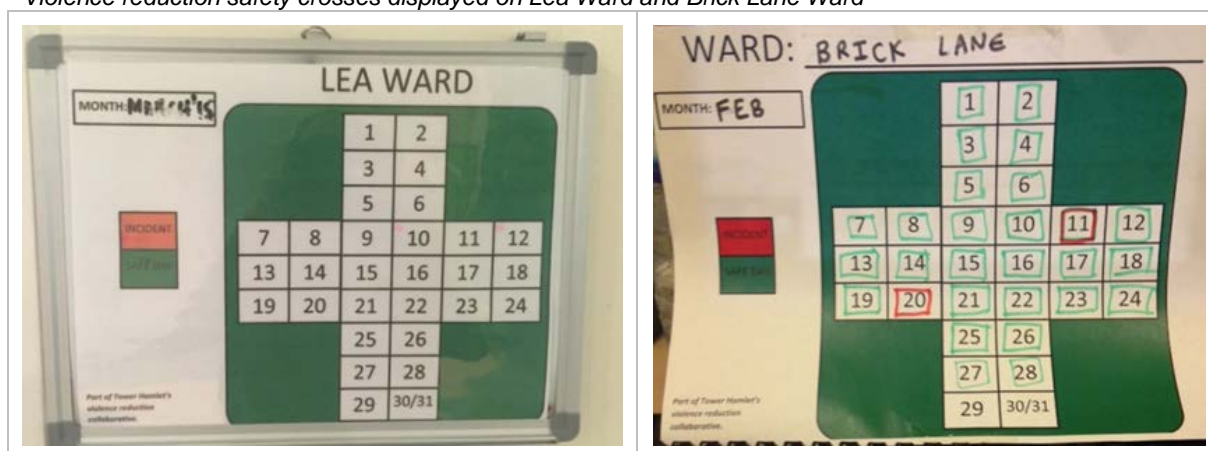
##### 1.1 Reducing Physical Violence in Adult Mental Health Wards in Tower Hamlets

The violence reduction collaborative for adult mental health wards meet every six weeks to share their learning and problem solve. There is also violence reduction work happening in older adults services and a project is about to start in the forensic service.

There are six wards working on reducing violence across the Tower Hamlets Centre for Mental health. There are two strands to this work, the first being implementation of the 'safety bundle' which includes use of a dynamic risk assessment (Brosset Violence Checklist) used to help predict violence, the safety huddle which is an impromptu meeting called by any member of staff when there are safety concerns which need addressing and displaying the safety cross as a means to disseminate information to the ward community about the safety on the ward.

Following the success of the 'safety bundle' on Globe ward (evidenced by a reduction in violence by 50%) this package of care is being spread across the unit to help achieve our aim which is to reduce physical violence by 30% by December 2015.

*Violence reduction safety crosses displayed on Lea Ward and Brick Lane Ward*



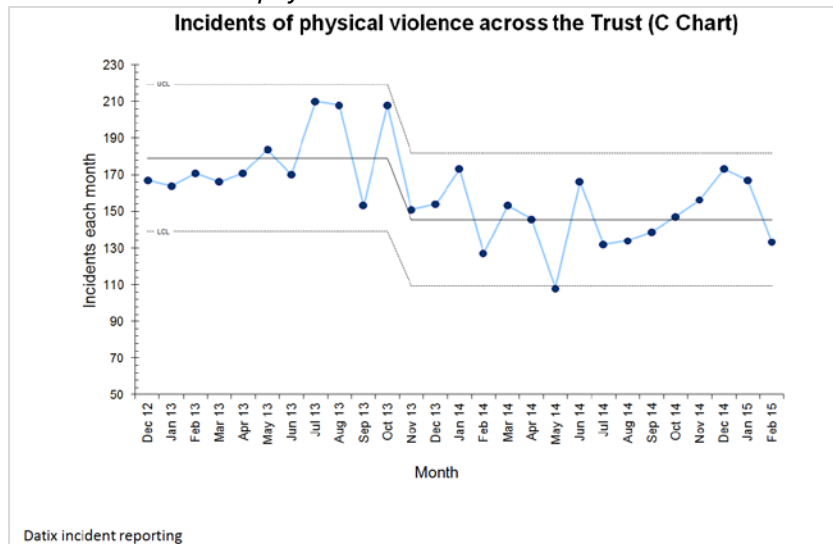
The second part of the violence reduction collaborative is to encourage teams to think of innovative ways to reduce incidents of violence on each of their wards. Each team has been given the freedom to develop and test any change ideas.

- a) Rosebank ward identified that lost property is the main source of conflict on the ward. They have hypothesised that by addressing this issue they will reduce a large amount of violence and aggression. They have created a property amnesty box which is put out twice a day for property to be returned to if service users have discovered that they are in possession of items that do not belong to them. They have also taken to photographing service users' property on admission as a way of recording items brought onto the unit and to settle disputes.
- b) Lea ward have identified that 'Section 17' leave causes a significant amount of unrest. The team have taken to discussing the conditions of leave with service users prior to leaving the ward and have introduced review periods when leave has been terminated. They are also testing the idea that a service users' named nurse or the nurse with the best relationship with the service user will take the responsibility for having these discussions to see if this will have an effect on the number of violent incidents related to leave.
- c) Roman ward have introduced a staff and service user mindfulness group to help the ward recharge when the atmosphere feels tense. They are testing a daily review whereby clinicians are contacted daily to make decisions on items such as leave and can answer questions from carers or service users so that they do not need to wait for the weekly ward round.
- d) Bricklane ward are testing a pre-ward round meeting between named nurse and service user to outline who they would like to attend the ward round and also what issues they would like addressed. They feel that preparation with the service user before the ward round will increase service user experience and shared decision making.
- e) Milharbour ward have gone smoke free as part of their physical health improvement work and there appear to be early signals that it has reduced the number of incidents on the ward. The personal support plan which has been

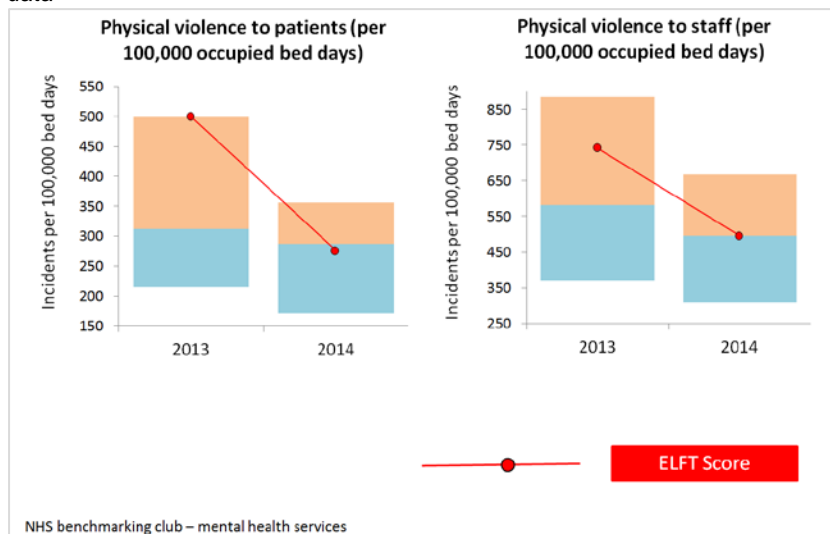
developed as a conversation enabler to improve the relationship between service user and named nurse is still in the testing stages.

Globe ward are developing brief carer interventions for ward staff. This is still in the early phases and will hopefully result in better engagement between the carers and ward staff, provide support for carers and promote further family interventions.

### Reduction in rates of physical violence across ELFT



### Comparison of physical violence to patients and staff between 2013 and 2014 against national benchmarking data



## 1.2 Reduce Physical Violence in Older Adult Mental Health Services

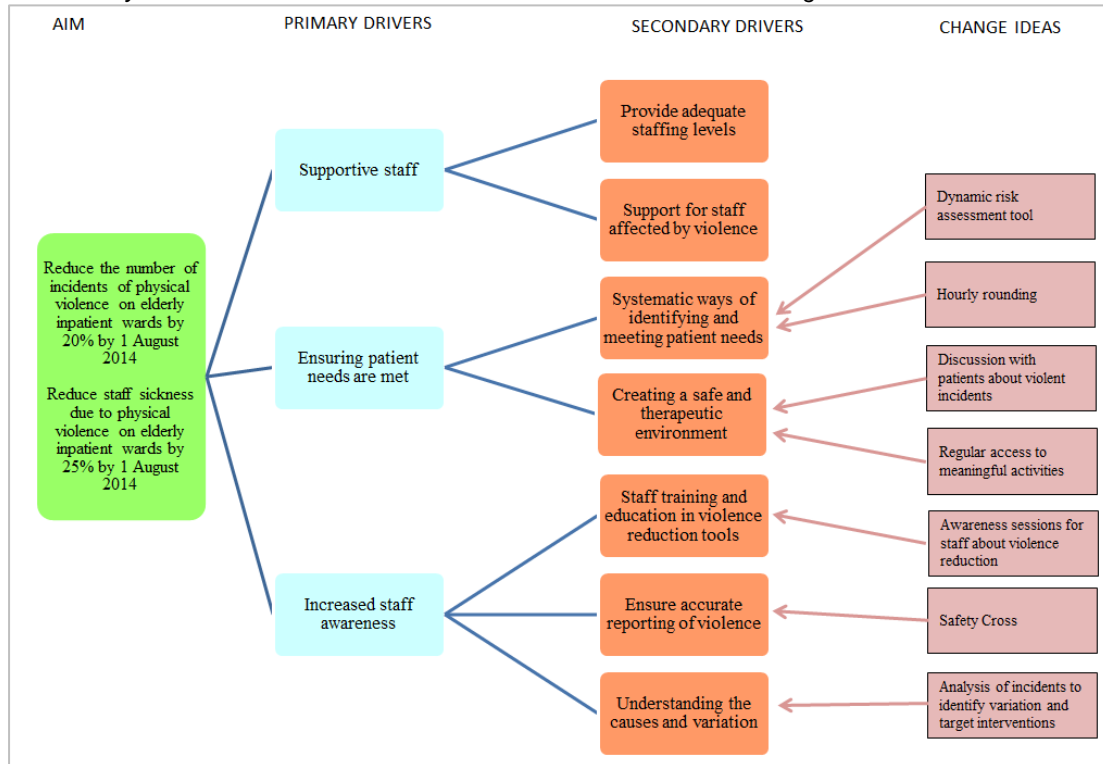
The QI team felt the project was important for the following reasons:

- Reduce harm to patients & staff
- Reduce sick leave
- Create a better environment on the ward
- A platform for many initiatives

As a result, they developed two aims:

- a. Reduce the number of incidents of physical violence on elderly inpatient wards by 20% by 1 August 2015
- b. Reduce staff sickness due to physical violence on elderly inpatient wards by 25% by 1 August 2015

*Reduce Physical Violence in Older Adult Mental Health Services Driver Diagram*



The project team developed and tested a number of change ideas, such as ‘approach patients every 2 hours’ (‘anticipate and pre-empt’), the development of the ‘sensory room’, ‘pet therapy’ (see photo), increase number of activities during the week and at the weekend and undertaking actions to reduce noise on the wards.

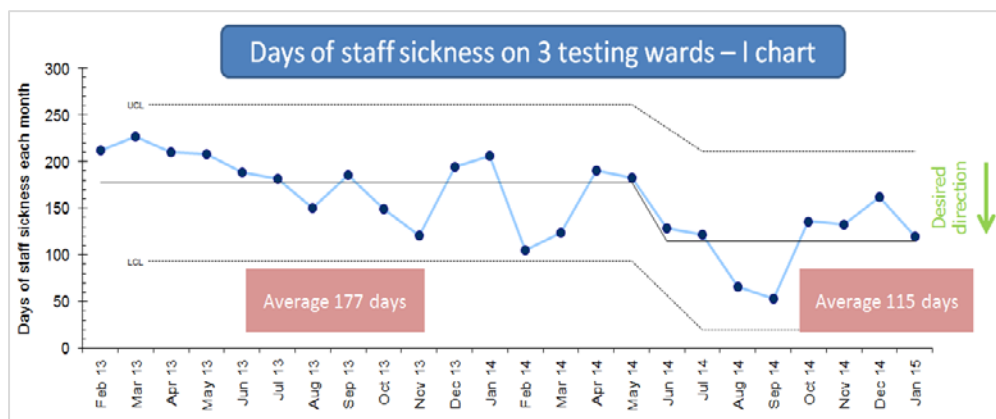
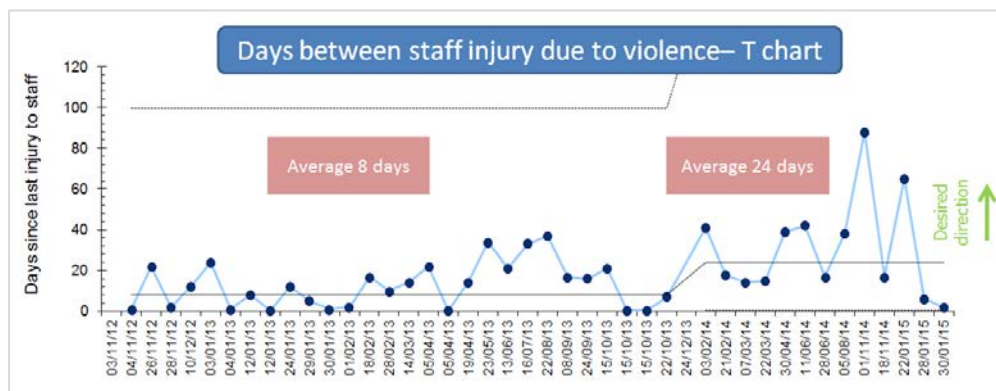
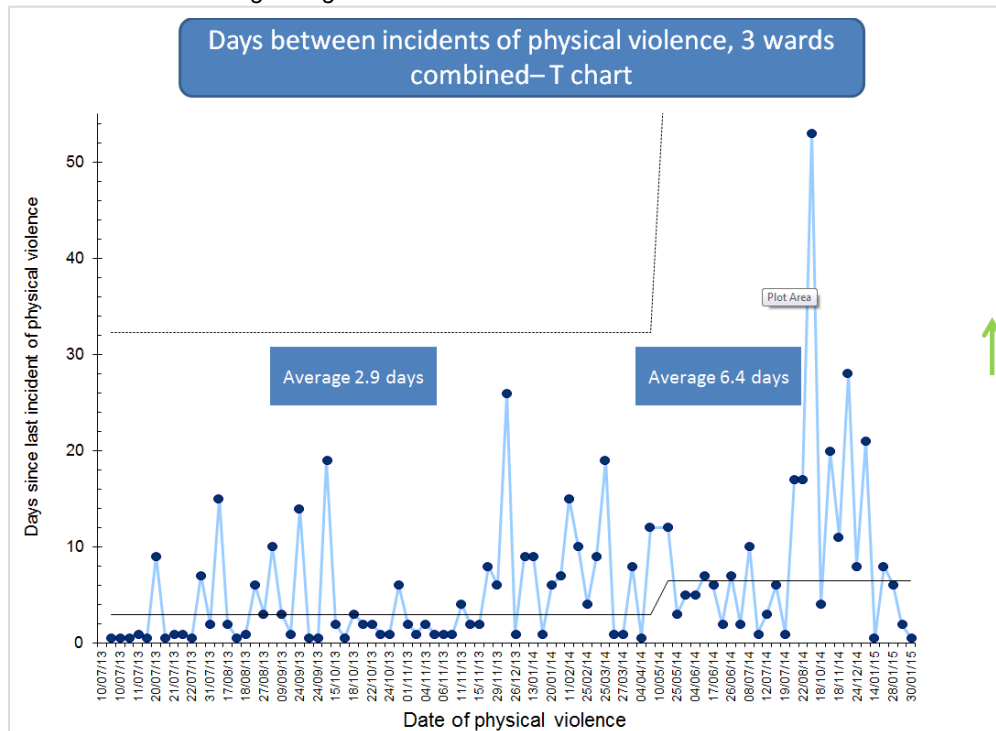
*A photo of staff with some of the pets brought to the wards*





The data presented below indicate changes in the main outcome measures, specifically: 'days between incidents', days between staff injury due to violence' and staff days off sick due to violence'. Each of these measures is moving in a positive direction.

Control charts indicating change in the main outcome measures



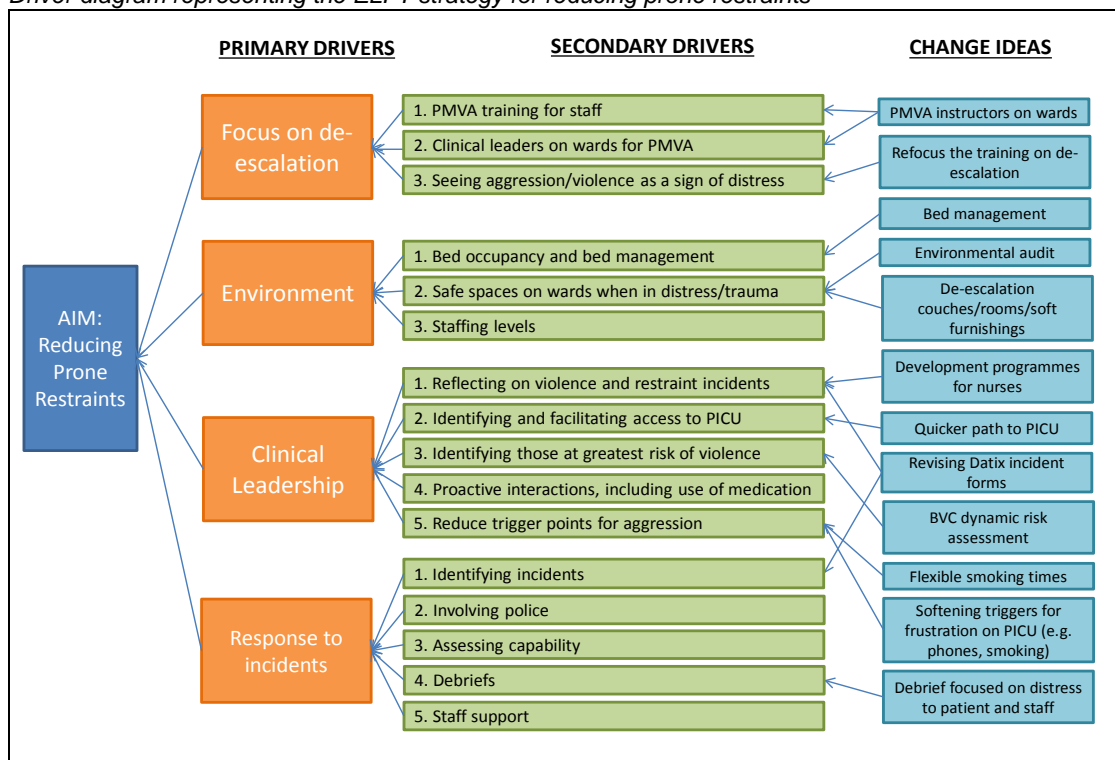
Please click the link to see a short film: <https://vimeo.com/127720896>

### 1.3 Reduce restraints

Restraint is a key patient safety and quality issue. It has been the focus of considerable attention over a number of years, most notably in the Rocky Bennett inquiry and latterly in the MIND report 'Mental Health Crisis Care: physical restraint in crisis' a report on physical restraint in hospital settings in England. Safe and proportionate use of restraint is also an element of the CQC Essential Standards of Quality and Safety.

Since the beginning of 2013, East London NHS FT has been working to reduce prone restraints. Our strategy for this work is illustrated in the driver diagram below. A driver diagram illustrates a 'theory of change', that can be used to plan improvement project activities. This technique provides a way of systematically laying out aspects of an improvement project so they can be discussed and agreed on collaboratively by the project team. In essence, it is a visual strategy for tackling a complex problem.

Driver diagram representing the ELFT strategy for reducing prone restraints



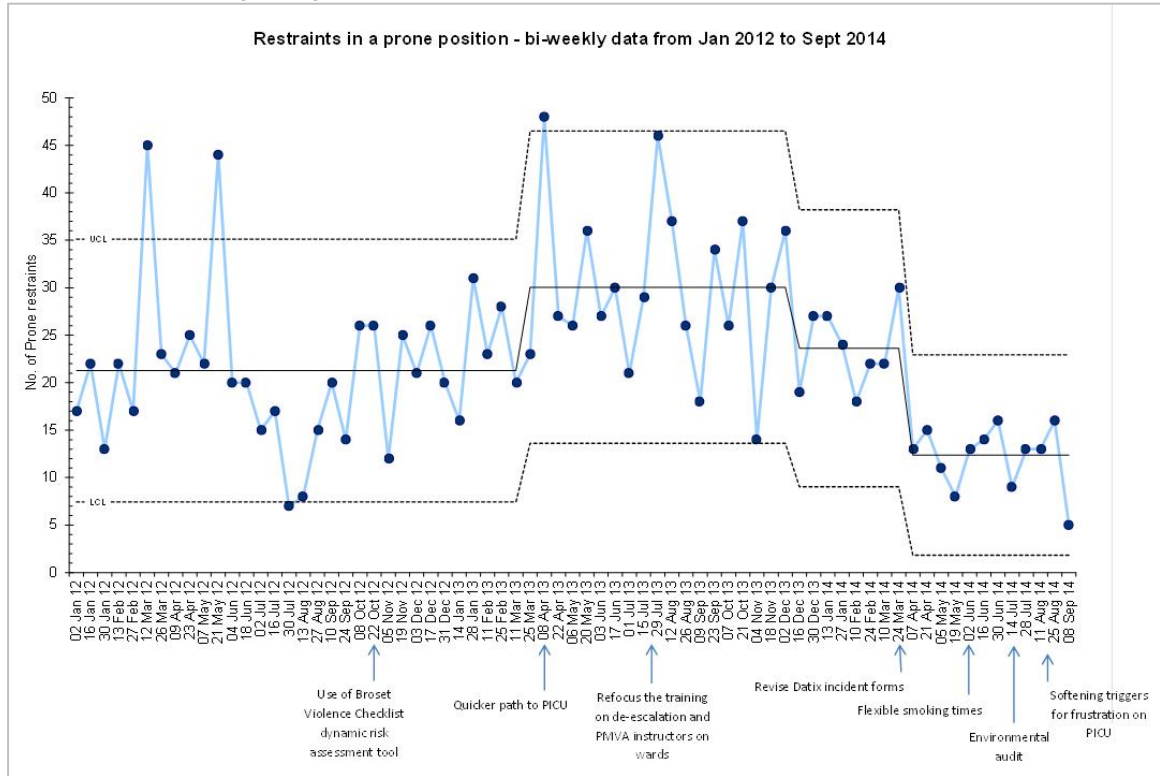
The charts below show the reduction in numbers of incidents of prone restraint across our organisation. We have included data for the past 2 ½ years to show improvement over time.

The numbers of prone restraints seem to have reduced over a period of 18 months from an average of 34 every fortnight, to a new level of 12 per fortnight. This represents a reduction of 65% in prone restraints, which has been sustained now for over 5 months.

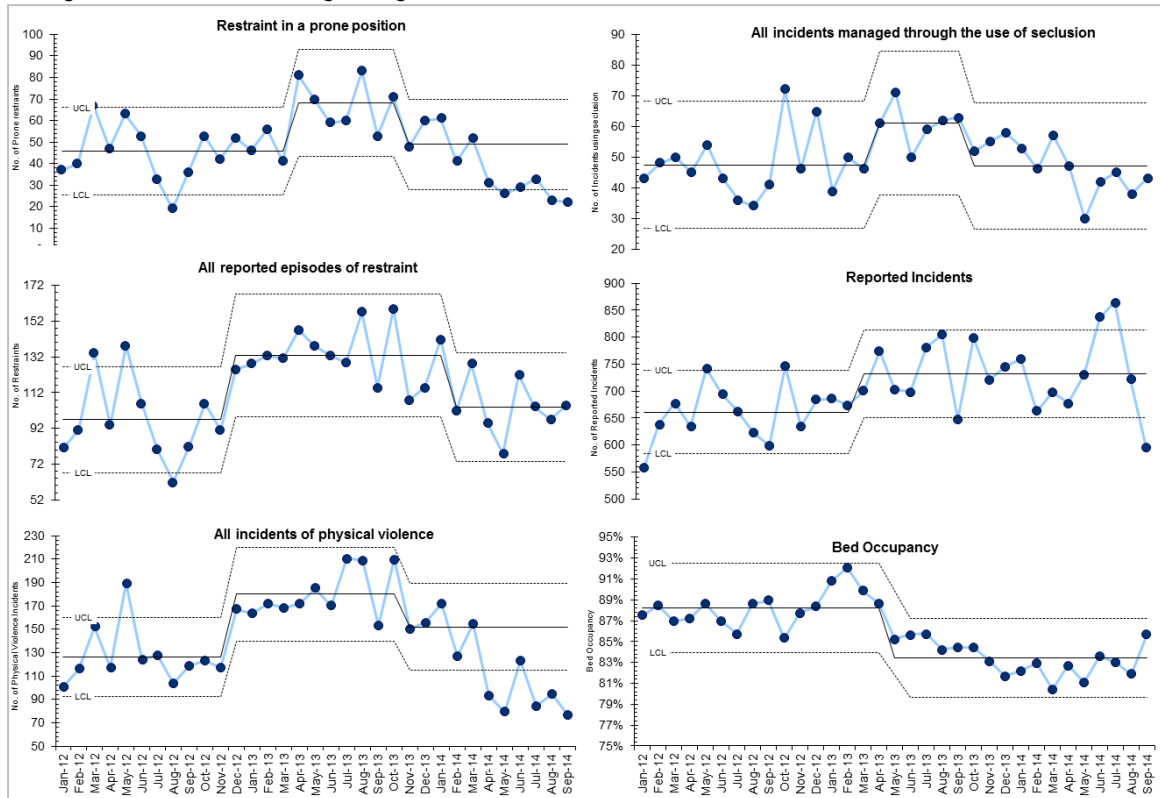
The following charts show the change in other key indicators during this period. It is interesting to note similar reductions in levels of physical violence across all our inpatient wards over the same time-frame. Whilst incidents of restraint have reduced, they have not reduced as significantly as the levels of prone restraint. Use of seclusion and bed occupancy rates have reduced during the same period. Interesting, we are seeing these changes despite increasing levels of safety incident reporting, which is suggestive of an improving safety culture within the organisation.



Control chart indicating change in the number of restraints over time



A range of measures indicating changes over time related to restraints



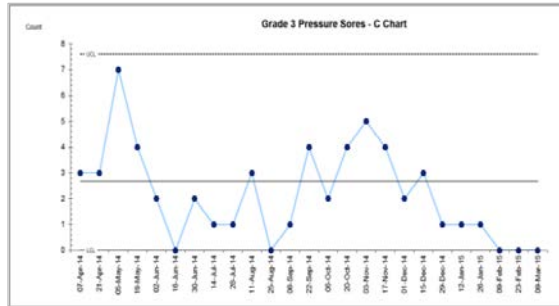
These data indicate the various change ideas being developed and tested are having a positive effect across a range of indicators. The project team believe these indicators reflect the overall feel on the wards.

## 2) Pressure Ulcers

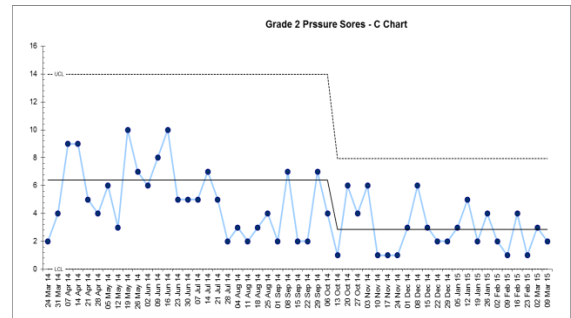
### 2.1 Reduce harm from pressure ulcers

There are now increasing signs of an upcoming improvement in grade 3-4 acquired pressure ulcers across the Extended Primary Care Team (EPCT). A 50% reduction in the mean number of acquired grade 2 pressure ulcers across the EPCT has already been evident since October 2014.

*Grade 3-4 Acquired Pressure Ulcers on a Bi-weekly Basis*

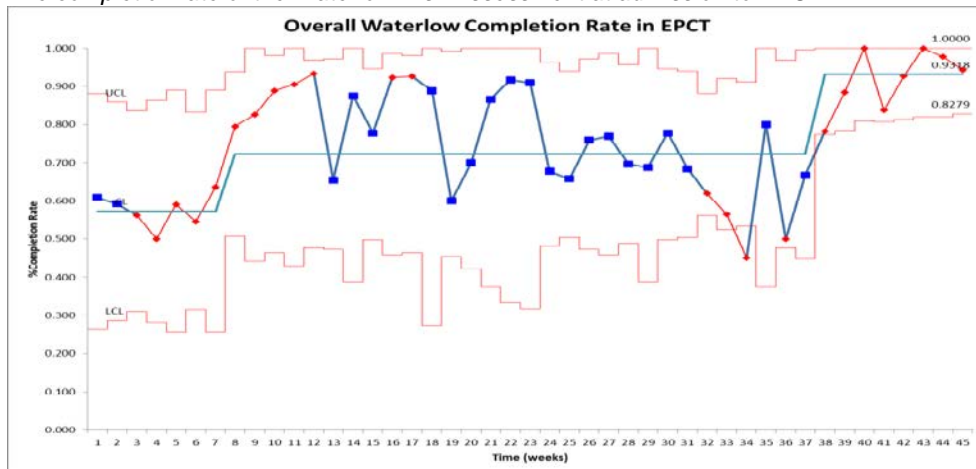


*Grade 2 Acquired Pressure Ulcers on a Weekly Basis*



Work continues to focus on improving initial Waterlow risk assessment on admission to the EPCT caseload. Mean reliability has now increased to 93% for this process. Teams are now focusing on developing sustainable solutions to maintain this improvement.

*The completion rate of the Waterlow Risk Assessment at admission to EPCT*



Work also continues to occur on reducing caseload across the service and in using clinical management meetings to improve the management of those with existing pressure ulcers.

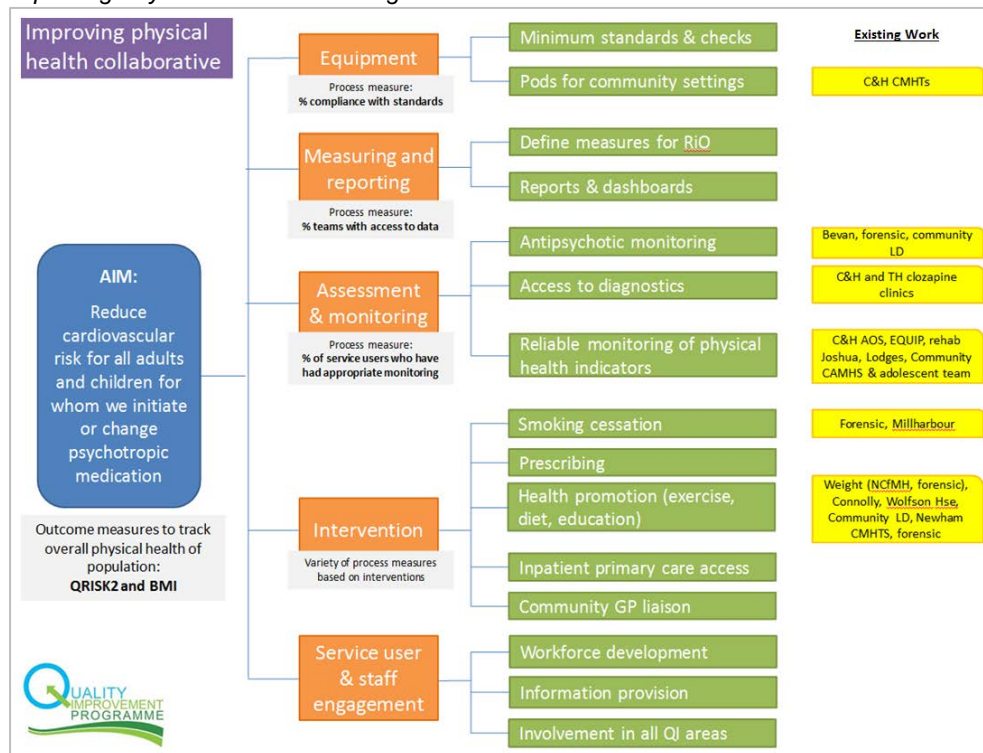
Please click the link to see a short film: <https://vimeo.com/127721561>

# Right Care, Right Place, Right Time

## 3) Physical Health

The Trust has developed a strategy specific to the needs of the local population but guided by national standards and guidance. The driver diagram below provides a summary of the overarching aim of the physical health strategy and the key drivers identified as part of the quality improvement programme.

Improving Physical health driver diagram



A number of projects currently exist, below are details of two which have implemented and tested change ideas.

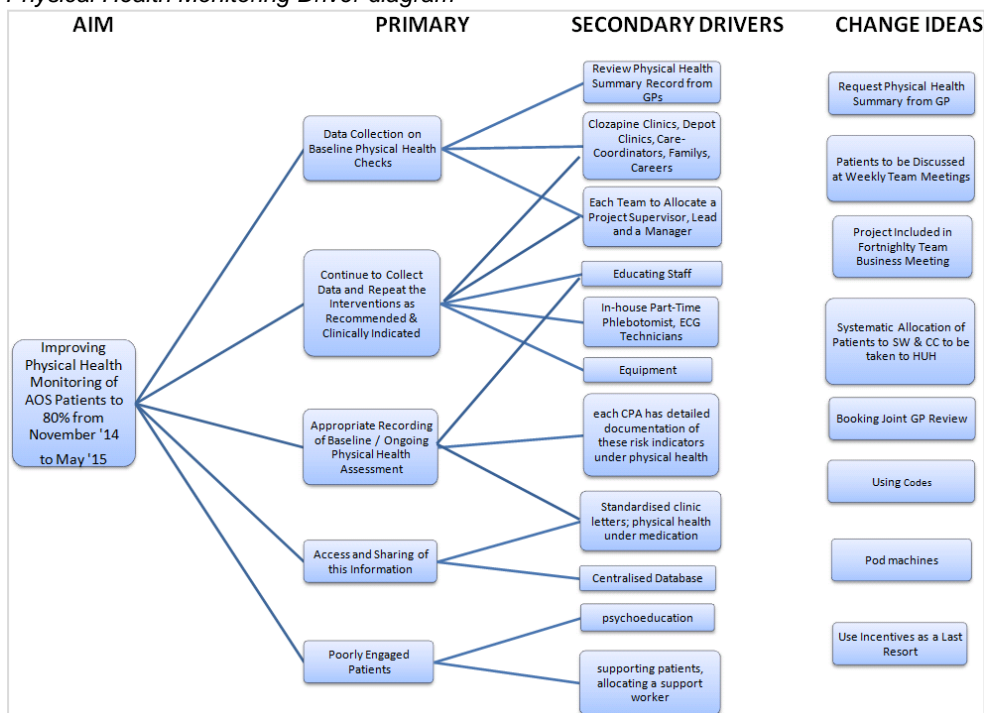
### 3.1 City & Hackney (C&H) 'Physical health monitoring project'

Severe Mental Illness (SMI) is associated with poor physical health, increased rates of Cardio-Vascular Disease (CVD) and Type-2 Diabetes (T2DM) and as a consequence, premature mortality. The iatrogenic effects of some psychotropic medications could contribute to this, which can easily be detected through regular monitoring. Improving physical healthcare to reduce premature mortality in people with SMI is a priority for ELFT and NHS England.

One of the notable findings regarding ELFT in the Report of the Second Round of the National Audit of Schizophrenia (NAS2) 2014 was “although monitoring of physical health risk factors were about average in ELFT, it was still below what should be provided and was particularly poor for monitoring of glucose control and lipids”

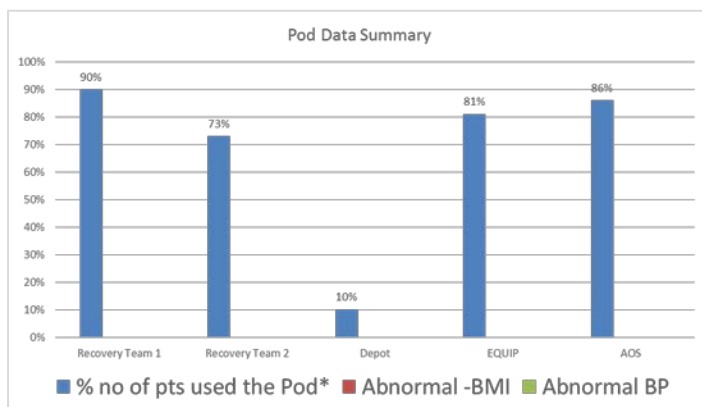
A QI project was established which developed the following aim: Improve physical health monitoring (blood tests, weight, ECG, BP) of Assertive Outreach Service (AOS) patients to 80% from November 2014 to May 2015.

Physical Health Monitoring Driver diagram



A number of change ideas have been tested, including the use of physical health assessment 'Pods' (see image overleaf). The project teams has learnt a great deal as a result of undertaking this project.

Data indicating the number of patients who have used the 'Assessment Pod' in the various teams in the City and Hackney borough and a photograph of a pod.



### Learning Points:

- Pod can be used as helpful screening tool in majority of the clinical settings.
- Most of the patients would use the pod- may need initial encouragement.
- Need to raise awareness among other clinical and non-clinical staff for the need of monitoring physical health.
- Patient feedback about the use of pod has been quite positive and encourages discussion about their physical health.

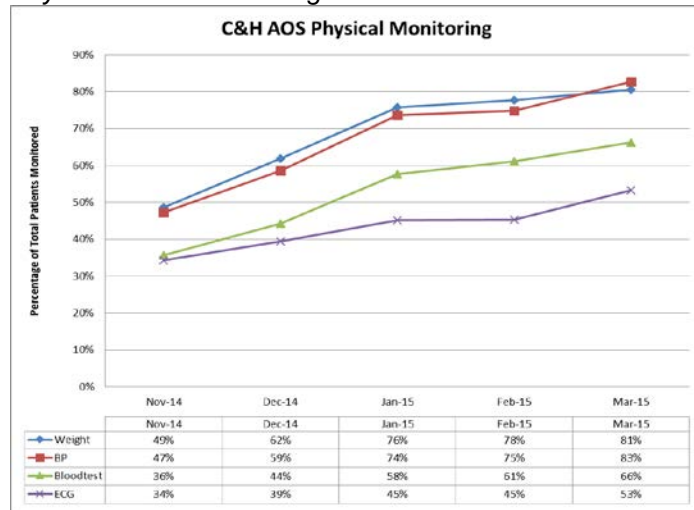
### City & Hackney Physical Health Monitoring Project

The complexities of physical health monitoring of SMI patients are more challenging than at first thought. Effective leadership, collaborative team work, routine recording of the results

and improved communication between primary and secondary care increased the physical health monitoring of this complex and challenging patient group. The creation of a central database which is maintained during the team weekly meeting and updating the team on the process monthly helped embed this standard into daily practice.

The project team are now considering separation the data for AOS and AOS Forensic as these are separate patient groups with different needs. Furthermore, increasing physical health monitoring of its patients has implications on C&H AOS's operational functioning, training and supporting infrastructure.

### Physical health monitoring in the AOS

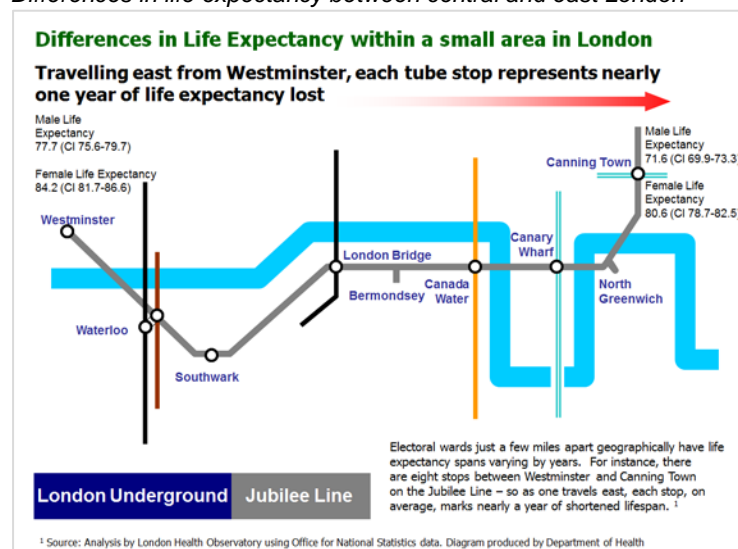


### 3.2 Newham ‘Reducing weight gain during admission to Inpatient service’

Newham Centre for Mental Health is a psychiatric hospital in one of the countries most deprived areas, a borough which is also home to some of the poorest physical health outcomes in the UK.

The Schizophrenia Commission 2012 found that people with serious mental illness die an average of 15-20 years earlier than the general population. Cardiovascular morbidity and mortality are increased approximately 2-3 fold in people with severe mental illness. One of the main modifiable risk factors is obesity, with a prevalence of 45-55% in Schizophrenia.

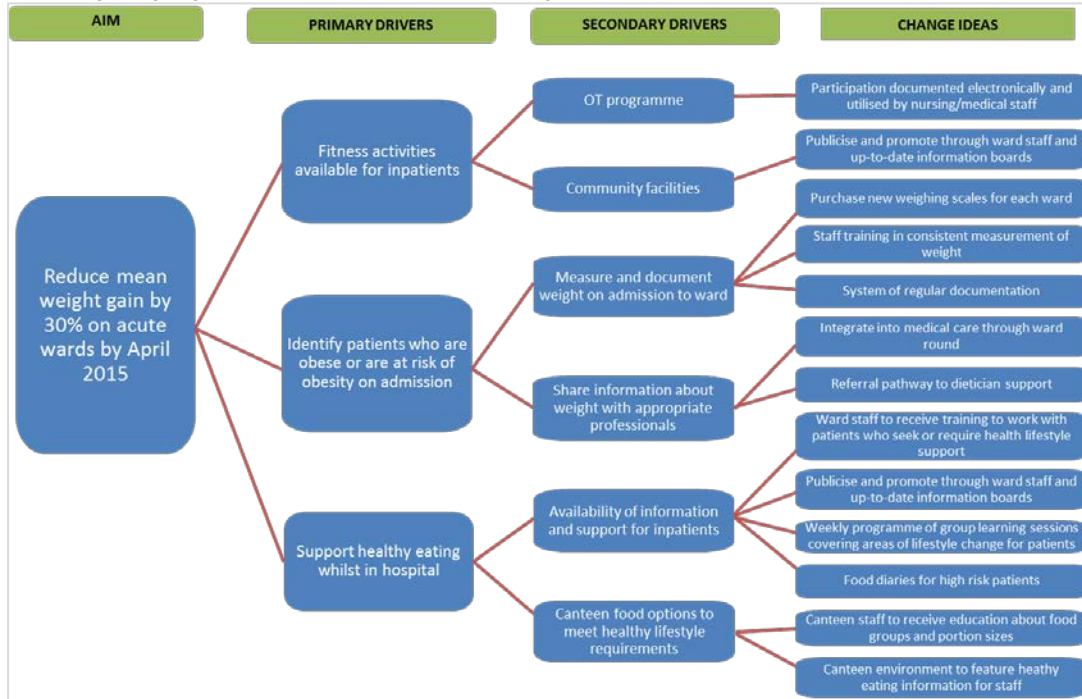
#### Differences in life expectancy between central and east London





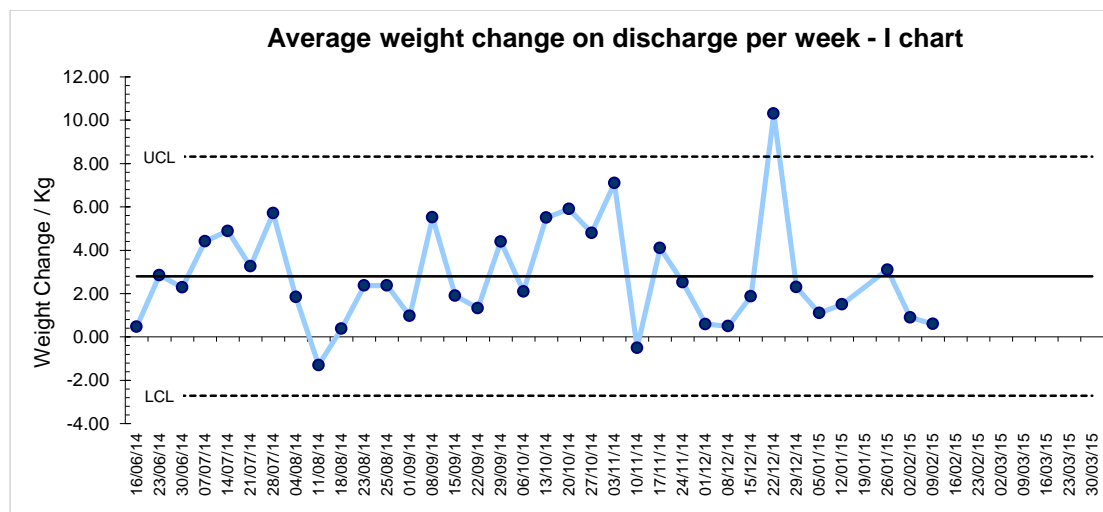
Baseline data at Newham Centre for Mental Health revealed patients put on an average of 2.5kg in weight during a one month admission. The project team is multidisciplinary and coordinates efforts of healthcare staff with external catering workers and local fitness experts to tackle the broad range of issues that influence weight gain in hospital.

Reducing weight gain on inpatient wards driver diagram



The unit dietician, staff nurses, healthcare assistants, doctors, occupational therapists and pharmacists have developed a better understanding of weight gain in hospital using quality improvement methodology. The change ideas (in driver diagram above) are aimed at a broad range of people and across organisational boundaries: hospital workers, catering staff and patients, as well as changing the environment in which patients are nursed.

The primary outcome measure is the change in weight between admission and discharge. The chart below tracks this data since the project started in June 2014.



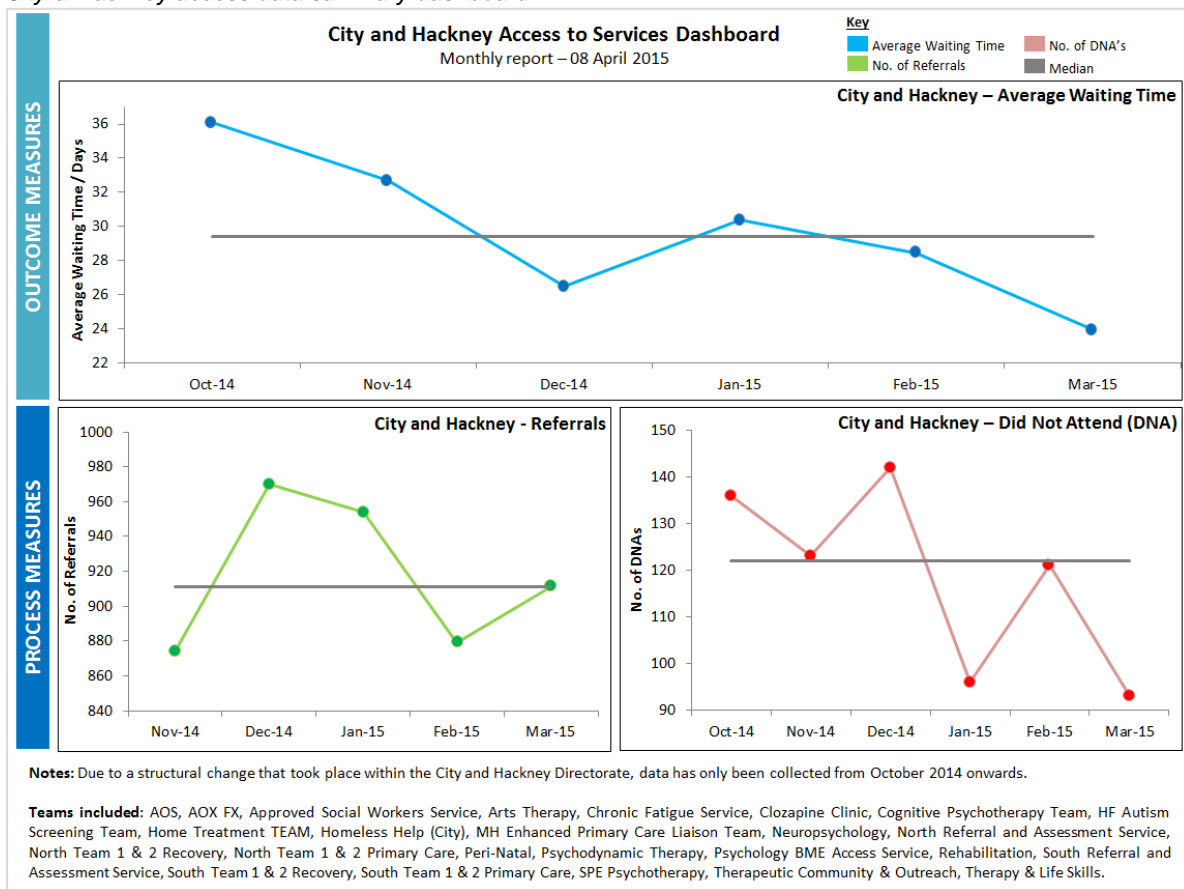
A number of change ideas have been developed and tested including developing a new physical assessment process and number of activity groups which aim to provide education

as well as exercise. However, the biggest change has been to the food which is being served which has involved working closely with the external catering team.

#### 4) Access

With the longest average wait from referral to appointment being seen in City & Hackney, the QI work on waiting times in adult community mental health teams is focused on this borough. A project team has started meeting regularly, with the current focus on the work being on understanding the pathway and trying to improve data quality and operational definitions. The team has now started to look at data at team-level over time, with an example dashboard below.

City & Hackney access data summary dashboard



The Psychological Therapies team in Newham are undertaking a QI project to reduce waiting times from the point of referral to initial assessment, and referral to commencement of treatment, by 25% by April 2015. The project was set up during mid-2014, since which time the team has relocated to a new site where they are now settled. Staff within the team are now engaged with this large piece of work, and have undertaken a number of tasks such as mapping the current flow of patients, considering workload capacity for the service, designing and implementing new referral forms and DNA procedures.

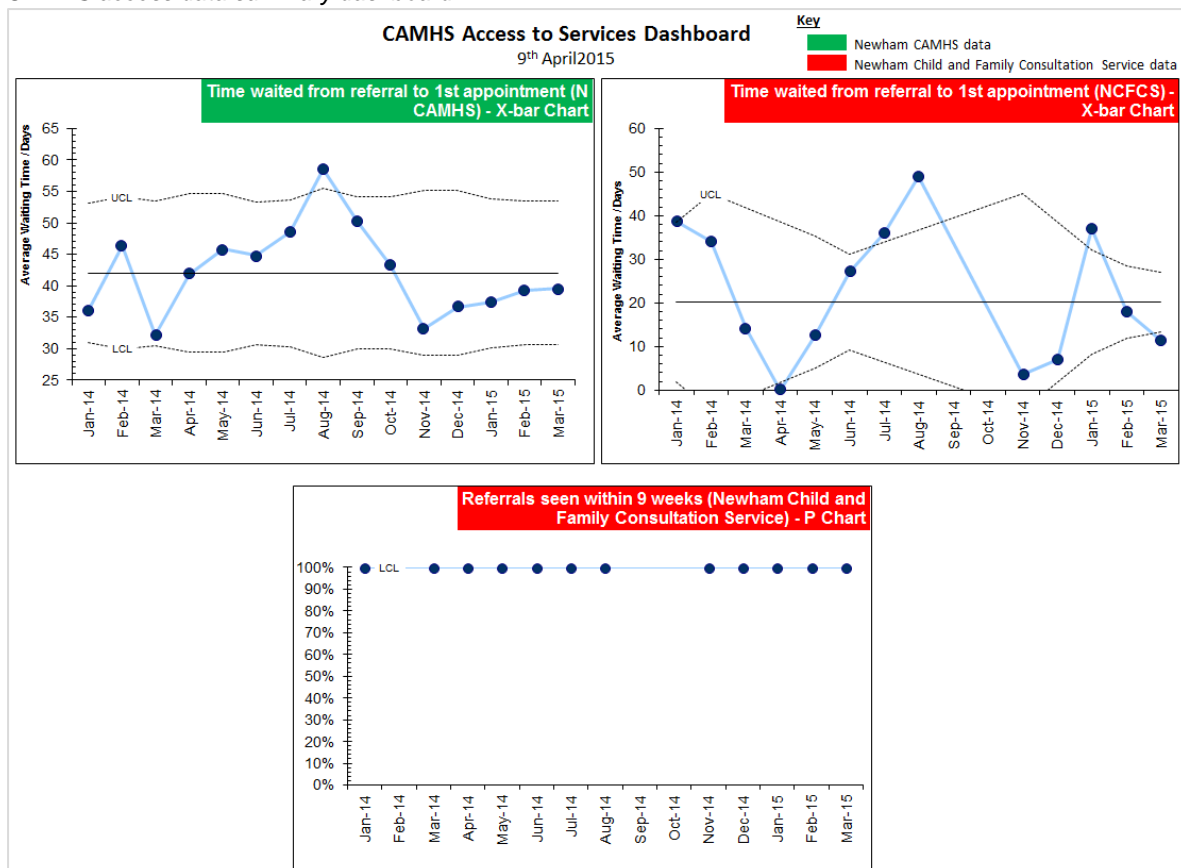
This represented work that needed to be done to prepare the ground for quality improvement work, but thus far there are very few parts of the system where new ideas that could lead to sustainable change have been tested, and the approach is not currently systematic. Referrals from community teams are being monitored weekly, to determine if community mental health teams are complying with the cap on referrals for psychological therapies that was imposed in November 2014 and will be in place until April 2015. At this

time, scrutiny of the system, how it performs and what changes might result in improved quality of care (evidenced by reduced waiting times for assessment and treatment) will become possible.

Newham Child and Family Consultation Service are running a project aiming to reduce waiting times between referral and first appointment from 11 to 9 weeks by April 2015. A new telephone triage service is being tested, though baseline data regarding system performance still needs to be collected retrospectively, in order to inform the project team of the impact of the change idea being implemented.

Newham's Child Development Centre is engaged in a quality improvement project to improve flow through the patient care pathway from the point of referral to discharge. Operational definitions are being created by service leads, who are in the process of mapping the current service user experience in order to identify bottlenecks. This will inform testing of change ideas targeting waiting times for assessment and treatment. The overall aim of the project is still being agreed by the leads in conjunction with frontline staff.

CAMHS access data summary dashboard



Tower Hamlets community CAMHS team is undertaking work to identify children who present to the service with symptoms of trauma, facilitating earlier recognition of trauma symptoms / PTSD and reducing the time between acceptance by the service and commencing trauma work. The project team is currently working on developing baseline data.

Newham Occupational Therapy are aiming to reduce their waiting times from acceptance to the service to commencement of treatment from 20 weeks to 15 weeks. Baseline waiting times are being calculated and weekly non-attendance rates are being monitored to



determine the impact of changes being tested (for example, telephoning families who have not attended first appointment for treatment).

Newham memory services are commencing a project to reduce waiting time from referral to diagnosis. The team have been formed, and have met to create their driver diagram. They are working on operational definitions and establishing baseline data. They have found inconsistencies between the data produced by RiO reports and their own database, and are awaiting a formal decision on how to measure from referral receipt to diagnosis. The memory services national accreditation programme target is 6 weeks from referral to diagnosis, and the team are learning from national guidance events run by this programme.

The priority indicators are determined by the Trust Board, based on wide consultation and analysis of data. The Indicators were selected for the following reasons:

- Violence is the most reported safety incident. Frequent concern is voiced by frontline staff (through a variety of channels and forums) working in inpatient settings
- Pressure ulcers is the most frequent cause of serious incidents
- Physical health was selected due to a number of drivers, including national policy, major gaps in national and local audits between current practice and best practice, and from ideas generated by frontline staff in consultation with service users
- Access to services was selected due to the focus via national policy, local commissioning priorities and service user feedback

Quality Improvement priorities have been discussed at every directorate QI forum, which includes staff, senior leaders and service user representatives, as well as at Council of Governors and Trust Board

## 2.3 Review of Services

East London NHS Foundation Trust (ELFT) was originally formed in April 2000, with an initial annual income of £72m. In 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006. The Trust now serves a population of 1,500,000, operates from 80 community and inpatient sites, employs 5,000 permanent staff and has an annual income of £329m.

East London NHS Foundation Trust provides a wide range of community and mental health services to the City of London, Hackney, Newham and Tower Hamlets. Forensic services are also provided to Barking & Dagenham, Havering, Redbridge and Waltham Forest, as well as community health services in Newham. The Trust also provides psychological therapies to people in Richmond upon Thames (South West London) in partnership with the mental health charity Mind. In the last 12 months the trust has also started providing psychological therapies (IAPT) in Luton (Bedfordshire) and Speech and Language Therapy (SLT) in Barnet (North London).

The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England. The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England

During 2014/15 the Trust sub-contracted one NHS services. The Trust has reviewed all the data available to them on the quality of care in this service. The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for this period.

Despite operating in a challenged health economy in East London, the Trust is a high-performing organisation, based on regulatory and other national standards. The Trust's success is based on the quality of its workforce, and in the 2014 National Staff Survey the Trust obtained the joint highest score in the country for overall staff engagement. The Trust has also successfully delivered a £41m Cash Releasing Efficiency Savings (CRES) programme from 2010-2014. In the context of increasing demand and resulting pressures on inpatient bed capacity across London, the Trust has maintained occupancy rates of 82.4% (adults) and 62.9% (older adults) in 2014/15 due to the quality and efficiency of its community and inpatient services.

Category	Indicator	Performance
Monitor	Finance risk rating (on a scale of 1-4, with 4 being the best)	4
Monitor	Governance risk rating (on a scale from green to red, with green being the best)	Green
Care Quality Commission	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	1st =
National community patient survey	Overall national ranking	3rd

### Mental Health Services

Trust service provision includes community and inpatient mental health services for children, young people, adults of working age and older adults who live in the City of London,

Hackney, Newham and Tower Hamlets. The Trust also provides forensic services to these boroughs, has a large and well established Child and Adolescent Mental Health Service (CAMHS) and provides a range of psychological therapies services.

### **Community Health Services - Newham**

The Community Health Services in Newham are responsible for improving the health and wellbeing of the people of Newham through healthcare services in community settings. These services have become integrated in to ELFT Specialist services and Older Adult services. They have a key role in delivering personalised services that promote and enhance people's independence and well-being.

### **ELFT services outside the boroughs of East London**

The Trust provides a number of services to people outside the main boroughs of East London. Forensic services are provided to the boroughs the North East London boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest and other specialist mental health services to North London, Hertfordshire and Essex. The specialist Chronic Fatigue Syndrome/ME adult outpatient service also serves North London and the South of England.

### **Luton and Bedfordshire**

ELFT is delighted to confirm its position as the new provider of mental health and associated services across Bedfordshire and Luton.

The decision follows a period of due diligence to assess the contract details since the Trust was named the new preferred provider by Luton and Bedfordshire clinical commissioning groups (CCGs) late last year.

The new contracts mean that over 1,000 staff were transferred to the employment of ELFT to deliver services worth over £60 million from 1 April 2015. The contracts cover the following services in each area and serve a total population of around 630,000:



- **Improving Access to Psychological Therapies (IAPT)**
- **Adult, older adult mental health and learning disability services**
- **Adult rehabilitation and recovery services**
- **Child and adolescent mental health services.**



- **Adult and older adult mental health services**
- **Child and adolescent mental health services.**

ELFT already provides the Luton Wellbeing Service – talking therapies for the local population – which was commissioned in 2013 by Luton CCG as part of the Improving Access to Psychological Therapies (IAPT) framework.

Dr Robert Dolan, Chief Executive, said: “We are delighted at this opportunity to expand ELFT’s role further afield into Bedfordshire and Luton. The Trust has a strong track record for innovation and quality and we are excited to work with new colleagues with different perspectives, knowledge and experience. Our bid for the services has user and staff engagement at the heart and a commitment to delivering high quality care for all patients and their families. We look forward to pooling our collective expertise and skills to provide the best support to those in our care.”

Marie Gabriel, Trust Chair, said: “At ELFT our ambition is to work alongside those with lived experience to make a positive difference to people’s lives, ensuring that we continuously strive to deliver the highest quality mental health and community health services. We are truly looking forward to delivering this ambition with our colleagues in Luton and Bedfordshire and know that we will all benefit from the shared learning and opportunities that result. I personally look forward to developing productive relationships with local partners, staff, service users and carers. Their knowledge, skills and expertise will contribute hugely to the creativity, co-production and clinically-led, user-defined services for which ELFT is known.”

The new contracts started on 1 April 2015 and many of the services transferred from South Essex Partnership University NHS Foundation Trust (SEPT). ELFT and SEPT have been working closely together and will continue to do so to ensure the safe and seamless contract transfer and consultation with staff whose employment will transfer to ELFT.

*Luton and Bedfordshire area map*



### **Increasing Access to Psychological Therapies (IAPT) Services – Richmond**

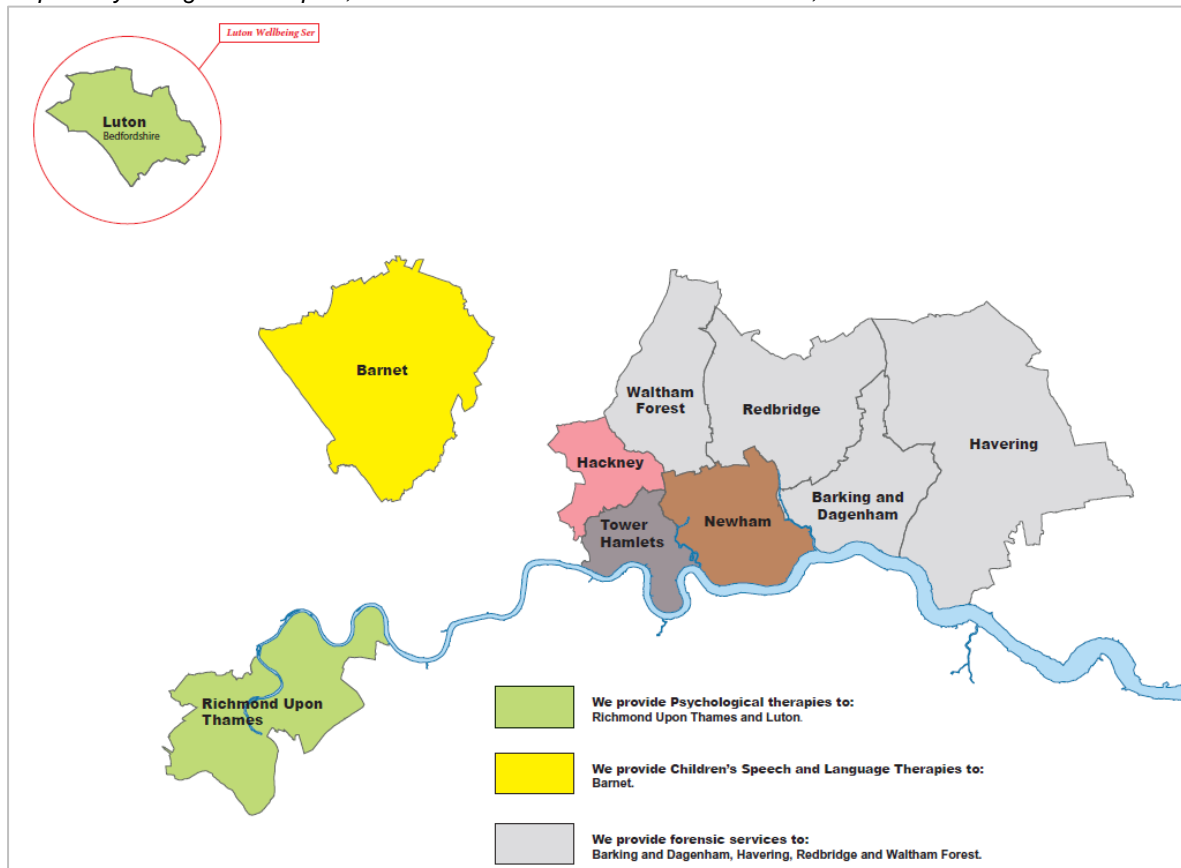
The Trust provides Primary Mental Health Services in Richmond as part of the Increasing Access to Psychological Therapies (IAPT) model.

The Richmond Wellbeing service is for residents of Richmond who experience depression, anxiety, sadness, anger, extreme shyness, obsessive behaviour, phobias, relationship difficulties or other psychological issues which are holding them back in their lives.

## Speech and Language Therapy (SLT) – Barnet

Our children and young people's speech and language therapy teams have been providing this service in a range of locations throughout Barnet since November 2013. The service is delivered across a range of the community settings including: health centres, community and children's centres nurseries, schools, homes and hospital settings. We also provide our children and young people's speech and language therapy service in Edgware Community Hospital as well as a specialist Assistive Communication Service (ACS). Our children and young people's speech and language therapy teams include the following specialists: Autism specialist, Dyspraxia specialist Feeding/dysphagia specialist, Hearing impairment specialist and stammering specialist.

Map of Psychological Therapies, SLT and Forensic Services across London, Essex and Luton



## 2.4 Participation in Clinical Audits

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of **two** national clinical audits and **one** national confidential enquiry were reviewed by the provider in 2014/15 and East London NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. The Trust develops specific action plans for each audit which are managed through the Clinical Effectiveness Committee.

During that period the Trust participated in **60%** (three out of five) of national clinical audits and **100%** of national confidential enquiries which it was eligible to participate in. The Trust did not participate in the National Sentinel Stroke Audit or the National Audit of Cardiac Rehabilitation.

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in during 2014/15 are as follows:

Description of National Audit	Submitted to
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness	Centre for Suicide Prevention Psychiatry Research Group School of Community-Based Medicine University of Manchester 2nd Floor, Jean McFarlane Building Oxford Road Manchester M13 9PL
National Audit of Schizophrenia	Royal College of Psychiatrists 21 Prescott Street London E1 8BB
Primary Prevention of Cardiovascular Disease Audit	British Heart Foundation Greater London House 180 Hampstead Road London NW1 7AW
Prescribing Observatory for Mental Health (POHM UK)	Royal College of Psychiatrists 21 Prescott Street London E1 8BB

The Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) also undertakes a range of external and peer review programmes. The Trust participates in a wide range of improvement projects as outlined below:

CCQI Programme	Participation by the Trust	% of cases submitted
<b>Service accreditation programme</b>		
ECT clinics	1 ECT clinics	100
Working age adult wards	14 wards	100
Psychiatric intensive care units	4 PICUs	100
Older people mental health wards	4 wards	100
Memory services	3 services	66

Psychiatric liaison teams	2 teams	100
<b>Service quality improvement networks</b>		
Inpatient child and adolescent units	1 unit	100
Child and adolescent community mental health teams	1 team	33
Therapeutic communities	1 community	100
Forensic mental health services	1 service	100
Perinatal mental health inpatient units	1 units	100
<b>National Audit of psychological therapies (NAPT)</b>		
	<b>1 team</b>	<b>100</b>
<b>POMH UK TOPIC 2014/15</b>	<b>Number of patients included</b>	<b>% of cases submitted</b>
Topic 10c: Use of antipsychotic medicine in CAMHS	62	100
Topic 14a: Prescribing for substance misuse: alcohol detoxification	1	100
Topic 12b: Prescribing for people with personality disorder	5	100
Topic 6d: Assessment of side effects of depot antipsychotic medication	POM – UK postponed	--
Topic 9: Use of antipsychotic medicine in people with Learning Disabilities	Data cleansing	
<b>Multisource feedback for psychiatrists (ACP 360)</b>		
	<b>70 enrolments</b>	

The reports of **nine** local clinical audits were reviewed by the provider in 2014/15 and East London NHS Foundation Trust intends to implement the recommendations to improve the quality of healthcare provided. The Trust develops specific action plans for each audit which are managed through the Clinical Effectiveness Committee.

<b>Audit Priority</b>	<b>Lead Committee</b>	<b>Directorate</b>
CPA and Risk Assessment Audit	Clinical Effectiveness Committee / CPA Group	All
Record Keeping Audit	Clinical Effectiveness Committee / Health Records Development Group	All
Medication Audits – Prescribing, Administration and Rapid Tranquilisation	Clinical Effectiveness Committee / Medicines Committee	All
Infection Control Audit	Clinical Effectiveness Committee / Infection Control Committee	All
Inpatient Standards Audit	Clinical Effectiveness Committee / Service Delivery Board	All inpatient units
Mental Health Act (including Consent to Treatment)	Clinical Effectiveness Committee / Mental Health Act Committee	All
Community Treatment Orders	Clinical Effectiveness Committee / Mental Health Act Committee	All community teams
Prescribing antipsychotic medicines for people with dementia (POM UK)	Quality Committee / Medicines Committee	MHCOP teams
High dose prescribing audit (POMH UK)	Quality Committee / Medicines Committee	All

## 2.5 Research

### Linking Research & Innovation (R&I) with the Quality Improvement in East London NHS Foundation Trust

The R&I work in 2014/15 concentrated on three main areas:

- engaging staff in a multitude of ways in discussing, exploring, developing and getting involved with the research agenda in general; the main focus here was on understanding the capacity, background, experience amongst ELFT staff and capturing their aspirations, visions and ideas relevant for research conduct and implementation in a broad sense; at the same time work commenced to foster closer collaboration between academic and clinical staff and also across academic teams
- exploring and understanding how the research & innovation agenda can best link in with, compliment and inform ELFTs Quality Improvement programme and how it relates to ELFTs annual plan and national priority areas for service development
- information gathering and brokering to put the research & innovation agenda on the map across the management structures within ELFT

#### 1. Developing a research minded culture across ELFT

##### 1.1. Engaging front line clinicians: staff survey outcome and actions

A survey amongst all ELFT staff was conducted, asking for their views about research and their ideas on how best to implement change according to research findings. 68 members of staff across all disciplines and care groups responded in detail and expressed their interest in becoming involved with the research agenda. The survey identified a significant number of staff currently or previously involved with research conduct or implementation. The following main themes were identified and taken forward as follows:

- Prevention (primary and secondary) & Epidemiology & Health Promotion & Early Intervention
- Psychological Therapies: Clinical Academic Group / CAG established for Arts/Non-verbal therapies, led by Dr Nicolina Jankovic, (Academic unit), Stephen Stanford (lead arts therapies) and FR; a generic CAG is about to be launched
- Transcultural mental health care: a Clinical Research Group is already active, led by Prof Kam Bhui (Centre of Psychiatry, QMUL) and Dr. Micol Ascoli (Consultant Psychiatrist)
- Violence Prevention & Reduction: a CAG was established and is led by Prof. Jeremy Coid (Centre for Violence Prevention, QMUL), Prof. Alan Simpson (City University), Andy Cruikshank (Lead nurse), FR; grant application work started; a literature review was conducted and presented to QI programme event.
- Recovery models, social inclusion, psychosocial therapy, service user perspectives: Service user research group established, aiming to shape research designs according to questions/hypotheses relevant to service users and carers, led by Jami Zaffran (People Participation Lead), Dr Domenico Giacco and FR
- Prescribing / Pharmacy: improving evidence based prescribing for treatment resistant mental illness, linking in service evaluation with QI projects on Clozapine prescribing



## **1.2. Engaging front line clinicians – providing evidence based mandatory trainings**

The AMD reviewed the national guidance pertaining to curricula for mandatory trainings of senior doctors and implemented a scheme with bi-annual one-day training events, aligning mandatory training requirements with evidence based teaching on medical treatments; hereby staff ownership re participating in mandatory training events has significantly improved (see survey results). Combining mandatory trainings with regular updates on specific topics of evidence based medicine helps disseminating findings from research for clinical practice in a timely and engaging fashion. This scheme can now be used as a blueprint for other professional groups.

The second main initiative was geared towards developing an interactive e-learning platform for mental health practitioners in both primary and secondary care. A curriculum for essential teaching and training in primary care (in the context of the local Enhanced Primary Care / EPC services) has been developed and teaching and training materials have been developed for individual learning and according to individual training needs. Those materials include PowerPoint teaching tools and podcasts as well as brochure hand-outs for professional groups and will be regularly updated in order to capture newly emerging evidence base practice recommendations.

Thirdly a “Seriously Good Practice Fair” steering group has been established, aiming to systematically capture examples of good/successful clinical care and to present these examples in a systematic manner at “learning Lessons Events”, matching the learning lessons structure already in place in respect of findings from SUI investigations. It is planned to produce biannual Good Practice bulletins that can stimulate bottom-up learning from examples provided by local peers and also be a starting point for QI projects. At the same time this project is trying to raise skills among staff in the area of systematic case study writing, widely perceived as a starting point of developing a skill base for research methodologies. The steering group will be linking in with academic partners, identifying example of clinical practice of a nature that can be worked up into a case study for publication according to peer-reviewed scientific journal requirements. Based upon the evidence based DIALOG engagement tool and the corresponding PROM scale, a staff supervision support tool has been developed and is going to be piloted from May-July 2015 with subsequent evaluation within the forensic directorate.

## **2. Implementing research findings from locally conducted research into practice**

Following a mapping exercise of all locally conducted / completed research across the various academic groups associated with ELFT (last 5-10 years), the AMD identified findings potentially relevant for implementation into clinical practice (long list) and conducted subsequently an analysis of findings in the context of national (e.g. NICE, audits) and ELFT (QI programme and Annual Plan) strategies. Hereby, a short-list of findings for early prioritisation in 2015/16 was identified, presented to the Quality Assurance Board and accepted as a blue-print recommendation for DMTs to consider.

Presentations and discussions with each DMT are under way, aiming to identify projects for local implementation according to each local DMT QI programme. So far the following projects have been taken forward for local discussions:

- Forensic DMT: considering FIAT (financial incentives improve adherence to medication) and DBT for self-harming behaviour
- Tower Hamlets DMT: DBT (Dialectical Behaviour therapy) is being reviewed as part of the psychological services discussions; a Violence reduction project has been launched and a Peer support worker initiative is being developed.

- Newham DMT: Peer Support worker pilot in CMHT-NW
- Psychological Therapies DMT: Arts/nonverbal strategy development & research implementation agreed (roll-out from 1.10.15) and building for trust-wide therapy centre for arts/non-verbal therapies identified
- Trust-wide: consideration to roll-out DIALOG+ (structured staff-patient engagement tool for care planning and solution focused therapy); Implementation of evidence based Arts therapy strategy

### **3. Developing new research designs / projects based upon local service development needs / priorities / requirements**

#### **3.1. Recovery Care:**

An innovative CMHT “Shared Medical Appointment/SMA” group clinic model has been developed and will be evaluated in a pilot project. In partnership between ELFT and the Academic unit / QMUL a grant application for a research grant is being developed for submission to a specific NIHR call in May 2015.

#### **3.2. Primary Mental Health Care Services**

FR developed an innovative model for a Medically Unexplained Syndrome (MUS) service for evaluation in primary care settings (provided by ELFT) and successfully applied for a grant from Health Foundation. The feasibility pilot trial is underway in Newham with strong support from local GP colleagues and results for business case development will be available at the end of 2015.

In addition, FR is involved as co-applicant in a research project led by a consortium of physicians and psychologists in East-London, exploring new health technologies in the area of primary and secondary prevention: Somatoform pelvic pain research evaluating the impact of using a mobile phone App for mindfulness.

#### **3.3 Early detection of prodromal signs of psychosis and early intervention**

In this topical area of clinical care (both with regard to primary prevention and early intervention) FR initiated own-account research (involving ST trainees to conduct the research assessments) together with the Early Intervention Team in Newham (lead Dr Savitha Eranti, involving high profile international collaborators)

The number of participants from the East London NHS Foundation Trust recruited in 2014/2015 to take part in research included on the National Institute of Health Research (NIHR) Portfolio was 492.

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

## 2.6 Goals Agreed with Commissioners for 2014/15

### Use of the CQUIN Payment Framework

A proportion of East London NHS Foundation Trust's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between the Trust and the local Clinical Commissioning Groups (CCG) for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The CQUIN Scheme for Adult and Older Adult Mental Health Services constitutes £2.9 million.

In addition, ELFT delivers against CQUINs across all areas of provision specialist commissioning for ELFT forensic, mother and baby and inpatient CAMHS services, Newham community services and IAPT services. In 2015/16 this will also include Luton & Bedfordshire services.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically on the website: <http://www.eastlondon.nhs.uk/> or on request from the Trust secretary.

The table below summarise the Trust's final position on delivery of 2014/15 Mental Health CQUIN targets.

**Table 1. Mental Health CQUINs and Trust performance**

Goal Number	Goal Name	Description of Goal	Trust Performance
1	<b>National CQUIN: Friends &amp; Family</b>	Implementation of patient FFT and staff FFT.	ACHIEVED
2	<b>National CQUIN: Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)</b>	Full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with psychoses, including schizophrenia. Local audit of communication with patients' GPs	TBC
3	<b>Consortium CQUIN: Improved workforce development</b>	YEAR 2: Mainstream 13/14 activity including training. Expand implementation to include Care Coordinators. Continue Pilot and evaluate through Staff Survey	ACHIEVED
4	<b>Consortium CQUIN: Improved carer's assessments and communication</b>	YEAR 2: Improvements in assessment and communication, involving support for adult carers, carers of CAMH's patients and children in families with mental health problems	ACHIEVED
5	<b>Consortium CQUIN: Person-centred care (dementia)</b>	Supporting people with dementia to complete Advanced Care Plans	ACHIEVED
6	<b>CCG specific CQUIN: City &amp; Hackney CCG</b>	Community Psychiatry for BME Groups	ACHIEVED
7	<b>CCG specific CQUIN: Tower Hamlets CCG</b>	Integrated Care	ACHIEVED
8	<b>CCG specific CQUIN: Newham CCG</b>	Home Treatment Team Improvements	ACHIEVED

The full report for Forensic Services, Child and Adolescent Mental Health Services, Newham Talking Therapies and Community Health Newham are available upon request from the Trust secretary.

## 2.7 What Others Say about the Trust

- **Care Quality Commission Mental Health Act Monitoring reports**

During the period 2014-15, the Trust had 21 unannounced visits from Mental Health Act Reviewers (MHAR) on behalf of the CQC. This included 2 visits to older adult services, one visit to specialist services (CAMHS), 7 visits to forensic services and the remainder to adult services across the localities of Tower Hamlets, Newham and City & Hackney. All reports were in respect of inpatient services; there were no visits to community services within the reporting period.

We have scrutinised a sample of 50% of reports received across both localities and directorates. Included are a summary of what services users described to reviewers in terms of their experiences of their care and treatment on ward within the trusts and a summary of action points that were raised as a result of the CQC visits and themes emerging.

### ***‘What people told us’***

MHAR visit reports include a section whereby direct quotes are obtained from both service users and staff in terms of their experiences on inpatient wards. Overall, these experiences were overwhelmingly positive. Service users spoke of staff being ‘kind, caring and respectful’ and of feeling safe and involved in their care whilst on the ward. They also found staff ‘supportive, approachable, dedicated and hardworking’. In terms of possible areas for improvement, some service users on two wards in particular expressed that there could be more activities available as they sometimes felt bored. The Trust set out their plans to resolve these issues in their responses to these issues and how they would be resolved in conjunction with service users.

### ***‘Action Points’***

As part of the MHAR visits, there is a requirement to raise issues which do not appear to comply with either the Mental Health Act 1983 or the associated statutory guidance found within the Mental Health Act Code of Practice (2008). A review of the themes emerging in terms of action points has found issues relating to section 17 leave, understanding of rights under section 132, involvement by service users in care planning, issues with compliance with treatment requirement set out both within the Act and the Code, physical health care, medication and prescribing, physical health care documentation and record keeping. With each issue raised as an action point by the CQC, the Trust responds with both an immediate short term resolution and a plan for longer term interventions to ensure that identified issues are not recurrent and solutions meet legal requirements. Solutions may include identifying a training need and providing appropriate learning opportunities, establishing and intervening in a process which may have been ineffective or revisiting the core principle of the code and ensuring these are enshrined within everyday clinical practice. This process is overseen by local Directorate Management Teams and regularly revisited.

The Trust is committed to welcoming and learning from the expertise and guidance from the Care Quality Commission through the identification of both good practice and that which can be improved upon following visits and inspections.

## 2.8 Data Quality

The Trust's Information Governance (IG) framework, including Data Quality (or "Information Quality Assurance") policy and responsibilities/management arrangements are embedded in the Trust's Information Governance and Information Management and Technology Security Policies.

Information Quality Assurance:

- The Trust established and maintains policies and procedures for information quality assurance and the effective management of records
- The Trust undertakes or commissions annual assessments and audits of its information quality and records management arrangements
- Data standards are set through clear and consistent definition of data items, in accordance with national standards
- The Trust promotes information quality and effective records management through policies, procedures, user manuals and training.

The Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality/completion rates against agreed targets. The IG Steering Group receives and reviews performance on data quality benchmarked across London and nationally – including the use of the national data quality dashboard.

To support action and improvement plans, Directorate Management Teams receive a range of cumulative and snapshot data quality reports from the Trust's Information Management team – these show missing or invalid data at ward, team and down to individual patient level. Data validity and accreditation checks are undertaken annually in line with the IG Toolkit national requirements and an annual audit of clinical coding is undertaken in line with the IG Toolkit national requirements.

East London NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data taken from local RiO data as of 31<sup>st</sup> March 2015 which included:

	Inpatient Mental Health	Community Mental Health	Inpatient CAMHS	Community CAMHS	CHN	Addiction Services
patient's valid NHS number	97.2%	99.6%	100.0%	99.6%	99.5%	99.7%
patient's valid General Medical Practice Code	92.8%	97.2%	100.0%	98.7%	91.0%	98.8%

The Trust has implemented the following actions to improve data quality:

- Deployment of 'Open RiO' across mental health services

- Monthly performance management meetings
- Expansion of RiO community systems
- Migration of CAMHS legacy system to RiO
- Major initiatives to embed captured Mental Health Tariff clusters.

## 2.8.1 Information Governance Toolkit attainment levels

East London NHS Foundation Trust's national Information Governance Toolkit assessment compliance rating for 2014/15 was **91%**. The Trust achieved Level 2 or above for all Requirements resulting in an overall 'Satisfactory' rating'.

## 2.8.2 Clinical coding error rate

East London NHS Foundation Trust was recently audited for Clinical Coding by Maxwell Stanley. The audit evaluated the standard of coding using the NHS Health and Social Care Information Centre (HSCIC) Clinical Coding Audit Methodology Version 8.0 and was undertaken by accredited clinical coders who are experienced and registered NHS approved Clinical Coding Auditors. The sample taken for the audit at the East London NHS Foundation Trust amounted to 50 finished consultant episodes (FCEs) and covered the Adult Mental Illness, Old Age Psychiatry and Child and Adolescent specialties following National Clinical Coding Standards. The Audit Results Summary is as follows:

	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
IG Audit 2012/13	94.00%	83.65%	N/A	N/A	0
IG Audit 2013/14	98.00%	96.24%	N/A	N/A	0
IG Audit 2014/15	96.00%	89.58%	N/A	N/A	0

The results of the audit demonstrate an excellent standard of diagnostic coding accuracy in the classification of both primary and secondary diagnosis coding, with both areas exceeding Information Governance requirements for Level 3.



## PART 3 – Review of Quality Performance 2014/15

### 3.1 Review of Priorities for 2014/15

Our quality strategy underpins everything we do and enables us to set targets and monitor their impact. In addition to the national clinical targets, we have developed quality indicators covering patient safety, clinical effectiveness and patient experience.

We have continued to encourage a culture within all our services where staff feel recognised and supported but also where poor performance is challenged and managed appropriately.

This quality report will detail the key achievements and a summary of progress across indicators. Each indicator is described in respect of improvements achieved during the year, and the identification of further improvements required during 2014/15.

#### 3.1.1 Quality Indicators for 2014/15

The quality indicators set out below were developed in partnership with our key stakeholders, such as service users, carers and representative groups across the four boroughs and cover those three main domains. By focusing our time and resources on these priorities, the Trust has been able to achieve each of the targets. This is why we have chosen to maintain this focus for 2014/15.

##### The Quality Indicator priorities 2014/15

Quality Indicator	Area	Rationale	Status
1 Development of Quality and Safety Dashboards at ward/team level	Right Care (Clinical Effectiveness)	Being led by ELFT Informatics Team. This work will provide Trust, Borough and team level data across a range of domains to facilitate greater understanding of the key areas of improvement and whether any changes which are being implemented are resulting in measurable change. A vital tool in the 'plan, do, study, act' methodology.	Directorate level views available for 5 directorates. Currently integrating new software with the data warehouse which will support ward and team-level views. This programme of work is currently at the testing and designing stage. This has been a new area of focus for the trust and was not in place prior to 2014/15.
2 Implementation of real-time PREM data collection methods in 50% of trust services	Right Care (Patient Satisfaction)	Patients and carers are at the heart of everything we do. Without up-to-date and reliable information from the people who use our services will be unable to know whether the changes are leading to improved levels of service satisfaction.	The trust has successfully implemented real-time Patient Reported Experience Measures (PREM) across ALL East London inpatient mental health services and ALL community health services in Newham. Roll-out across East London community



				mental health services as well as mental health services in Luton and Bedfordshire has started. Prior to this process, in 2013/14 the Trust had piloted electronic PREM devices in four IP wards.
3	<p>A. <i>To eliminate grade 3 and 4 pressure ulcers acquired in our care by December 2014</i></p> <p>B. <i>Reduce grade 2 pressure ulcers acquired in our care by 30% by December 2014</i></p>	Reducing Harm (Patient Safety)	Stretch aims to be achieved through use of IHI Model for Improvement though iterative PDSA cycles. The pressure ulcer team are focussing on reliably implementing the SSKIN bundle of care throughout the entire organisation.	<p>Fifty per cent reduction in Grade 2 pressure Ulcers.</p> <p>Early indications that we are seeing a reduction in grade 3 and 4 pressure ulcers of approximately 75%.</p>
4	<i>To reduce violent incidents in the Trust by 30%.</i>	Reducing Harm (Patient Safety)	Stretch aims to be achieved through use of IHI Model for Improvement though iterative PDSA cycles. The violence reduction team are focussing on implementing a bundle of care that includes use of the Brosset Violence Checklist throughout the organisation.	We have seen a 19% reduction across the whole trust of incidents of physical violence.
5	200 staff to be trained face to face in Quality Improvement methodology.	Staff engagement	Sequencing and timing to be determined following input from our newly appointed strategic partners.	Two hundred and ten people will have completed the six-month long Improvement Science in Action training by May 2015.

The quality Indicators are developed as a means of making the greatest improvement to the quality and safety of services based on what the Trust and key stakeholders believe are the Trust priorities. Although the Trust has maintained a focus on improving patient and carer satisfaction, staff satisfaction and maintaining financial viability, the individual areas of focus, and corresponding indicators, change every year. As such, it is not always possible to provide historical or comparative data.

In addition to fulfilling all the quality priorities set out over the previous year, the Trust has met all Care Quality Commission (CQC) and all Commissioner targets.



## 3.1.2 Good Quality Care across the Trust

### Monitor Assurance

East London NHS Foundation Trust has a range of Monitor targets on which we report throughout the year. The targets outlined below are tested by external monitors to provide assurance that the data provided are reliable. Two are statutory, one is locally defined.

The figures below show the trust has exceeded all national targets. As set-out in section 2.7 the Trust considers that this data is as described for the following reasons; the trust has data quality arrangements in place which ensure the Trust's Commissioners, Trust Board and Information Governance Steering Group receive regular reports on data quality/completion rates against agreed targets. The IG Steering group receive and review performance on data quality benchmarked across London and nationally – including the use of the national data quality dashboard.

Monitor targets	1. CPA inpatient discharges followed up within 7 days (face to face and telephone)	2. Patients occupying beds with delayed transfer of care - Adult and Older Adult	3. Admissions to inpatient services had access to crisis resolution home treatment team
Target 2014/15	95%	7.5%	95%
Q1	96.3%	2.9%	100%
Q2	98.9%	4.7%	100%
Q3	95.6%	3.8%	99.9%
Q4	96.6%	3.0%	99.1%
2014/15 Average	97.2%	2.8%	96.2%
2013/14	97.3%	2.0%	100%

\*Data available via: <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

\*\* Delayed transfer of care is calculated as (N days delayed / N occupied bed days) – national comparison data is not available

The Trust has successfully reached all monitor targets for 2014/15. The year-end 'access to crisis resolution' figure is lower than the average quarterly figure. This is primarily due to data quality issues that were identified as part of the year end validation process. The Trust will review its operational and reporting processes in order to minimise the risk of this issue occurring in future. However, we believe these data are a reflection of the long-term strategic decisions that have led to sustained improvements in efficiency and quality.

### Patient Safety

The number of 'patient safety incidents' indicator is reliant on staff reporting incidents and there is a degree of clinical judgement regarding the classification of harm associated with any incident. The Trust undertakes regular reviews of these data. As such the figures presented here may vary from those currently held by the NRLS. The trust benchmarks itself against other trusts in order to review and improve reporting practice.

The total number of patient safety incidents, including the percentage of such incidents that resulted in severe harm or death	2014/15	2013/14	2012/13

<ul style="list-style-type: none"> <li>Total incidents reported</li> </ul>	<ul style="list-style-type: none"> <li>8981</li> </ul>	<ul style="list-style-type: none"> <li>8774</li> </ul>	<ul style="list-style-type: none"> <li>8064</li> </ul>
<ul style="list-style-type: none"> <li>Incidents identified as 'patient safety incidents' (as per NPSA definition)</li> </ul>	<ul style="list-style-type: none"> <li>4043</li> </ul>	<ul style="list-style-type: none"> <li>4119</li> </ul>	<ul style="list-style-type: none"> <li>2631</li> </ul>
<ul style="list-style-type: none"> <li>Of which resulted in severe harm or death</li> </ul>	<ul style="list-style-type: none"> <li>28* (0.69%)</li> </ul>	<ul style="list-style-type: none"> <li>27 (0.65%)</li> </ul>	<ul style="list-style-type: none"> <li>7 (0.3%)</li> </ul>

\*Plus three homicides

The Trust is keen to increase the reporting of incidents, but reduce the patient experience of harm. The Trust are supporting this by seeking to develop whole system measures of quality, which would allow us to better understand whether we are improving the quality and safety of our services over time.

In parallel, the Trust is looking at developing a more continuous and rounded view of system safety, incorporating a continuous measure of adverse incidents (using trigger tools), complaints, serious incidents, voluntary reporting of incidents, mortality, and other indices.

The table below details each of the Trust's Monitor Indicators for the last two reporting periods. The data are presented as Quarter 4 figures.

Monitor Targets	Target 2014/15	Actual 2014/15 (Q4)	ELFT 2013/14 (Q4)
Mental Health Patients occupying beds with delayed transfer of care - Adult & Older Adult (Only CAMHS excluded)	7.5%	3.0%	2.0%
Admissions made via Crisis Resolution Teams (end of period)	95%	99.1%	100%
Number of adult CPA patients meeting with care-coordinator in past 12 months	95%	96.9%	97.1%
Access to healthcare for people with a learning disability – report compliance to CQC	Completion of self-assessment and declaration	19	19
Newly diagnosed cases of first episode psychosis receiving Early Intervention Services	176	231	304
Completeness of Mental Health Minimum data set – PART ONE	97%	99.2%	99.0%
Completeness of Mental Health Minimum data set – PART TWO	50%	91.9%	93.9%
Referral to treatment time within 18 weeks (non-admitted patients)	95%	98%	98.8%
Maximum time of 18 weeks from point of referral to treatment (patients on incomplete pathways)	92%	99.9%	100%
A&E Clinical Quality - Waiting time in A&E	95%	99.0%	99.3%
MRSA bloodstream infections - reported instances	0	0	0
Reduction in Clostridium Difficile - reported instances	0	0	0
<b>Monitor Targets - Community Information Data Set (CIDS - Data Completeness)</b>			
Community Referral to treatment information	50%	100.0%	100%
Referral information	50%	73.0%	76%
Activity information	50%	87.5%	88%

NB: Maximum time of 18 weeks from point of referral to treatment in aggregate is not included as ELFT does not have elective inpatients

## 28 Day Re-admission rates

ELFT considers that these percentages have reduced for people 15 years of age and over due to the concerted effort teams have made to ensure assessments and discharges are as

thorough as possible. The increased rate in re-admission rates for people under 15 years of age is due to the small sample size.

ELFT has taken the following actions to improve these percentages, and so the quality of its services, by increasing staff training and ensuring clinical decisions are based on multi-disciplinary input, levels of community support are high and patients have greater access to Community Mental Health Teams (CMHT).

Presented below are the percentages for the last two reporting periods.

#### Total discharges

Period	Number of Clients (0 to 14)	%age of Clients (0 to 14)	Number of Clients (15 or Over)	%age of Clients (15 or Over)	Discharges
2011/12	0	0	270	8.1	3332
2012/13	1	7.1%	262	7.6	3468
2013/14	0	0	238	6.5	3650
2014/15	0	0	185	5.1	3603

Presented below are the discharges based on Split Cohort for discharges for the last two reporting periods

#### Based on Cohort Age (0 to 14)

Period	Number of Clients (0 to 14)	Discharges	%age of Clients (0 to 14)
2011/12	0	16	0
2012/13	1	14	7.1%
2013/14	0	21	0%
2014/15	0	20	0%

#### Based on Cohort Age (15 and Over)

Period	Number of Clients (15 Over)	Discharges	%age of Clients (15 and Over)
2011/12	270	3316	8.1%
2012/13	262	3454	7.6%
2013/14	238	3629	6.5%
2014/15	185	2583	5.1%

### Care Programme Approach (CPA)

The CPA is the framework through which care and treatment is delivered for a large proportion of the Trust's service users. The table below containing Quarter 4 data shows that for the vast majority of services users on CPA their care plans are kept up to date. However, the proportion of service users on CPA who are seen every month is below the level we would hope to achieve. Increasing contact time is one of the Trust's priorities for the year ahead.

Indicator	Target	Actual Performance
CPA patients – care plans in date (documents 12 months old)	95%	96.0%

CPA patients – care plans in date (documents 6 months old)	95%	83.6%
% CPA patients seen per month – face to face only	90%	90.7%

## Safeguarding Adults and Children

The Trust works with around 16,000 adult mental health service users at any one time. Many of these are parents, pregnant women, grandparents, stepparents or in contact with children. Over 25% of our service users will be subject to the Care Programme Approach.

The following information should demonstrate how good performance in training compliance in health and safety areas leads to fewer staff safety incidents and therefore reduces the potential for personal injury claims. This is vital for improving patient safety, clinical effectiveness and patient experience, the Trust's priorities.

### CPA Audit Tool – Safeguarding Children Standards

Four of the standards in the CPA audit tool relate to safeguarding children. Once it is known that the service user has children, the Safeguarding Children Audit Tools applies. These are to ensure children are identified at the outset.

#### 'Safeguarding Children Level 1' training compliance

The Trust continues to ensure that all staff attend relevant mandatory training courses. The target set by the CQC for all levels is 80%.

#### Safeguarding Children Level 1

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	3,404	94.8%
2012/13	3,653	3,454	94.55%
2013/14	3,502	3,383	96.61%
2014/15	3,324	3,198	96.35%

#### 'Safeguarding Adults' training compliance

The Trust is about to embark on a major training programme around safeguarding adults to ensure that all our staff have the appropriate training to manage this agenda

#### 'Safeguarding Adults' training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,913	81.1%
2012/13	3,580	2,978	83.18%
2013/14	3,502	2,831	81.70%
2014/15	3,449	2,523	73.15%

#### 'Health and Safety' training compliance

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,969	82.7%
2012/13	3,653	2,627	71.9%
2013/14	3,482	2,619	75.24%
2014/15	3,464	2,685	77.51%

#### **'Manual Handling' training compliance**

Total	Number of staff	Number of staff attended	% compliance
2011/12	2,901	2,684	92.5%
2012/13	3,653	3,451	94.5%
2013/14	2,808	2,603	92.70%
2014/15	2,711	2,202	81.22%

#### **'Fire Safety (including fire marshal)' training compliance**

Total	Number of staff	Number of staff attended	% compliance
2011/12	3,592	2,665	74.2%
2012/13	3,653	2,434	66.6%
2013/14	3,479	2,278	65.47%
2014/15	2,393	1,640	68.53%

Medicines management is a high risk activity; we therefore pay specific attention to medication errors of all types. The most common type of error is known to be administration errors and as a result the Pharmacy department undertook a large study which involved the direct observation of the administration of medicines. The findings and recommendations have been widely discussed and currently being implemented.

#### **Incident data**

	Prescribing error	Dispensing error	Administration error	Chart not signed	Medication availability	Other	Total
<b>2013/14</b>	44	41	180	0	11	55	329
<b>2014/15</b>	44	75	178	0	29	19	345

Dispensing errors have increased in number but have decreased as a percentage of the total number of items dispensed. The dispensing activity has increased by 30% in the last year, and the increase in number of dispensing errors is reflected in this. Medicines incidents continued to be reported via the Trust DATIX system and discussed at local Medicines Safety Groups. Measures then are taken to minimise risk and repetition of incidents.

#### **Training Compliance**

All non-mental health nursing staff and pharmacy staff are to receive medicines safety training. This increases awareness of how to minimise risks around the prescribing, dispensing and administration of medicines.

#### **Medicines Safety**

	% compliance
Total	32.61%

This session used to be delivered face-to-face during the Trust induction period. Last year, it was converted to an e-learning programme and since then compliance results have fallen. The Trust Chief Pharmacist and Training department are working together to form a strategy to improve compliance rates.

### Safe administration of medicines (e-learning)

	Total number of nurses completing e-learning package (in 14/15)
Total	174

### Medicines Reconciliation

The Trust's target is that over 95% of patients' medicines are to be reconciled by pharmacy staff within 72 hours. This is a directive from the NPSA, NICE and also a CQUIN target for the Trust. Reconciliation of medicines on admission ensures that medicines are prescribed accurately in the early stages of admission. It involves checking that that the medicines prescribed on admission are the same as those that were being taken before admission and involves contacting the patient's GP.

Medicines Reconciliation 2014/15		
Directorate	Complete (%)	comments
City and Hackney	96.7%	
MHCOP	99.0%	(with Luton MHCOP removed from reporter data)
Newham	98.6 %	
Tower Hamlets	98.1%	
Forensics	100%	
<b>Trust Total</b>	<b>98.5%</b>	

### Drug Savings

The trust has reduced expenditure of medicines by 9% in 2014/15. This was achieved through several initiatives, including:

- Reduced waste
- Managed entry of new drugs
- Centralised procurement
- Use of generic medicines
- Monitoring the use of non-formulary medicines

### Meeting the Needs of People with a Learning Disability

The requirement is to assess six criteria for meeting the needs of people with a learning disability as set out in the Care Quality Commission indicator on 'Access to healthcare for people with a learning disability'. These are based on recommendations set out in *Healthcare for All* (2008). The Trust has met each of these standards.

Ref	Standards	Trust Score 2014
A	Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	4
B	Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? <ul style="list-style-type: none"> <li>• Treatment options;</li> <li>• Complaints procedures; and</li> <li>• Appointments.</li> </ul>	3
C	Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?	3
D	Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	3
E	Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	3
F	Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	3
<b>TOTAL SCORE (Max 24)</b>		<b>19</b>

#### NOTES

The scoring guide for all questions (except question b) is as follows:

- (1) = Protocols/mechanisms are not in place.
- (2) = Protocols/mechanisms are in place but have not yet been implemented.
- (3) = Protocols/mechanisms are in place but are only partially implemented.
- (4) = Protocols/mechanisms are in place and are fully implemented.

For question b) the scoring is as follows

- (1) Accessible information not provided
- (2) Accessible information provided for one of the criteria
- (3) Accessible information provided for two of the criteria
- (4) Accessible information provided for all three of the criteria.

## 3.2 Patient Reported Experience Measures (PREM)

Central to the Trust's Quality Strategy is the belief that the people who use the services we provide should be the ultimate arbiters of their quality. To ensure that patients and carers have the opportunity to provide feedback regarding their experience the Trust employs a range of methods to collect their information.

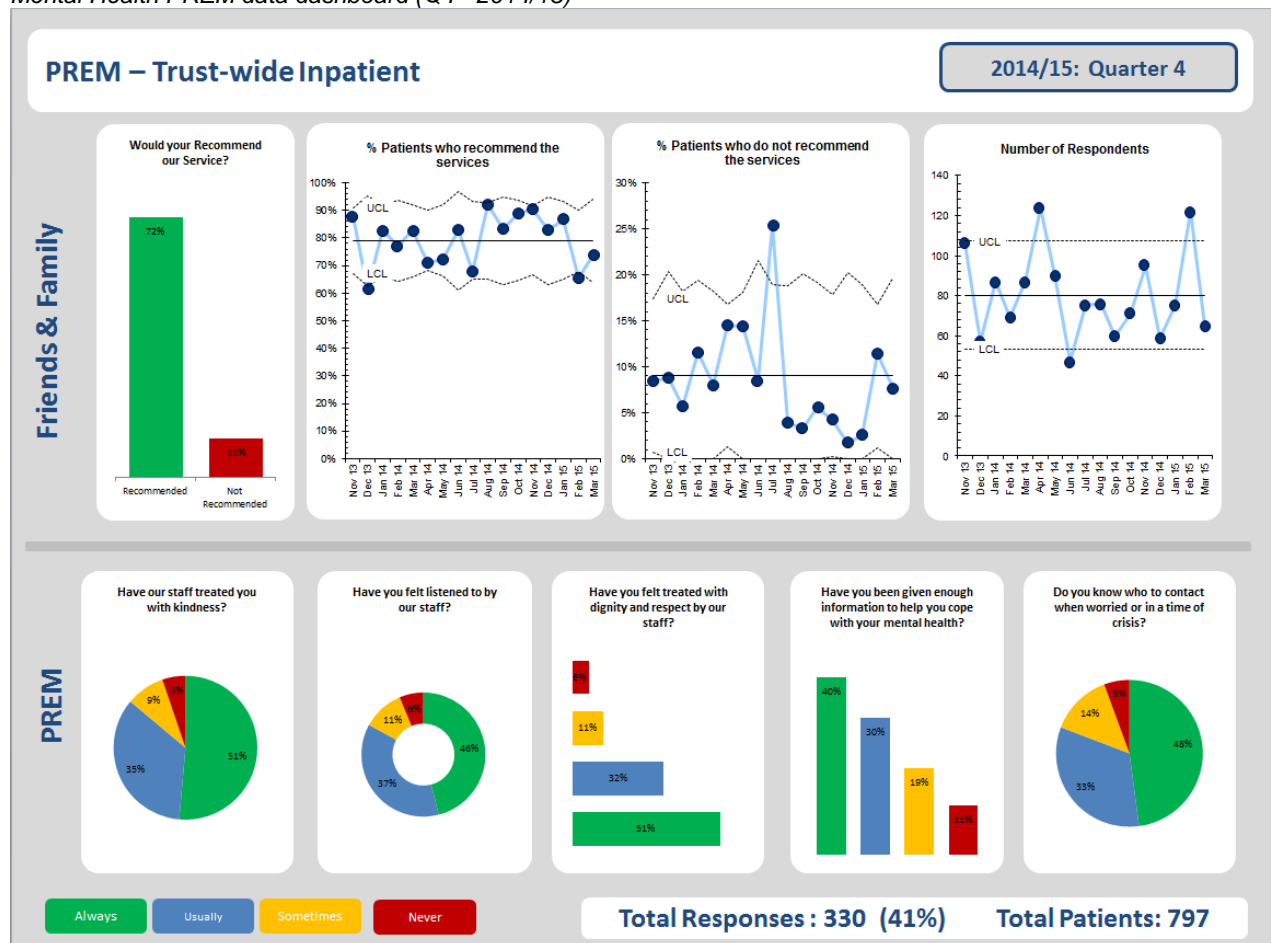
Presented below are data from four measures. The Service User-Led Standards Audit (SULSA) collects information across ten service user developed standards by asking two questions per standard. The data are collected by former service users who visit the wards to speak with current service users.

The Trust has been at the forefront of testing the collection of Friends and Family Test (FFT) data from mental health and community services. In collaboration with NHS England, the Trust has helped develop the National FFT Guidance based on our experience of running pilot data collection approaches.

The Trust also participates in the CQC National Patient Survey. Although the response rate for this is relatively low, the feedback is often very positive.

Across Community Health Services in Newham, the Trust has implemented the routine collection of PREM and PROM (Patient Reported Outcome Measures) across all services. The data are used to track change over time (Admission to discharge).

Mental Health PREM data dashboard (Q4 - 2014/15)





The data presented in the dashboard above is available to each inpatient team across the East London services on a real-time basis via reporting services or presented as above on a monthly basis. In quarter 4 alone, 386 people using inpatient mental health wards have responded to this question. Approximately three quarters would recommend our services. This data is reported to teams on a monthly dashboard alongside other PREM data, including qualitative feedback, to allow teams to make changes to improve their service. The advantage of having the data presented in this format is that each ward can print their ward specific data and make it available to patients and carers and display it on information boards. NHS England recommends that FFT data are not used for comparison but instead the focus is on quality improvement, however, it is inevitable that

ELFT was one of the national pilot sites for the implementation of FFT. As such, national comparison data are not available for mental health services. The data presented above, do however, compare favourably with FFT data collected from other health services, e.g. A&E, Inpatient and Maternity services.

### Mental Health – Inpatient Service User-Led Standards Audit (SULSA)

Below is a summary of findings from the Service User-Led Standards Audit for the year (2014/15). The data are presented as 'mean scores' for each directorate against the standards listed below (rated 1(very poor) to 5 (excellent)).

1. Service users can access ward staff at all times and feel treated with dignity and understanding.
2. Service users are provided with information and guidance on how to complain and feel able to raise concerns without fear.
3. The religious, spiritual and cultural needs of every service user are respected and accounted for.
4. Service users are provided with information (written) and guidance (verbal) about medications, including potential side effects.
5. Service users are involved in important decisions about care planning and discharge.
6. Service users have regular access to therapeutic groups and activities that enhance their wellbeing.
7. Service users receive regular, quality 1:1 time with their allocated named nurse.
8. Service users are informed of their rights in regard to the Mental Health Act 1983 and accessing clinical notes.
9. Service users are provided with information and advice on practical matters, such as housing and benefits.
10. On admission, service users receive a Welcome Pack containing useful information.

Trust wide SULSA data for all mental health wards as measured over the year (2014/15)








Standard (N)	1	2	3	4	5	6	7	8	9	10	Mean
C&H (131)	4.3	3.5	3.7	3.8	3.7	4.0	3.3	3.6	3.6	3.3	3.7
Newham (117)	3.8	3.6	3.4	3.5	3.3	3.8	3.2	3.1	2.9	3.1	3.4
Tower Hamlets (126)	4.4	3.4	3.8	3.7	3.2	4.0	3.4	3.4	2.8	3.3	3.6
MCHOP (12)	3.7	3.5	4.1	3.6	3.3	3.6	3.1	3.5	3.5	4.3	3.6
John Howard Centre (100)	3.6	3.8	3.4	3.6	3.5	3.1	2.0	3.9	3.9	3.5	3.4
Wolfson House (34)	4.6	4.6	4.8	4.9	4.7	4.1	3.7	4.6	4.2	3.6	4.4
<b>TRUST (520)</b>	<b>4.2</b>	<b>3.8</b>	<b>3.8</b>	<b>3.9</b>	<b>3.7</b>	<b>3.8</b>	<b>3.1</b>	<b>3.7</b>	<b>3.5</b>	<b>3.4</b>	<b>3.7</b>

## CQC – Survey of people's experiences of community mental health services (2013)

We use national surveys to find out about the experiences of people who receive care and treatment. At the start of 2013, a questionnaire was sent to 850 people who received community mental health services. Responses were received from 182 service users at East London NHS Foundation Trust. The Trust's scores are compared against scores from other trusts nationally. This takes into account the number of respondents from each trust as well as the scores for all other trusts, and makes it possible to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts.

ELFT user ratings have increased in six of the nine domains. The area where ratings have reduced, ELFT scores are still 'about the same' as most other mental health trust scores. It is noticeable that the gains made in last years (2013) survey were maintained. The Trust ratings are 'about the same' as national averages in seven of the nine domains and 'better' in two. The overall rating (7.4) is significantly higher than last year's score.

[CQC summary table of ELFT data compared to all other trust and data from the previous year](#)

How this score compares with other trusts		Based on patients' responses to the survey, this trust scored	Direction of change since (2013/14)
<b>7.6/10</b>	Health and social care workers	About the same	 (8.7)
<b>8.8/10</b>	Organising Care	About the same	 (8.4)
<b>7.4/10</b>	Planning Care	About the same	 (6.6)
<b>7.8/10</b>	Reviewing Care	About the same	 (7.6)
<b>7.5/10</b>	Changes in who people see	Better	(N/A)
<b>6.8/10</b>	Crisis Care	About the same	 (6.7)
<b>7.9/10</b>	Treatments	Better	(N/A)
<b>5.6/10</b>	Other areas of life	About the same	 (5.4)
<b>7.4/10</b>	Overall views and experiences	About the same	 (6.5)

## **Community Health Newham (CHN) – Patient Reported Outcome and Experience Measures (PROM and PREM)**

### **1. Summary**

Services across CHN collect patient experience data, using the Department of Health Patient Experience questions (PREMs) which includes the Friends and Family Test (FFT), and the national EQ-5D tool (PROMs). A number of CHN services have included bespoke questions to the PROM tool, in order to refine the information obtained. Some areas such as Children's services and Learning Disabilities are in the process of agreeing bespoke PROM questions.

Currently services are collecting data through digipens, tablet devices and touchscreens. There are currently two different data streams, which are Anoto and CRT viewpoint. This report captures data being collecting from both systems, where overall positive results have been reported across the directorate.

Results from PROMs and PREMs are circulated to teams and monitored by the CHN Quality Assurance Group. More recently, CHN has uploaded and published Friends and Family Test scores via NHS England website.

### **1. Results**

#### **PREMs**

Overall PREM data is positive across CHN services. Highly positive PREMs were reported for Day Hospital, Diabetes service, Venous Leg Ulcer, Tissue Viability and Cardiac Rehab. In addition to this, positive feedback was given by carers with regards to Fothergill Ward and Sally Sherman Ward.

However some teams, such as Cauzabon Ward and Telehealth, have scored less than the CHN average for PREM. In addition to this, Sickle Cell, EPCT and Virtual Ward did not collect any data during quarter 4.

#### **PROMs**

Overall PROM data shows a large number of patients reporting no problems. Inpatient wards show reported outcomes are positive where extreme pain/discomfort has shown the most improvement from admission to discharge. Diabetes service, Tissue Viability and Venous leg ulcer show marked improvement across all patient reported outcome measures.

With regards to analysing PROM scores it should be noted that some conditions are progressive, where symptoms could deteriorate during the course of treatment with the service.

#### **FFT**

Overall FFT scores show that majority of patients would recommend a large proportion of community health services. However, teams such as School Nursing and Telehealth have scored the lowest for scoring 'extremely likely' for FFT.

## Compliments

In addition to services collecting patient experience data, a total of 9 compliments were received for CHN services during Q4. Alongside this, Newham Healthwatch visited Physiotherapy and Diabetic Retinal Screening Services, where clear positive trends were recorded on Staff Attitude, Waiting Times, Appointment Booking and Travel. There were no notable negative trends reported for both services.

### 3. Plans for 2015/16

Overall, data collection rate across the directorate for 2014/15 has decreased. In response to this, CHN is in the process of rolling out a patient experience project to streamline data collection and support the uptake of data collection. The plan for phase one and two are detailed below:

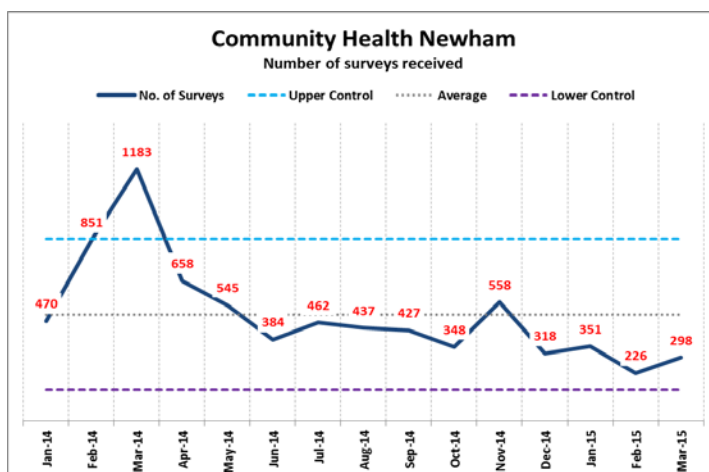
#### Patient experience project – phase one

Phase one of the project will include, the distribution of Samsung Galaxy devices (using the CRT viewpoint system) across CHN services. This will allow data to be collected using a tablet device, with a user friendly survey for PREM and PROM (where appropriate). The PREM and PROM surveys will be made available in an easy to read version with images. In addition to this, a CRT survey app will be tested on Trust laptops and iPads for the Diabetic Retinal Screening Service and Family Planning Service. In terms of flexibility of devices, services will have the option to use the tablet device as a mobile device, or to have this fixed to a stand in a central location i.e. reception. Currently the CHN team and the central team are in the process of finalising surveys and configuring the devices. CHN aims to roll out the devices to services by the end of May 2015.

#### Patient experience project – phase two

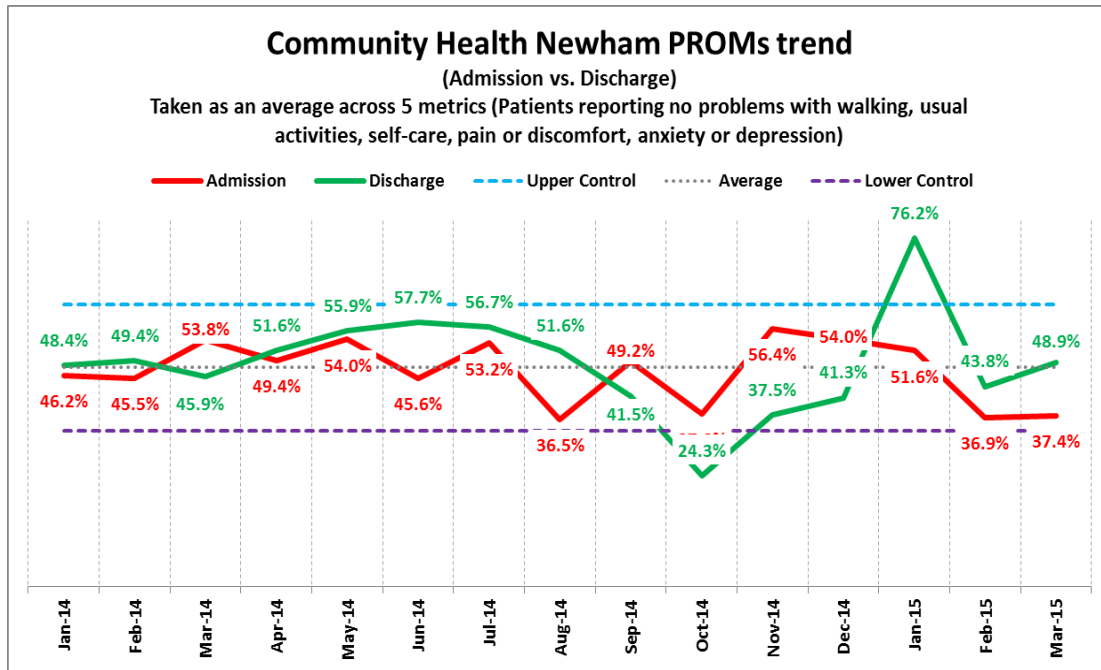
Phase two of the project will ensure that once data is collected via CRT viewpoint, this will automatically feed into the Trust's data warehouse. Data will then be made accessible via Informatics Team and presented using dashboard reports. Teams will be able to access real time data via the Trusts Reporting Services link. In order to increase the uptake of data collection, particularly for teams where there is a low data return rate, the CHN People Participation Lead will provide support in raising awareness at Working Together Groups and contacting service users / carers for qualitative feedback.

#### Survey numbers and trends



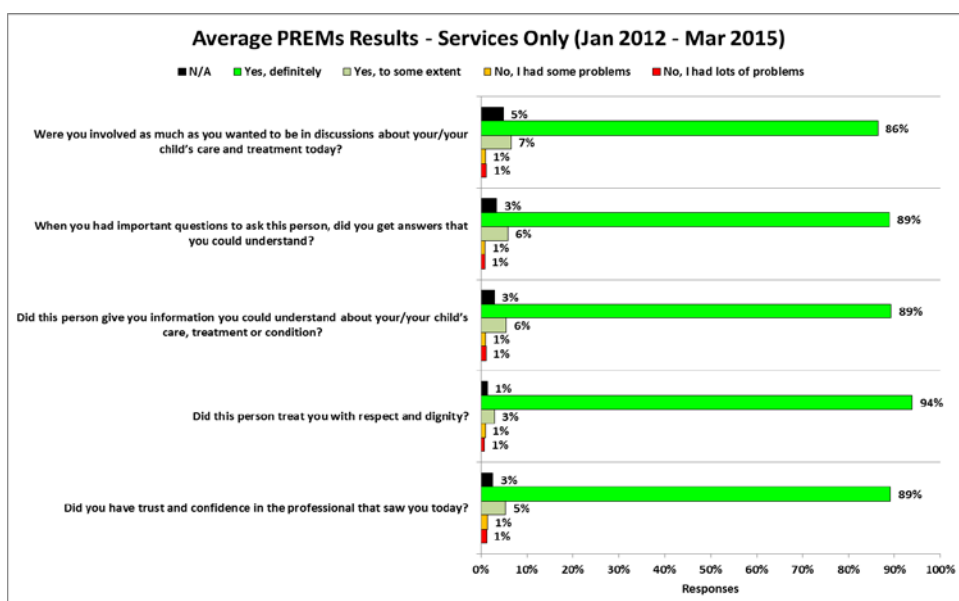
The above graph represents the number of surveys received for all the services that participate in patient feedback for the past 15 months; this includes surveys which were not fully completed.

### PROMs trend for Community Health Newham

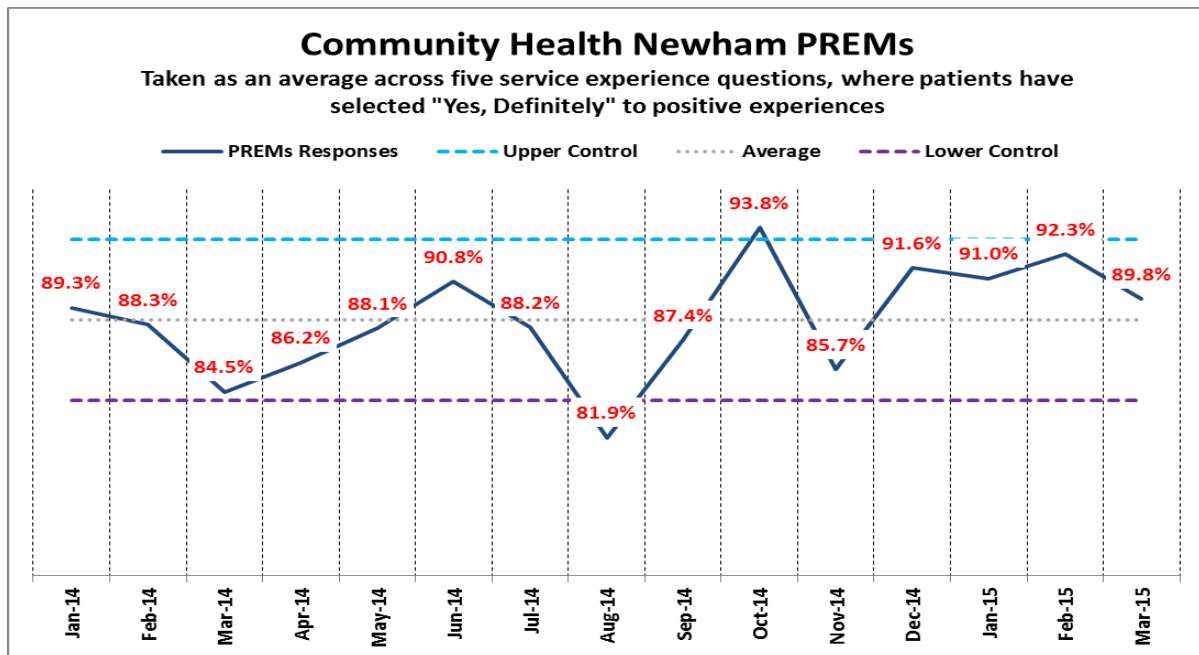


The above graph represents all services that have collected PROMs surveys for the past 15 months. The graph shows the trends for patients who have reported no problems with walking, usual activities, self-care, pain/discomfort and anxiety/depression, at admission and then discharge. Currently the graph shows a sideways trend of patients reporting no problems; however they are within control parameters.

### Average PREMs and trends for Community Health Newham

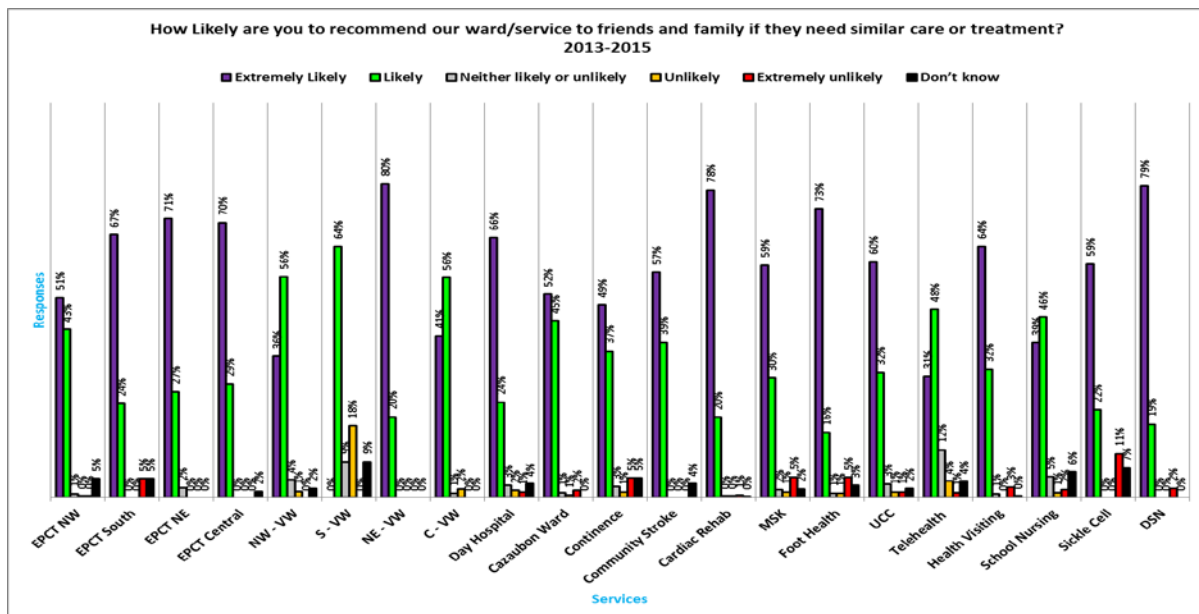


The above graph shows where the average responses sit across all services that participate in collecting PREMs.



The above graph represents patient experience trends (average across 5 metrics, where patients give a "Yes - definitely" answer to questions covering confidence in the professionals, respect and dignity, understandable information/answers and involvement in care. Looking at the last 15 months there is a sideways trend and 2014/15 Q4 has been above the average line.

### Friends and Family Test



Data collection for the friends and family test began in August 2013 and is now collected by 21 services, with over 5700 responses. The current results shows that majority of patients would recommend a large proportion of community health services.

### 3.3 ELFT 2014 NHS Staff Survey

EAST London NHS Foundation Trust is proud to feature in the Health Service Journal's (HSJ) top 10 in the top 100 places to work in healthcare. The HSJ in conjunction with NHS Employers compiled and published a list of the top 100 best places to work in health. This includes mental health and community trusts, acute trusts and clinical commissioning groups.

The Trust's mission is to provide the highest quality mental health and community care in England. We know that having an engaged and motivated workforce is crucial to delivering high quality care to our patients. Dr Robert Dolan, Chief Executive, said "I am delighted that our Trust has been recognised by the HSJ as one of the best places to work.

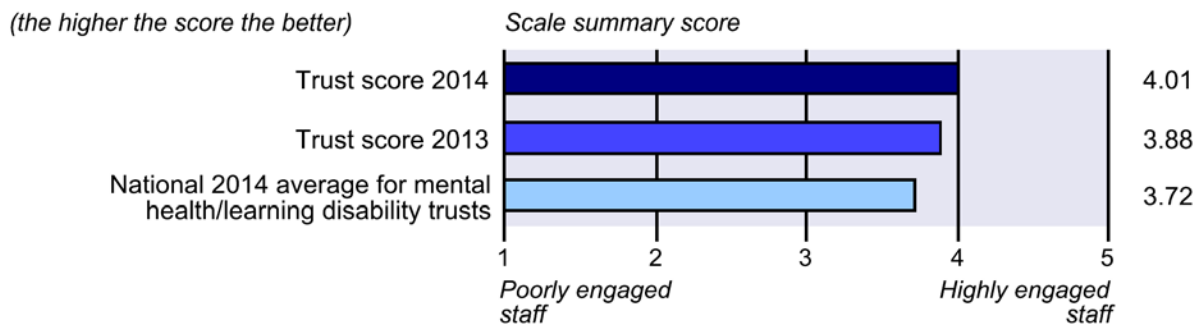
We are a well-managed, clinically led Trust with a highly engaged and diverse workforce. This enables us to deliver high quality care in a truly patient centred way. We encourage all our staff to be innovative and to constantly look at ways to improve the patient experience."

The HSJ and NHS Employers used NHS staff survey findings to analyse each organisation across seven core areas: leadership and planning; corporate culture and communications; role satisfaction; work environment; relationship with supervisor; training and development; and employee engagement and satisfaction.

#### Overall indicator of staff engagement for East London NHS Foundation Trust

The figure below shows how East London NHS Foundation Trust compares with other mental health/learning disability trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 4.01 was in the **highest (best) 20%** when compared with trusts of a similar type.

#### OVERALL STAFF ENGAGEMENT



The table overleaf shows how East London NHS Foundation Trust compares with other mental health/learning disability trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2013 survey.

	Change since 2013 survey	Ranking, compared with all mental health trusts
<b>OVERALL STAFF ENGAGEMENT</b>	✓ Increase (better than 13)	✓ Highest (best) 20%
<b>KF22. Staff ability to contribute towards improvements at work</b> <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	✓ Increase (better than 13)	✓ Highest (best) 20%
<b>KF24. Staff recommendation of the trust as a place to work or receive treatment</b> <i>(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</i>	✓ Increase (better than 13)	✓ Highest (best) 20%
<b>KF25. Staff motivation at work</b> <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	✓ Increase (better than 13)	✓ Highest (best) 20%

## Summary of 2014 Key Findings for East London NHS Foundation Trust

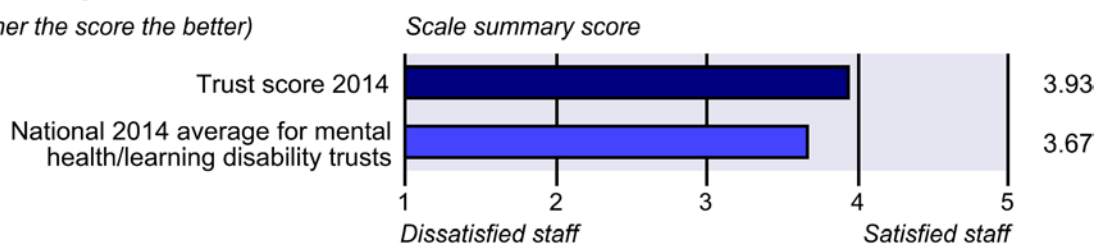
### Top and Bottom Ranking Scores

This page highlights the five Key Findings for which East London NHS Foundation Trust compares most favourably with other mental health/learning disability trusts in England.

#### TOP FIVE RANKING SCORES

##### ✓ KF23. Staff job satisfaction

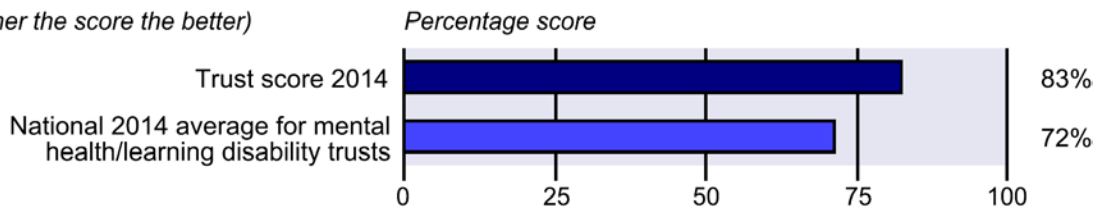
*(the higher the score the better)*





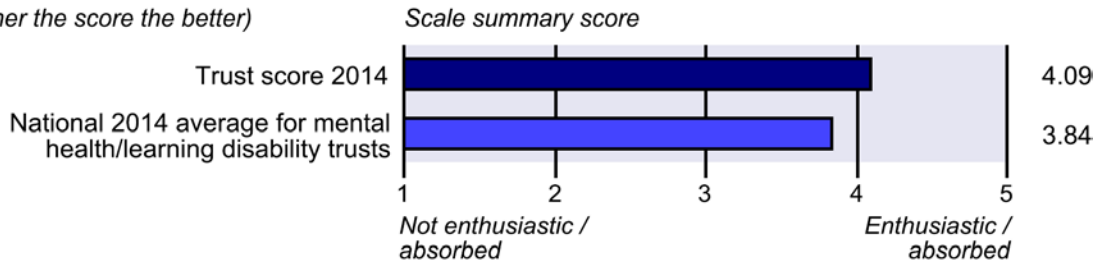
✓ **KF22. Percentage of staff able to contribute towards improvements at work**

(the higher the score the better)



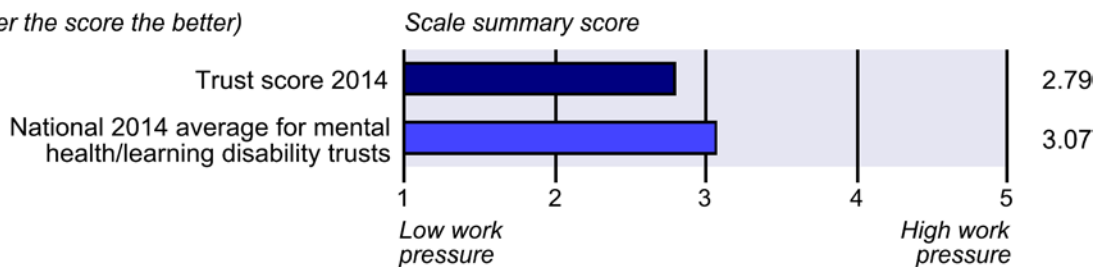
✓ **KF25. Staff motivation at work**

(the higher the score the better)



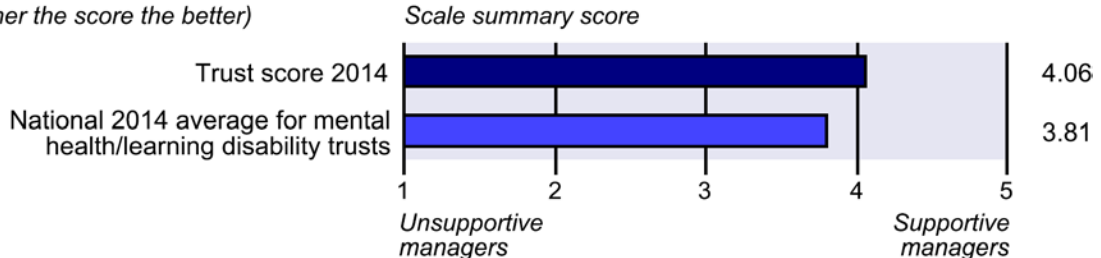
✓ **KF3. Work pressure felt by staff**

(the lower the score the better)



✓ **KF9. Support from immediate managers**

(the higher the score the better)

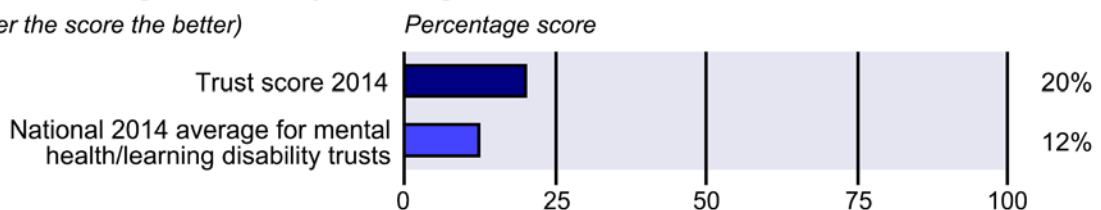


These data highlight the five Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

**BOTTOM FIVE RANKING SCORES**

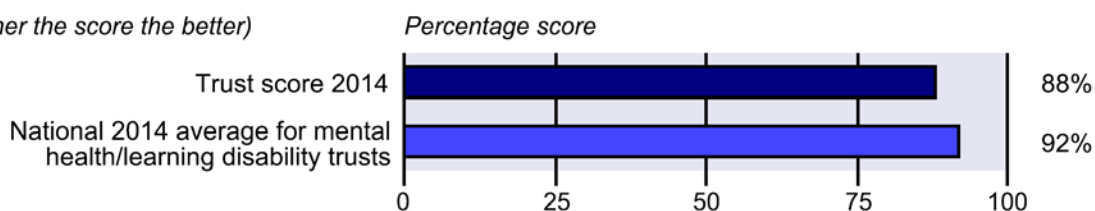
! **KF28. Percentage of staff experiencing discrimination at work in last 12 months**

(the lower the score the better)



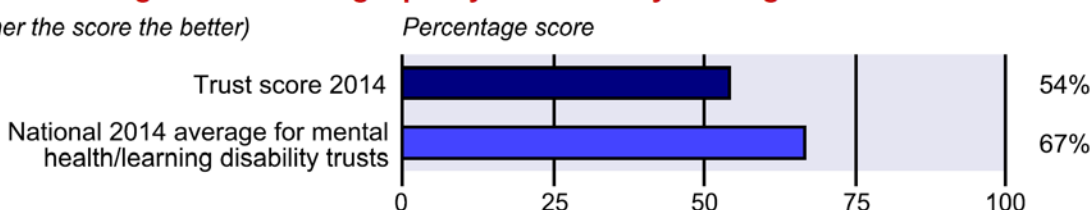
**! KF13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month**

(the higher the score the better)



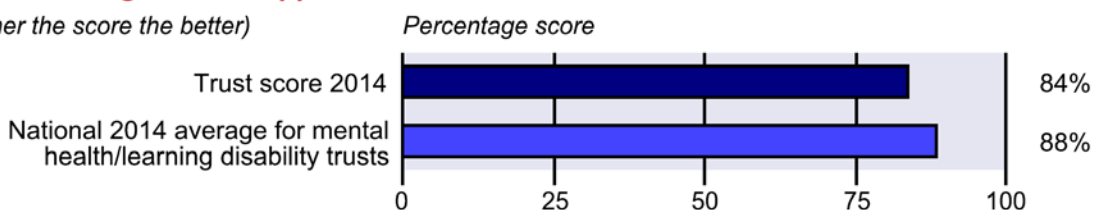
**! KF26. Percentage of staff having equality and diversity training in last 12 months**

(the higher the score the better)



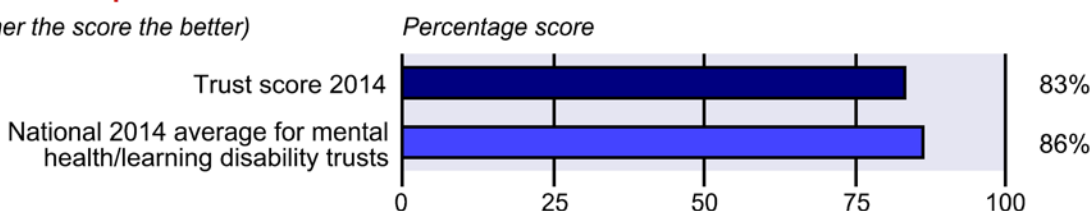
**! KF7. Percentage of staff appraised in last 12 months**

(the higher the score the better)



**! KF27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion**

(the higher the score the better)

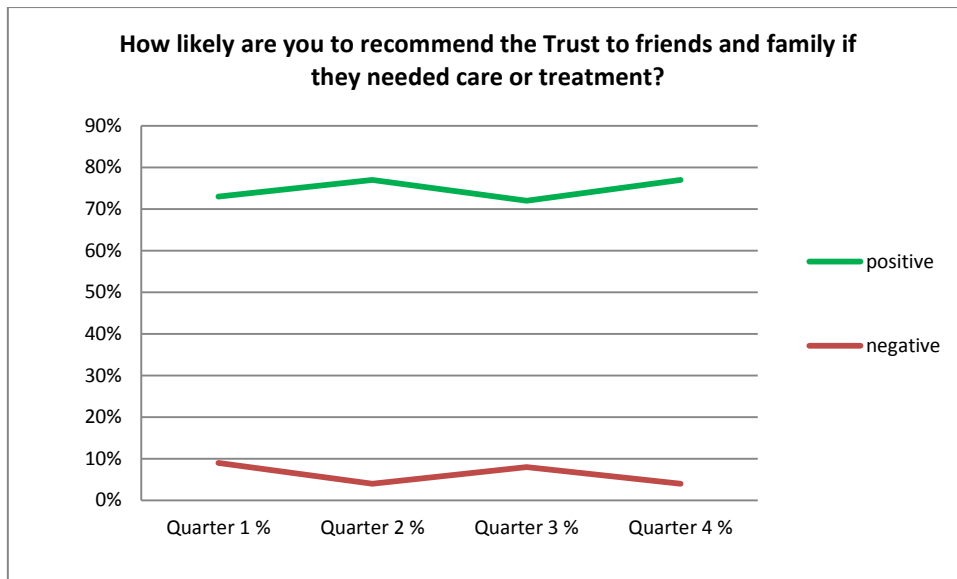


**ELFT Internal Staff feedback 2014/15**

The Trust has now carried out internal FFT staff surveys (via online systems) in Quarters 1, 2 and 4. These data are supplemented by the data from the National Staff Survey undertaken in quarter 3. This allows us to compare responses across the four quarters, as indicated below:

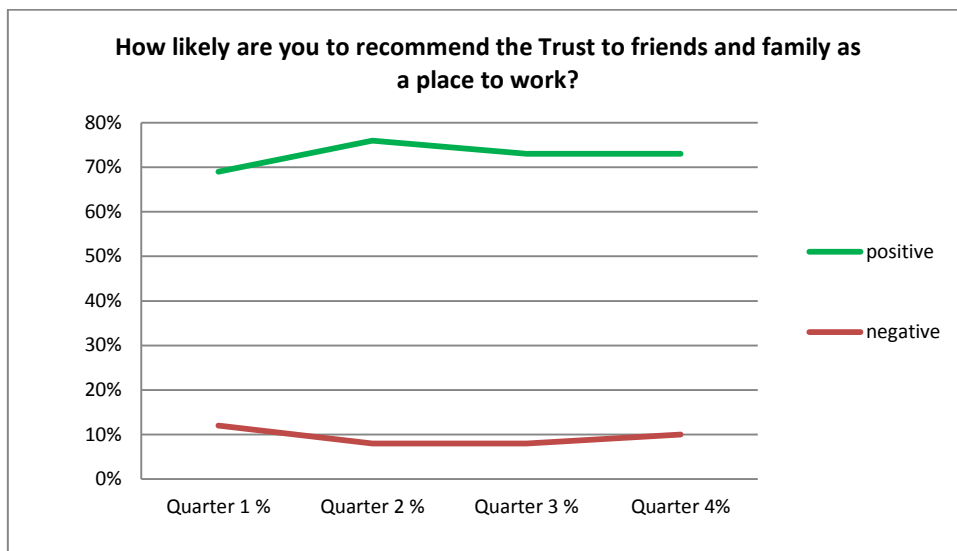
**1. How likely are you to recommend the Trust to friends and family if they needed care or treatment?**

F&F Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Extremely Likely	23%	25%	22%	23%
Likely	50%	52%	50%	54%
Neither Likely or Unlikely	19%	19%	20%	16%
Unlikely	8%	1%	4%	3%
Extremely Unlikely	1%	3%	4%	1%
Don't Know				



**2. How likely are you to recommend the Trust to friends and family as a place to work?**

F&F Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Extremely Likely	26%	28%	28%	30%
Likely	43%	48%	45%	43%
Neither Likely or Unlikely	19%	15%	18%	17%
Unlikely	8%	4%	6%	8%
Extremely Unlikely	4%	4%	2%	2%
Don't Know				



**Comparative Table for Quarter 4**

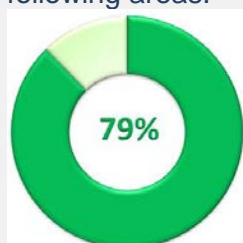
The table below illustrates how the responses to Question 1 are related to the responses to Question 2. For example, 73% of the staff stated that they would be 'Extremely likely' and 'Likely' to recommend the Trust as a place to work. Of these, 77% also said they would be

'Extremely likely' and 'Likely' to recommend the Trust to friends and family if they needed care or treatment. This is as compared to 57% from Quarter 1.

	1 - Extremely Likely	2 - Likely	3 - Neither likely nor unlikely	4 - Unlikely	5 - Extremely unlikely	6 - Don't Know	7 - No Response	Total
How likely... <u>care or treatment</u>	21 (23%)	50 (54%)	15 (16%)	3 (3%)	1 (1%)	2 (2%)	1	93
How likely... <u>a place to work</u>	27 (30%)	39 (43%)	15 (17%)	7 (8%)	2 (2%)	0	3	93

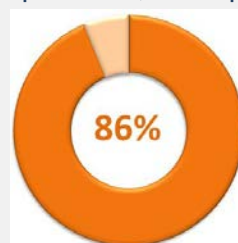
### Additional Local Questions

In addition to the above mentioned mandatory questions, staff provided feedback on the following areas:



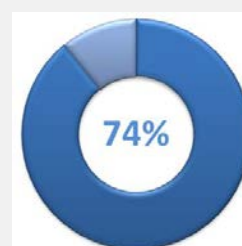
79% staff believed that there was **effective team working** in their area of work

70% staff said that there was **effective communication** with local senior management



86% staff feeling that their **work was valued** by colleagues and their line manager

74% staff agreeing that they were **treated fairly** by their colleagues and managers at work



### Next Steps

The results from all the quarters are currently being reviewed and the measures will address the results from both, the Staff FFT and the 2014 NHS Staff Survey. The drafted action plan will be communicated to staff in due course.

The results from all the quarters and the 2014 NHS Staff Survey are available on the Trust Intranet.

## 3.4 Complaints & Patient Advice and Liaison Service's Annual Report 2014/15

The East London NHS Foundation Trust is a learning organisation that is committed to listening to views about the quality of care from its services users, their carers and families have received and continually improving the quality of care and services we provide. The guiding principle of our complaints procedure is that it is led by the complainant who is fully consulted at each stage of the process.

This report sets out how the Trust goes about responding to complaints and the ways we strive to learn from our service users' experiences.

As part of the Trust's commitment to putting the complainant at the heart of its complaints process, once a complaint is received, staff make contact to establish how the person would like their concerns handled and in particular, whether they would like to meet the investigating officer. It is the experience of the complaints service that such meetings provide an effective means of reassuring complainants that their complaint is being taken seriously and that we are committed to resolving it to their satisfaction. Many complainants take up this offer and such meetings provide an invaluable opportunity to explore concerns in more detail, thus ensuring that they are properly understood and that there are clear expectations in terms of outcome. In many cases, these meetings may serve to resolve the issue to the satisfaction of the complainant, resulting in complaints being withdrawn.

Concerns and complaints are dealt with by both the Patient Advice & Liaison Service (PALS) and Complaints functions. We want the process to be fair, flexible and conciliatory and PALS staff work with patients who wish to have a speedy and informal resolution to their concerns. Between 1 April 2014 and 31 March 2015, PALS received 426 contacts and the service assisted 326 individuals with their concerns. Individuals who contacted PALS for assistance in resolving concerns, most commonly raised issues relating to communication, or access to services, notably issues to do with late or cancelled appointments, or making an appointment. In 91% of cases, PALS was able to resolve the issue to the satisfaction of the individual. In 2% of cases, concerns could not be resolved informally and were escalated for formal investigation under the Trust's complaints procedure. In the remaining 7% of cases, either issues remained outstanding or the outcome was unknown at the time of writing this report.

During the same period, the Trust received 328 formal complaints. This is a reduction of 12% compared to the previous year 2013/14, when 375 complaints were received. It is of note that this does not include 35 complaints which were subsequently withdrawn, typically after a local mediation meeting was held between the complainant and staff involved which served to resolve matters to the satisfaction of the complainant. Such mediation meetings have proved successful in providing a forum where service users can openly discuss their grievances with staff, creating a better understanding of what has happened and a more effective way forward. The meetings have largely been used within inpatient services up to now but the service is seeking to promote and extend the use of such meetings to complaints involving community services, in the expectation that this will provide a more satisfactory resolution to those service users, too.

Of the 328 formal complaints received, complainants raised concerns relating to 744 subjects. This reflects the multi-faceted nature of many complaints which typically involve one or more issue.

The service focused on three main areas of work in 2014/15. The first was to ensure that changes to the Complaints and PALS service which had restructured in 2013 to provide an integrated service, was fully embedded. Key to that is the need to provide an accessible

Complaints and PALS service and this year a new email address was set up and promoted, to make the service more easily accessible to our service users. This compliments the Freephone which is already freely available and widely used by our service users.

As a learning organisation, there continues to be an emphasis on ensuring that as a Trust we learn from complaints and that recommended changes to our systems and practice, are implemented. The service has embedded a system to regularly check that recommendations from complaints are implemented and any learning disseminated to staff. In addition, a 'Learning from Complaints Committee' was instituted in 2014 which seeks to develop further how the Trust can learn from the complaints it receives, by identifying best practice and evidence to support improvement work on the themes emerging from complaints. The group which is chaired by the Director of Nursing meets on a quarterly basis and is attended by a wide range of stakeholders, including the Complaints and PALS Manager, representatives from each directorate management team, patient and carer representatives, Governors, Healthwatch and CCG representatives. Its first work has involved an analysis of the main themes arising in complaints to help better understand particular issues raised and any variation between services and teams. This has identified specific areas for improvement work, both organisation-wide or specific to particular locations or services.

A third priority for the service was to ensure that staff who are tasked with investigating complaints have the necessary skills and training to undertake good quality, robust and timely investigations. To that end, between May to September 2014, we held a series of training sessions in collaboration with the Patients' Association who are experts in this field and lead on patient issues, delivering bespoke training to over a hundred members of staff.

The Trust feels it is important for a person to know that their complaint will be taken seriously and investigated thoroughly. If a complainant telephones the department, staff will explain the complaints procedure. With written correspondence, the complaints team write to acknowledge the complaint within three working days and this is monitored. Our target is to acknowledge 90% of complaints within this time frame and in 2014/15, 97% of complaints received were acknowledged within 3 working days.

In responding to complaints, the service identified and responded to 744 subjects. The top subject for the year 2014/15 was communication, accounting for 16% of all subjects raised, followed by attitude of staff (14%) and medication (7%).

Letters of responses are sent to complainants and which set out the Trust's findings following the investigation of the individual complaints. The Trust believes that it is important for complainants to receive a response in a timely manner not least because it shows that the Trust has taken their concerns seriously and taken action and also provides a better chance of resolving the concerns to the complainant's satisfaction.

The Trust aimed to response to a minimum of 85% of complaints within 25 working days or an agreed extension. To date, the Trust has replied to 70% of complaints within this timescale. This is below the Trust target and even though 15% of complaints remain under investigation at the time of writing this report, disappointingly the service is unlikely to meet its target for this year.

As a direct result of investigations into complaints, recommendations are made and action taken to identify shortcomings. During 2014/15, these actions included:

An investigation identified that some staff had received training in the use of a pump which is used to dispense medication to patients with Parkinson's disease, in the community. The investigation established that training is only available to some staff

and that no refresher training was provided. In terms of the training provided, it was not comprehensive and did not cover resetting the pump. Comprehensive training is to be provided to address these shortcomings. In addition, an aide memoire is to be produced and kept by the pump, summarising what to do in case of a problem, including contact telephone numbers. **(CHS & MHCOP)**

It was found that there is no information available to service users on Personality Disorders. As a result, the Personality Disorder Service will develop written information about different diagnoses, as well as a hand-out about the assessment process which can be complex, to enable service users to be better informed about their condition and what to expect from the service. (City and Hackney)

An investigation highlighted that there is no printed information available to assist service users when their mental health care is transferred from another country to the UK. As a result, a leaflet will now be developed setting out the main principles and addressing common queries. **(Newham Mental Health)**

A complaint's investigation reviewed the action taken after a detained service user absconded. It was ascertained that there was a lack of communication with the family which had been due to staff respecting the service user's wishes to not communicate with their family. The Missing and Absent Without Leave policy will be updated to provide guidance on weighing up the obligations of maintaining confidentiality in such a situation. **(Tower Hamlets)**

A complaint's investigation established that the Trust does not currently provide ADHD CBT and as a result, a care pathway for adults with ADHD will be developed focussing on the assessment of patients referred with a suspected or confirmed diagnosis of adult ADHD and the provision of psychiatric and psychological treatment for those patients identified as requiring these interventions. Additionally, training for local psychology staff to enable them to deliver CBT for adult ADHD is under consideration in the context of a review of ADHD arrangements in Newham. . **(Newham Mental Health)**

The relative of a service user complained about the attitude of staff and the way that ward round meetings were being conducted. The investigation highlighted the need to appoint a Family Link Nurse to establish a family group to work with families and carers. The Modern Matron has undertaken to appoint to this role and to ensure that their contact details are included in Welcome Packs. **(Tower Hamlets)**

A complaints investigation highlighted the lack of a formal process to transfer female patients from mixed wards in Tower Hamlets to all female, open wards in other localities. The Borough Director has undertaken to review this, with a view to putting a process in place. **(Tower Hamlets)**

An investigation highlighted the need for a training needs' analysis to be carried out at the UCC to ensure that staff have sufficient knowledge and insight into caring for service users presenting with tropical or communicable diseases. **(CHS & MHCOP)**

A complainant alleged that a male member of staff had acted inappropriately by visiting a female service user at home to administer depot medication. The complaints investigation highlighted the confusion which existed in terms of the Trust's policy around the administration of depot medication by staff of a different gender and patient choice. As a result, a review is to be undertaken of the Trust's Medicines, Community Medicines and Depot Administration policies to ensure that it

includes a statement regarding same gender administration of depot medication and patient choice. **(Tower Hamlets)**

As a result of an investigation which highlighted that staff could not assist a vulnerable patient because of the lack of an available wheelchair, the Centre is to obtain its own pool of wheelchairs. **(CHS & MHCOP)**

A complaint focussed on the care provided to a young service user who was autistic and had a mild learning disability. The clinical team acknowledged that the service did have some knowledge and skills for young people with autism and in this case, a specialist environment was needed. However, a knowledge gap was identified by the investigation and a specialist training course was commissioned so that all staff had a basic awareness and the skills to support young people with this condition during the time they were under the care of the service. **(Specialist Services)**

A complaint about an application for Continuing Healthcare funding which are handled jointly by the Trust and the local authority, identified the lack of clarity around their respective roles and responsibilities and how this potentially detracted from the required focus on service users' health and social needs. Joint training is to be undertaken between health and social care professionals so that all concerned have a clear idea of their roles and responsibilities within the process. **(Specialist Services)**

A complaint about a breach of confidentiality investigated under the Trust's Serious Incident Review process, found that a breach had occurred, resulting in printed personal data about service users being found in a public space. The investigation recommended that where data cannot be transferred electronically, the printing of attendance lists for clinics being held off-site should be kept to a minimum, using security controls such as encrypted laptops to ensure secure transportation. It was recommended that facilities at all sites where clinics are held would be reviewed and protocols put in place for managing data safely. The investigation identified that a staff member had not been trained in information governance. It was recommended that steps were taken to make sure that staff running clinics were aware of, understood and followed the protocols. **(Specialist Services)**

The Trust aims to resolve all complaints to the satisfaction of the complainant, however; on occasion, this is not possible and in such cases, the Trust's written response to complaints always includes an invitation to the complainant to contact the service if they remain dissatisfied or are unhappy with any aspect of our findings. Last year, 22 complainants representing 7% of complainants came back and in these cases we reviewed our response, undertook further investigations and also held meetings with the complainant in order to resolve their outstanding concerns.

If the Trust's further work does not prove successful in resolving a complaint, complainants can refer their cases to the Parliamentary & Health Service Ombudsman for their complaint to be independently reviewed. 2 out of the 329 complaints received during 2014/15 were referred to the Ombudsman and in one of these cases which the Ombudsman investigated, the Trust was notified that it did not uphold the complaint. The outcome of the second case is not yet known. In addition, the Ombudsman has reviewed a further 9 cases relating to complaints which the Trust responded to before 1 April 2014. In one of these cases, the Ombudsman referred the case back to the Trust for further work to be undertaken and in another, a case was referred to the Care Quality Commission. The outcome of the remaining cases is at this stage, unclear.



### **3.5 An Explanation of Which Stakeholders Have Been Involved**

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the bi-monthly Quality Committee, Patient Participation Committee and the Patient Experience Committee meetings.

### **3.6 Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs)**

NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs) welcome the opportunity to review East London NHS Foundation Trust's (ELFT) Quality Account.

We work collaboratively with ELFT to ensure that the services they provide meet contractual requirements and continuously improve the quality of care they provide.

We agree with the three quality priorities outlined in this quality account for 2015/16:

- Improving Service user and carer satisfaction;
- Improving staff satisfaction;
- Maintaining financial viability.

We were particularly pleased to read the detail included in two quality indicators: reduce harm by 30% and right care, right place and right time. They have a focus on patient safety, clinical effectiveness and patient experience: the three quality domains.

The Quality account has reported on all the quality requirements set by the Department of Health for 2015/16.

In 2015/16 we will continue to work collaboratively with ELFT by having regular Clinical Quality Review meetings by each CCG and a consortium meeting (with all three CCGs) each quarter to monitor the quality of care provided. Furthermore there will also be some quality assurance visits by some of the CCGs to monitor quality of care.

In November 2014 we held a meeting to identify and agree some innovative quality outcome based interventions for 2015/16 (Commissioning for Quality and Innovation (CQUIN)). These interventions will aid in achieving the three quality priorities set by ELFT whilst also contributing to meeting the CCGs strategic quality objectives. We congratulate the Trust on their impressive quality improvement programme and the enthusiasm and commitment this has generated to improve the quality of care by staff, patients and stakeholders. We aim to support the Trust over the coming year to develop this further and are keen to be a partner in this work.

The Trust has achieved an impressive improvement in a number of areas and in particular in terms of reducing violence and use of restraint on their wards, improving staff and patient satisfaction and improving physical monitoring of service users.

Although we agree with the two quality indicators, we feel they are not representative of the whole of ELFT as an organisation. The two quality indicators are mainly focused on mental health. Under reduce harm by 30% another indicator could have

been included for community health services instead of just the one listed as “reduction of pressure ulcers”. This seems to imply that the quality improvement programme set by ELFT is targeted on improving quality in mental health and yet there have been quality improvement initiatives in community health services. Furthermore ELFT could have provided more detail with regards to quality indicators that were not fully achieved in 2014/15 and explained how it will strive to ensure those indicators will be achieved in the coming year.

The CCGs are committed to working with ELFT to ensure patients receive care that is safe, effective and promotes a positive patient experience.

### **3.7 Statement from Newham Healthwatch**

“Over the year, East London NHS Foundation Trust has worked with Healthwatch Newham to obtain independent feedback from its service users. As part of this, Healthwatch Newham conducted outreach at community health services, including Physiotherapy, Diabetic Retinal Screening and Sexual Health clinics. During the outreach the feedback we received was complimentary and we observed patients being seen on time and receiving good quality care from all staff members. Although not representative of those services as a whole, we were impressed with the volume of compliments received from service users, and grateful that service managers and patient experience leads have been accommodating, on many occasions pro-active, in facilitating the outreach sessions.

Healthwatch Newham has received PALS and Complaints reports on a monthly basis, and has a seat on the quarterly ‘Learning from Complaints Committee’ which we believe demonstrates that the Trust is transparent, co-operative, and open to scrutiny on service user experience. Going forward, Healthwatch Newham plans to conduct outreach at further services, including Community Mental Health and Foot Health, and aims to work with the Trust in other service areas to ensure that the experience of service users is at the forefront of delivery.”

### **3.8 Statement from Tower Hamlets Overview and Scrutiny Panel**

The Trust has always worked closely with the Overview and Scrutiny Committee in the development of the Quality Accounts Report. Unfortunately, no response to the request for feedback regarding this year's report was received prior to the Monitor submission date.

## 3.9 An Explanation of any Changes Made

No changes were made.

## 3.10 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Trust Secretary, Mr Mason Fitzgerald, on 020 7655 4000.

A copy of the Quality Accounts Report is available via:

- East London NHS Foundation Trust website (<http://www.eastlondon.nhs.uk/>)
- NHS Choices website (<http://www.nhs.uk/Pages/HomePage.aspx>)

### 3.11 2014/15 Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes for the period April 2014 – April 2015
  - Papers relating to Quality reported to the Board over the period; April 2014 – April 2015
  - Feedback from governors dated; March 2015
  - Complaints & PALS Annual Report 2014/15
  - Mental Health Community Survey 2014 service users survey, issued in September 2014
  - National NHS staff survey 2014, issued in February 2015
  - Care Quality Commission Intelligent Monitoring Report, dated November 2014
  - the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2015.
  - Statement from Newham Healthwatch received May 2015
  - Joint Statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs) received May 2015
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual))).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

27/05/15.....Date..........Chairman

28/05/15.....Date..........Chief Executive



## **INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF EAST LONDON NHS FOUNDATION TRUST ON THE QUALITY REPORT**

We have been engaged by the Council of Governors of East London NHS Foundation Trust to perform an independent assurance engagement in respect of East London NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

### **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following two national priority indicators:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these two national priority indicators collectively as the 'indicators'.

### **Respective responsibilities of the directors and auditors**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports 2014/15 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with

- Board minutes for the period April 2014 to April 2015
- Papers relating to Quality reported to the Board over the period; April 2014 to April 2015
- Feedback from governors dated; March 2015
- Complaints and PALS Annual Report 2014/15
- Mental Health Community Survey 2014 service users survey, issued in September 2014
- National NHS staff survey 2014, issued in February 2015
- Care Quality Commission Intelligent Monitoring Report, dated November 2014

- the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2015.
- Statement from Newham Healthwatch received May 2015
- Joint statement from NHS Tower Hamlets, NHS Newham and NHS City and Hackney Clinical Commissioning Groups (CCGs) received May 2015

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of East London NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and East London NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

#### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- testing key management controls
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report.
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement. Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by East London NHS Foundation Trust.

#### Conclusion

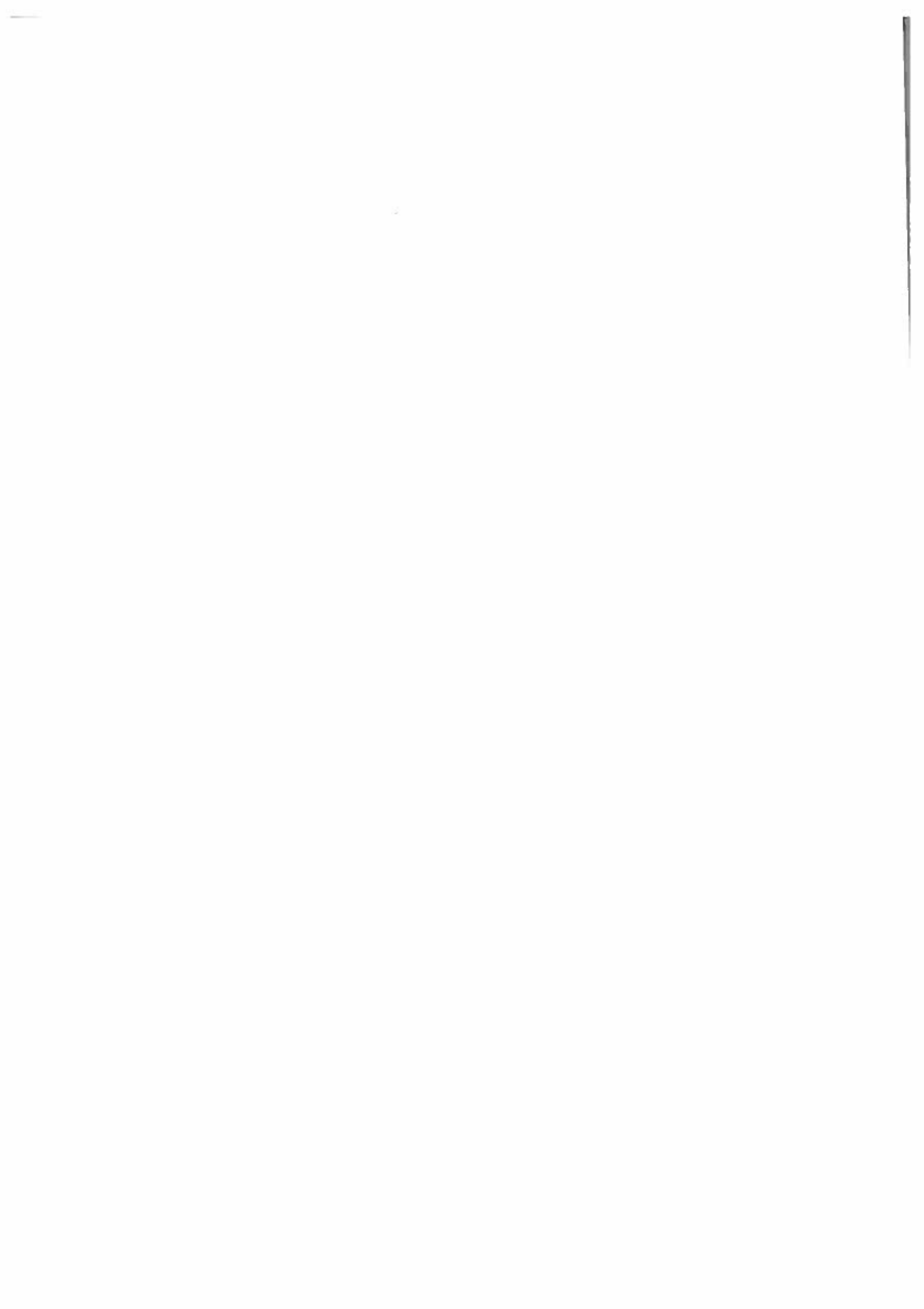
Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP  
Chartered Accountants

28 May 2015



## Glossary

Term	Definition
Admission	The point at which a person begins an episode of care, e.g. arriving at an inpatient ward.
Assessment	Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.
Black and minority ethnic (BME)	People with a cultural heritage distinct from the majority population.
Care Co-ordinator	A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be community mental health nurse, social worker or occupational therapist.
Care pathway	A pre-determined plan of care for patients with a specific condition
Care plan	A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy. (See Care Programme Approach).
Care Programme Approach (CPA)	The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (See Care Plan and Care Co-ordinator).
Care Quality Commission (CQC)	The Care Quality Commission is the independent regulator of health and social care in England. They regulate care provided by the NHS, local authorities, private companies and voluntary organisations.
Case Note Audit	An audit of patient case notes conducted across the Trust based on the specific audit criteria outlined by CQC.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS is a term used to refer to mental health services for children and adolescents. CAMHS are usually multidisciplinary teams including psychiatrists, psychologists, nurses, social workers and others.
CAMHS Outcome Research Consortium (CORC)	CORC aims to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties.
Community care	Community care aims to provide health and social care services in the community to enable people to live as independently as possible in their own homes or in other accommodation in the community.
Community Health Newham (CHN)	Community Health Newham provides a wide range of adult and children's community health services within the Newham PCT area, including continuing care and respite, district nursing and physiotherapy.
Community Mental Health Team (CMHT)	A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.
Continuing Care	The criteria for assessing long term care eligibility
DATIX	Datix is patient safety software for healthcare risk management, incident reporting software and adverse event reporting.
Discharge	The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan. (see Care plan)

East London NHS Foundation Trust ( ELFT)	East London NHS Foundation Trust
General practitioner (GP)	A family doctor who works from a local surgery to provide medical advice and treatment to patients registered on their list
Mental health services	A range of specialist clinical and therapeutic interventions across mental health and social care provision, integrated across organisational boundaries.
Multidisciplinary	Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.
Named Nurse	This is a ward nurse who will have a special responsibility for a patient while they are in hospital.
National Institute of Health Research (NIHR)	The goal of the NIHR is to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
National Institute for health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
(NCI / NCISH)	The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI / NCISH) is a research project which examines all incidences of suicide and homicide by people in contact with mental health services in the UK.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service offers patients information, advice, and a solution of problems or access to the complaints procedure.
PREM	Patient Reported Experience Measures. Indicators on patient levels of satisfaction regarding the experience of care and treatment.
Prescribing Observatory for Mental Health (POMH-UK)	POMH-UK is an independent review process which helps specialist mental health services improve prescribing practice.
Primary care	Collective term for all services which are people's first point of contact with the NHS. GPs, and other health-care professionals, such as opticians, dentists, and pharmacists provide primary care, as they are often the first point of contact for patients
Primary Care Trust (PCT)	Formerly the statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
QI	Quality Improvement. A systematic method for identify and testing change ideas to improve the quality of services.
RiO	The electronic patient record system which holds information about referrals, appointments and clinical information.
Service user	This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.
Serious Mental Illness (SMI)	Serious mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.

## Contact us

### The Trust's postal address is:

**Trust Headquarters**

**9 Alie Street**

**London**

**E1 8DE**

**Switchboard Telephone Number:** 020 7655 4000

**Fax Number:** 020 7655 4002

**Email:** [webadmin@elft.nhs.uk](mailto:webadmin@elft.nhs.uk)

Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications Department on phone 020 7655 4066 or email [Janet.Flaherty@elft.nhs.uk](mailto:Janet.Flaherty@elft.nhs.uk)

## Financial Review

### Introduction

The accounts have been prepared in compliance with the accounting requirements of the 2014/15 NHS Foundation Trust Annual Reporting Manual (the ARM) agreed with HM Treasury and issued by the Foundation Trust regulator, Monitor.

### Overview

This section describes the financial performance for year ended March 2015; this is measured by the Risk assessment framework (RAF) developed by Monitor, our independent regulator, which compares key financial metrics consistently across all Foundation Trusts. The rating reflects the likelihood of a financial breach of the Trust's provider licence with a rating of 4 reflecting the lowest level of financial risk and a rating of 1, the highest. This is the eighth year as a Foundation Trust. During the course of the year, the Trust maintained a rating of 4 for all the four reporting quarters.

The national operating framework required the Trust to achieve a 4% cash releasing efficiency saving. This equated to approximately £9.4m. The Trust achieved savings of £7.9m in year, and made up the shortfall through obtaining increased income and containing costs. The Trust implemented a number of strategies to minimise the impact on front line services as a result of the savings requirement including adopting a whole systems review approach in a number of service areas, cost reductions and negotiating better deals with our suppliers.

Notwithstanding the requirement of 4% saving year on year, the Trust has achieved its financial targets through the exceptional effort by the staff at all levels in managing their budgets.

The table below summarises and contrasts our performance for 2014/15, including comparative information for 2013/14.



	2014/15 £000	2013/14 £000
Operating Income	268,758	276,647
Operating Expenditure	(258,133)	(265,459)
<b>Operating Surplus / Deficit</b>	<b>10,625</b>	<b>11,188</b>
<b>Finance Costs</b>		
Interest Receivable	131	155
PFI and Finance Lease Interest Payable	(2,271)	(2,303)
PDC Dividends payable	(4,194)	(3,437)
<b>Net Finance Costs</b>	<b>(6,334)</b>	<b>(5,585)</b>
<b>Surplus / (Deficit) for the year</b>	<b>4,291</b>	<b>5,603</b>
<b>Other Comprehensive Income</b>		
Gains/(loss) arising from transfer by absorption from demising bodies	0	6,031
Revaluation gains/(losses) and impairment losses	10,786	6,118
<b>Total Comprehensive income/(Expenses) for the year</b>	<b>15,077</b>	<b>17,752</b>

The Trust is required to make an assessment of the valuation of its assets annually. The valuation is performed by professional valuers, who have to apply prescribed rules and methodologies. The impact of the valuation can result in impairment loss or a revaluation gain which has to be accounted for accordingly in the accounts.

## Income

The Trust received £269m of income. The table below provides an analysis of the income as reported in the accounts with comparators for the previous financial year.

	2014/15 £000	2013/14 £000
<b>Income from Activities</b>		
Clinical Commissioning Groups and NHS England	241,606	238,684
Department of Health	27	6
Foundation Trusts	2,897	562
Local Authorities	9,294	12,755
NHS Trusts	1,567	2,350
Public Health England	153	752
	<b>255,544</b>	<b>255,109</b>
<b>Other Operating Income</b>		
Education and Training	8,389	7,666
Research and Development	1,537	1,808
Profit on disposal of land and buildings	-	3,000
Reversal of Impairments	1,348	8,300
Other Income	1,940	764
	<b>13,214</b>	<b>21,538</b>
<b>Total Operating Income from Continuing Operations</b>	<b>268,758</b>	<b>276,647</b>

The majority of the total income (90%) was from block contracts with the local East London Clinical Commissioning Groups and NHS England for Forensic and CAMHS tier IV services.

In addition, interest earned from cash held in interest bearing deposits was £131k.

## Expenditure Analysis

Analysis of the operating spend is shown in the table below with comparative figures for 2013/14. Staff pay cost account for 76% of the total operating spend. This is consistent with the nature services we provide and is comparable with other Trusts who provide similar services.

	2014/15		2013/14	
	£m	%	£m	%
Services from NHS Bodies	15,813	6%	17,680	7%
Services from Non- NHS Bodies	4,270	2%	6,355	3%
Staff Salary	191,161	76%	180,710	72%
Establishment	3,620	1%	3,168	1%
Supplies and services	9,501	4%	10,069	4%
Drugs	2,663	1%	3,063	1%
Premises and Transport	11,119	4%	10,114	4%
Other	11,849	5%	18,577	7%
<b>Sub-Total</b>	<b>249,996</b>	<b>100%</b>	<b>249,736</b>	<b>100%</b>
Depreciation	6,332		5,526	
Impairments	1,805		10,197	
<b>Sub-Total</b>	<b>8,137</b>		<b>15,723</b>	
<b>Total</b>	<b>258,133</b>		<b>265,459</b>	

## Capital

The Trust delivered a sizeable capital programme of £7m. The broad categories of spend are upgrades of clinical areas (£1.6m), general site upgrades/upkeep (£4m), and Information Technology and informatics spend to enable mobile working, and implement an upgraded Electronic patient record system (£1.4m).

## Monitor risk rating

Monitor's compliance framework assesses the Trust's financial risk against continuity of services risk rating (CoSRR). This identifies the level of risk to the on-going availability of key services. The financial risk rating is assessed on four rating categories ranging from 1, representing the most serious risk, to 4, representing the least risk. A low rating does not necessarily represent a breach of licence but the degree of financial concern the regulator will have and consequently the frequency with which we will monitor the Trust. The table below provides a fuller explanation of the risk ratings:

Rating	Assessment
4	No evident concerns
3	Emerging/minor concern
2*	Material but stable risk
2	Material risk
1	Significant risk

The Trust achieved an over rating of “4” for the year ended 2014/15.

### **Accounting Policies and Going Concern**

The Trust is required to comply with Monitor’s NHS Foundation Trust Annual Reporting Manual. For 2014/15, the accounting policies contained in the manual follow the International Financial Reporting Standards (IFRS) and HM Treasury’s Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

As an NHS Foundation Trust, the Directors and the Trust’s Auditors are aware of the need to review annual results in context of ensuring that the Trust has sufficient resources to run services in the foreseeable future. This provides an assurance for the going concern concept. The Directors have assessed future financial risk and have factored in such risks within the Trust’s annual plan for 2014/15. The Directors are satisfied that the Trust has adequate resources to fund the operational performance in the foreseeable future and have therefore been able to sign off the going concern concept for 2014/15 accounts. The auditors have given an unqualified opinion on the financial statements.

The Trust has not received any income that is not related to the provision of good and services for the purposes of the health service in England.

## Monitor's Quarterly Monitoring Arrangements

The ratings assigned by Monitor the independent regulator of NHS Foundation Trusts, are shown below. The Trust has consistently achieved a finance risk rating of 4, and a governance rating of green, over the last three years.

**Table 5: Performance against Monitor's Compliance Framework**

Area:	Rating key:	2012/13 Year-end Performance:	2013/14 Year-end Performance:	2014/15
Financial Risk	Assessed on a scale of 1-4, with 1 = high risk, and 4 = low risk	4	4	4
Governance Risk	Green = low risk Amber = medium risk Red = high risk	Green	Green	Green

### Board Assurance Framework

The Trust has a Board Assurance Framework that is used as a risk register to monitor the Trust's objectives and any risks to achieving them. The framework is updated on a regular basis and reviewed by the Quality Assurance Committee and Trust Board, in order to ensure that appropriate action is taken to mitigate such risk. The effectiveness of the Board Assurance Framework is assessed on an annual basis by the Trust's Internal Auditors, and a substantial assurance opinion was provided in 2014/15.

# Our Workforce

## The Trust's Workforce Strategy

The Trust recognises that providing high quality inpatient and community-orientated health care to the communities that we serve requires a highly skilled and motivated workforce. The Trust considers its staff to be the most prized asset and the Trust's Workforce Strategy reflects this belief.

The Workforce Strategy will support the Trust's three main priorities:

- Improving service user satisfaction
- Improving staff satisfaction
- Maintaining financial viability

This will be achieved by:

- Recruiting and retaining educated, trained and motivated staff who are competent in providing safe, clinically effective and patient focused care
- Encouraging and facilitating new ways of working to ensure that the best use of highly trained professionals is being made
- Providing a framework for improving workforce design and planning to ensure the right workforce capacity, which is aligned to the directorates and service users' needs
- Ensuring our staff are engaged and empowered to deliver the highest quality of service; we are seen as an Employer of Choice.
- Maximising learning opportunities for all staff, provide high quality teaching and training, and remain a centre of excellence for research.

## Recruitment, Selection and Retention

The Trust has maintained an overall reduction in vacancy rates in most areas and turnover has stabilised to a level significantly below comparator trusts. The focus remains on managing internal talent and building a recruitment pipeline for the medium and long term. towards managing our internal talent and ensuring that we are securing the clinical and leadership skills needed for the future.

The Trust continued to offer a programme of development programmes such as the Band 6 Apprentice Programme for nurses and the recruitment of a number of Band 5 associate nurses as part of the strategy to 'grow our own'. All professional groups, including administrators, have assessed roles and structures to ensure there continues to be development opportunities for staff at all levels.

The Trust continues to recruit high quality applicants to posts and has used a number of different strategies to attract applicants to 'difficult to recruit' posts, including building links with domestic and overseas students and joint selection processes with Local Authorities. Innovative selection processes have been further developed. An in year campaign to recruit over 100 health visitors from a variety of

sources was successful, the Trust was one of only two trusts in the country to achieve their target numbers of health visitors as part of the government's health visitor implementation plan.

## **Managing Change**

The Trust has successfully delivered a number of programmes to achieve efficiency savings over the past year, with changes made to: team structures, staffing structures and new ways of working introduced. The displaced staff were supported to find alternative roles through a comprehensive outplacement and redeployment process.

## **2014 NHS Staff Survey**

A summary of key findings from the 2014 staff survey can be found in the Quality Accounts.

## **Staff Recognition Initiatives**

As part of its ongoing commitment to recognise exceptional staff contribution, the Trust has been awarding staff with the 'Employee of the Month Award' and recognising collective efforts through the 'Team of Month Award'.

The Trust also continued to reward exceptional employee achievements with its third Annual Staff Award, attended by over 750 people. It showcased excellent delivery of care which helped inspire others. Categories were:

- Chair's Award
- Chief Executive's Award
- Commissioner's Award
- Employee of the Month Award
- Extra Mile Award
- Lifetime Achievement Award
- Manager of the Year Award
- Service Users Award
- Special Award
- Team of the Year Award
- The Quality Improvement Award

## **Health and Well-being Initiatives**

The Trust has successfully been implementing a comprehensive health and well-being strategy, which encompasses positive mental, physical and social states of well-being. The Trust is actively supporting staff well-being to ensure that their experience in the work-place is a positive one. There was a stronger focus on physical health supported by the following initiatives:

- Promoted physical activities such as the Take 12 Challenge

- Delivered workshops on work-life balance
- Commissioned well-being workshops such as massage sessions
- Delivered monthly wellbeing sessions during induction
- Encouraged uptake of the Cycle to Work Scheme to promote physical activity
- Continued subsidising of yoga/Pilates classes

In addition to the above, the Trust has re-launched the Improving Working Lives (IWL) Committee to engage with representatives from various departments to encourage dialogue on on-going initiatives that staff may benefit from.

### **Stress Management**

- In addition to the above initiatives, the Trust has undertaken an annual stress survey in line with the Health and Safety Executive's (HSE) guidelines. It has been delivering the HSE's Management Standards, ensuring compliance and reduction of stress amongst staff. These included:
  - Workshops for employees to build resilience against stress
  - Management training to help managers recognise signs of stress in their teams
  - Introduced a new 'Quick Guide on Overcoming Stress & Low Moods' leaflet with positive tips to tackle stress.

### **Learning and Development**

The Trust continues to improve the access to our new learning management system, Oracle Learning Management, which has been launched in order to support the Trust's blended learning initiatives. The second phase of this project has commenced and the Self-Service capacity (for both staff and managers) is being rolled out Trust-wide after being successfully piloted in Forensics Department.

As part of the Trust overall strategy the Trust has focused on the following key areas;

- We have reviewed the TNA to streamline it with the Core Skills Training Framework and reduced the dependence on the DVDs, leaflets, and face-to-face training. The continuous monitoring and review exercise is being undertaken and any amendments to the TNA are agreed with the SMEs and communicated to staff.
- We have put measures in place to support our staff to familiarise themselves with the OLM platform (e.g. video tutorials, remote technical support, induction sessions for new starters, drop-in sessions, and face-to-face training) and to ensure staff gain confidence and proficiency in using the new platform.
- A Management Development Programme has been rolled out to Bands 3 and 5; and Apprenticeship Programme for Band 6 with 33 staff on each cohort. The feedback has been positive and staff are applying these skills in practice.
- The Trust has commissioned Level 3 and 5 ILM Leadership Development Programme for 30 staff across the Trust to build upon management

capabilities and to ensure access to accredited courses. The feedback has been very positive from all participants of the programmes.

- We are building upon the blended learning approach with a mixture of content being delivered via OLM, MOOCs, in the classroom, and expansion of webinars is planned.
- Continuing to signpost staff to the NHS Leadership Academy and are utilizing the IT Skills Pathway via OLM for the NHS IT skills.
- We continue to maintain good working relationships with existing colleges and exploring alternative options (e.g. LSBU for Mentorship Courses) for delivery of the Trust's accredited courses.
- Rolling out the Trust-wide Soft Skills training programme to streamline all CPPD training requirements and ensure these are met via both 'bottom up' and 'top down' approaches.
- The new streamlined induction programme has been implemented Trust wide in July 2014 with positive feedback from attendees and presenters.
- We engage effectively with SMEs to ensure the TNA is reflective of training requirements of all staff groups and is in line with the Streamlining Initiative and Core Skills Training Framework. We work closely with SMEs to ensure training provision needs are met in a timely fashion and new in-house OLM courses are developed as and when required (e.g. Medicines Safety, Lone Working, Food Hygiene, Infection Control).
- The first cohort of the Apprentices has started in April; with 19 Apprentices commenced their programmes and 8 due to start in May. We have built a good working relationship with Tower Hamlets College and HENCEL and are ensuring programme's continuous success.
- A range of programmes (e.g. top-up degrees, Advanced Nursing Practice and PhDs) were commissioned via the indirect funding streams to ensure staff have access to accredited career development opportunities.
- A bimonthly Education Committee was formed to provide governance and focus, chaired by the Director of Nursing.

## **Equality**

The Trust has developed a new Equality and Diversity strategy which outlines the Trust priorities for 2014-17. The primary aim of this strategy is to ensure that the Trust is an exemplar of best practice in advancing equality, diversity and human rights for people who use the Trust services, carers and the workforce.

A number of initiatives have been delivered to integrate equality, diversity and human rights considerations across our core functions, whether that involves providing services, purchasing and procuring services, involving patients, carer and the public, employing staff, policy development, decision making and in our communications.

- Further support and guidance have been provided for employees responsible for undertaking equality impact analysis.
- An annual BME staff event was held to celebrate the diversity of the Trust workforce and re-launch the Trust BME staff network.



- A Quality Improvement Project that specifically focuses on improving career progression opportunities for BME staff has been initiated
- A BME Mentoring scheme is being set up to ensure that BME staff have the support that they need to move into senior leadership roles.
- Continued with our membership with the Stonewall Diversity Champion Programme.
- Lesbian, Gay and Bisexual staff network set up, LGB champions identified and trained in service areas.
- The Trust position in the Stonewall Workforce Equality Index has improved significantly. Therefore, the Trust was awarded the most improved organisation award by Stonewall in 2014. The Trust is now putting in place an action plan to ensure that it is placed in the first 100 best employers for LGBT staff in the country.
- A range of management development programmes were put in place including an Institute for Leadership and Management (ILM). A vast majority of participants of these programmes are from BME staff groups.
- Increased the pool of Bullying and harassment support advisors continued to provide continued support to all staff
- Continually reviewing our policies and practices in line with changing legislation
- Equality and diversity training is available online to update staff skills, knowledge and understanding around equality

### **Breakdown of Workforce by Age, Gender, Ethnicity, Disability**

<b>Category</b>	<b>Staff 2014/15 (WTE)</b>	<b>%</b>
<b>Age</b>		
17-21	15.16	0.43%
22-35	1190.09	33.63%
36-50	1454.34	41.10%
51-65	851.47	24.06%
66+	27.71	0.78%
<b>Ethnicity</b>		
Asian or Asian British	523.23	14.79%
Black or Black British	1166.10	32.95%
Mixed	136.72	3.86%
White	1511.31	42.71%
Other	78.02	2.20%
Not stated	123.39	3.49%
<b>Gender</b>		
Female	2444.87	69.09%
Male	1093.90	30.91%

Trans-Gender	0	0%
<b>Disabled</b>		
No	2078.92	58.75%
Yes	106.27	3.00%
Undefined	1353.58	38.25%

### Breakdown of Senior Manager by Gender

Senior Managers	Female	Male
Band 8a	192	95
Band 8b	67	24
Band 8c	34	19
Band 8d	12	8
Band 9	6	6
Directors	5	13
<b>Total</b>	<b>316</b>	<b>165</b>

### Going Forward:

In 2014/15 the Trust's Workforce Strategy will continue to aim to achieve the following:

- Recruit and retain culturally competent and highly skilled staff
- As the Trust expands its service provision beyond the remit of East London, the Trust will ensure that all members of our workforce feel part of the organisation regardless of their geographical location
- To foster a culture of continuous personal and professional development
- To continue striving to be the Employer of Choice
- To support the Trust's Quality Improvement Programme
- To facilitate new ways of working to ensure that the best use of highly trained professionals is being made
- To improve workforce design and planning to ensure the right workforce capacity which is aligned to the directorates and service users' needs
- Address current national shortage of Health Visitors and District Nurses.
- To ensure that there is leadership capacity and capability in all areas of the organisation
- To offer staff continuous support and guidance during times of continuous change in the organisation and the whole of the NHS
- Find ways of ensuring that staff feel valued and that their work is recognised.

## Equality and Diversity

Much progress has been made over the past year to provide a solid foundation for progressing our equality priorities. The Trust's Equality, Diversity and Human Rights Strategy 2014-2017 was approved by the Trust Board following extensive consultation with service users, Trust governors and members, local community and voluntary sector organisations and staff. A strategy steering group oversees progress on implementation of the patient focussed and staff priorities.

A new development for 2014 was the creation of an interactive online equality data resource. This resource contains diversity information across the Trust's service areas and can be accessed by any member of staff to undertake comparative analysis and review of service trends in patient experience. The facility can be used to support the Trust's quality improvement strategy. This resource has been made available to members of the general public in PDF format via the Trust Website at <http://www.eastlondon.nhs.uk/About-Us/Equality--Diversity/Equality-and-Diversity.aspx>. Staff can access the data via the following intranet link: <http://mh124-hq-dwprd/Reports/Pages/Report.aspx?ItemPath=%2fTrustwide%2fDiversity+Speciality+Statistics>

The 'Going for Gold: Delivering Equality for all Stakeholders' forum whose partner members consist of service users, staff, Trust governors and Members, community and voluntary and the borough based Health Watch has continued to provide insight into equality issues from diverse perspectives. The forum supports the Trust to improve its overall performance on progressing equality.

The Trust has become a member of Business Disability Forum, a charity that provides support and advice to employers on disability related matters for both staff and service users. Trust employees can make use of the service via the advice line for disability related queries, on-line resources and by taking part in free webinars. Membership should support the Trust to better understand how disability equality related issues apply to both patients and staff.

The Trust has three equality networks formed for staff who are more likely to experience discrimination at work - disabled staff, lesbian gay and bisexual (LGB) staff and Black and Minority Ethnic (BME) staff. The networks are now supported by executive level champions with the aim of raising respective issues at a senior level to press for improvements in staff satisfaction at work. In the last 12 months, the Trust has significantly improved its ranking in the Stonewall (LGB) Equality Index.

The Trust's Strategic Equalities Lead together with the Head of Spiritual and Cultural Care have continued to provide valued face to face equality and diversity training to enhance the skills of staff in delivering equitable services and ensuring equal opportunities. Staff can also access equality and diversity training on line and as part of the Trust's Learning Management System. The Trust's LGBT Train the Trainer sessions have continued to be rolled out across directorates to improve service user and patient experience.

## Social Inclusion and Partnership Working

Social inclusion means fair access to services and opportunities, a decent standard of living and an opportunity to enjoy a diverse range of relationships. Social inclusion happens in the context of community and requires strong partnership working.

Over the last year, the Trust has supported social inclusion through a range of initiatives and the ELFT Social Inclusion and Recovery Group has specifically focussed on enabling people to achieve social inclusion by supporting service user employment, by developing the peer workforce and by piloting a Recovery College in the London Borough of Tower Hamlets.

One of the ways that ELFT is improving links with local employers and job centres is through a partnership forged through our membership of ELBA (East London Business Alliance) (<http://www.elba-1.org.uk/>). ELBA is a registered charity that delivers employability skills training, facilitates work experience placements for local residents and provides capacity building for organisations operating in East London. ELFT is a member of the ELBA Employment and Skills Training Board.

Our partnership with ELBA has provided the Trust with a range of new opportunities to address the stigma associated with mental health and employment. We have highlighted the issues related to mental health and employment to the ELBA Employment and Skills Training Board, we have organised a 'Get to know us' joint skills training sessions to enable closer links between ELFT service users and employment coaches and ELBA employment staff so that skills and local employment opportunities can be shared and barriers caused by stigma broken down. We are working with ELBA to deliver a programme of open days for service users and employment coaches with a range of local businesses, including Principle Cleaning and the Peabody Trust, to provide service users with practical information about local employment opportunities and to allow employers can see that people with people with a history of mental ill health can continue to make a valuable contribution to the world of employment. The partnership with ELBA will continue over the coming year to ensure that we continue to develop opportunities for service users employment in our local community.

Peer roles are based on people sharing a journey with other people with 'lived experience' who are a few steps on in a similar journey. Peer roles can include Peer Support Workers, Peer Trainers, Peer Advocates and Peer Researchers. Employing people with 'lived experience' means moving beyond traditional expert and patient roles.

Over the last year ELFT has also been working hard to develop its capability to support a Peer workforce by building on a number of initiatives across the Trust that have piloted Peer roles. We are working with the Training, Human Resources and People Participation Departments to develop a Peer Workforce Strategy that ensures that Peer Workers are a valued part of the workforce and central to initiatives to create statutory NHS services that promote recovery and continue to be supported in their own recovery journey.

ELFT is also working in partnership with a range of third sector providers in Tower Hamlets including Community Options, MIND and Bowhaven to deliver social inclusion through a Recovery College Pilot Project. The Recovery College is based on educational principles, supports lifelong learning and supports people who use the service to develop the skills, confidence and understanding to manage their own recovery. We will deliver the first terms courses from a range of mainstream community facilities in the summer of 2015 and plan to make a joint application with the third sector when the contract is tendered later this year.

## People Participation

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

For example, the People Participation Team have been part of this year's contract negotiations with our Clinical Commissioning Group partners and we were also an integral part of the successful bid team for Luton and Bedfordshire services.

Our network of service based Working Together Groups enable service users, carers, clinicians and other staff to work together in order to: -

- help shape and initiate policies;
- lead or take part in major decisions on service delivery;
- facilitate collaborative work and research whenever possible;
- represent the views of the wider community;
- hold the Trust to account.

The priorities decided by the Trust Wide Working Together Group were incorporated into the Trust's People Participation and Carer Strategies in 2014, along with clear implementation and action plans. This means that service user and carer determined priorities have now become the business of everyone within the Trust, and all service areas have developed action and implementation plans around these priorities.

For the People Participation Strategy these five priorities are:

- **Equality** – in decision making between service users, clinicians, and managers at all levels of the Trust.
- **Working Together** – quality services that are designed, introduced, managed and audited jointly by service users, carers, clinicians and managers on the basis of mutual agreement.
- **Providing Hope & Recovery for Service Users** – must be the basis for all of our services, the measure of success of all our services and the primary motivation for all our staff.
- **Responsibility & Accountability** – which rests with everyone, but that must mean we all also have an individual responsibility and accountability (as clinicians, managers and service users).
- **Recognition** - of the need for an independent voice within the organisation and a determination to hear it, listen to it and work constructively with it.

The People Participation Team provided a wide range of learning and development opportunities for service users, carers and community members to ensure they can participate effectively in the Trust, and also hold it to account.

In 2014/15 this included training around running effective meetings, undertaking surveys and audits, participating in recruitment interviews and staff appraisals and

helping to deliver training. The outcome of this training, along the activities of the People Participation Team, was reflected in a number of key activities during this period. These included:

- The active involvement of service users in undertaking and administering the “Friends & Family Test”;
- Increased participation of service users and carers in the direct delivery of training for clinicians and other staff (including participation in all induction sessions);
- Establishment of a service user led research group;
- Inclusion of service users in the 360 degree feedback process;
- Delivery of training for Docklands Light Railway employees on mental health issues by our service users (on a revenue generating basis);
- Delivery of training for Jobcentre staff on mental health issues by our service users;
- Joint working between service users and University of East London Psychology students (including joint working on delivery of lectures for the Coborn Unit);
- Expanded service user and carer involvement in recruitment interviewing for key posts;
- Development of a training programme to enable children and young people from CAMHS to BOTH participate in the staff recruitment process and also train their peers to do so (a Nursing Times Awards Finalist project);
- Active service user involvement in re-design and physical transformation of CAMHS waiting rooms;
- The continuing development of a Carer’s Strategy with a clear focus on the identification of carers, assessment of potential needs, signposting to relevant support services and the special position of young carers;.
- Forensics service users working with staff to develop teaching materials;
- The introduction of pilot Peer Support Worker programmes.

In January 2013 the Trust Board approved the development and implementation of a Carers Strategy for the period 2013-16. It also established a Carers Strategy Project Board to oversee implementation of the strategy.

The strategy identified 6 key areas (or “Domains”) where the Trust would focus: -

- Domain 1 - Identifying and recognising carers;
- Domain 2 - Communicating with carers and involving them;
- Domain 3 - Providing information for carers;
- Domain 4 - Access to support for carers themselves;
- Domain 5 - Working in partnership with other agencies;
- Domain 6 - Working with young carers.

The PP Team has been working closely with service teams and carer leads to ensure good progress on identifying and recognising carers, providing them with

relevant information and signposting them to relevant services. We are also establishing good foundations for further progress over the period of the Strategy. The implementation of the relevant Domains in different service areas has also highlighted the PP Teams ability to act in a flexible and responsive manner for the diverse services the Trust is responsible for delivering (e.g. the recognition of the difference between the role of carers in Adult, CAMHS, MHCOP and IAPT services, their differing needs and response to this).

The Team works closely with the Membership office to ensure that governors and members work alongside service users and carers, and actively participates in member and governor training.

The Team also works with closely with “florid”, a service user based resource funded by the Trust.



[www.florid.org.uk](http://www.florid.org.uk)

“**florid**” was established in 2007 to provide a service user designed and run website offering information and a forum to service users.



## Volunteer Report

The Volunteer Programme continues to move forward with new developments this year as well as a further interest and increase in the number of volunteers taking part. A further 544 volunteers have been involved in the past year, who have undertaken a number of very diverse and interesting roles. The volunteers are mainly recruited from within the Trust's geographical area, but we are also achieving good results from areas outside East London that do not have such extensive volunteering programmes and are recommending that people approach us to become involved in mental health.

The volunteers who come forward are from a diverse group of people, reflecting the community that we represent. We are also gaining volunteers from groups that nationally do not figure highly in volunteering; this is especially males and those under the age of 25 years. We have a great number of volunteers who come forward for information on our various roles and at present approximately 60% of those who show an initial interest continue with the recruitment and training process. It is essential that we provide a wider range of volunteering opportunities across the Trust which will give more choice for those who are interested.

This has been an important part of the Trust Volunteer Coordinator's role this past year and new developments have been made within Barnet (Speech and Language Support), SAU teams (Meet and Greet and activities), Mental Health Tribunal support, OT Support in our Triage Unit (Ruby Ward) and most recently a new pilot based in Forensics at Wolfson House. A number of departments who have been working with volunteers for some time have increased their numbers and types of volunteer roles. The type of roles we now include are meet and greet, activities such as Mendhi hand painting, yoga, gardening, art and reading activities as well as a variety of sports and general befriending support. Volunteers also assisted in producing some large murals in Mile End Hospital based on reflections by the service users.

Our 3 day compulsory training programme has been well received by the volunteers. Training is held 7 times a year – and at times held over 3 Saturdays – which is always very well attended with a minimum of 30+ volunteers giving up part of 3 weekends to be trained. Volunteers have also taken part in additional workshops that are not compulsory but give additional skills and knowledge and these have been very well attended showing how much volunteers value gaining a range of insights into the work the Trust undertake. The commitment of the volunteers continues to surprise teams and the experience volunteers gain have helped so many of them within their further education and employability. We have now had a number of volunteers take up employment within the Trust via Bank, but also in permanent roles such as Social Therapists. A number of volunteers have also secured employment with other NHS Trusts and the feedback we have received is

that other Trusts were impressed by the experience and knowledge the person had received via the whole volunteer programme.

Our recruitment and training of volunteers has shown a robust, safe process and is continually assessed and monitored especially with regard to any additional training volunteers may require to undertake their roles to fully enhance the service that is currently being provided by Trust staff.

For any further information about the Volunteer Programme please contact the Trust Volunteer Coordinator via the email [ann.lacey@elft.nhs.uk](mailto:ann.lacey@elft.nhs.uk) .

---

Signed:



Dr Robert Dolan  
Chief Executive

Date: 28/05/15

# Directors' Report

## Board of Directors

### Meet the Trust board

The descriptions below of each director's expertise and experience demonstrates the balance and relevance of the skills, knowledge and expertise that each of the directors bring to the Trust.

### Non-executive Directors



**Marie Gabriel**  
**Trust Chair**

Appointed to the Trust Board in October 2012

#### Background and Experience

- Chair of NHS East London and the City from March 2011 to March 2012 and then Chair of North East London and the City until October 2012
- Chair of NHS Newham from 2003-2011, previously Vice Chair of Newham University Hospital Trust
- Chair of Newham Community Health Council
- Over 20 years in senior roles within local government and the Third Sector
- Runs her own consultancy company specialising in action research, the delivery of regeneration projects and developing the not for profit sector
- Recognised by London Borough of Newham in 2010: awarded Honorary Freedom of the Borough.
- Recognised on the Health Service Journal's inaugural 'Inspirational Women' list.

**Qualifications:** BA (Hons) DMS



**Nicola Bastin**

**Senior Independent Director**

Appointed to the Trust Board in October 2006

### **Background and Experience**

- Instrumental in the setting up and successful running of two new government agencies: Her Majesty's Courts Service (Regional Director for London) and Jobcentre Plus (Regional Director for East of England)
- Experienced in diversity and equal opportunities issues and human resources (Member of Chartered Institute of Personnel and Development); previously Head of HR for the Department of Social Security, and then Director for Diversity of the Department of Work and Pensions
- Non-Executive Director of Guinness South (social housing) and Newlon Housing Trust
- Lay Panel Chair for Health Care Professions Council fitness to practice hearings.

**Qualifications:** BSc. (Hons), MCIPD



**Mary Elford**

**Vice Chair**

Appointed to the Trust Board in February 2012

### **Background and Experience**

- Non-Executive Director Queen Mary Bioenterprises (from March 2014)
- Non-Executive Director Health Education England (from Sept 2013)

- Council member General Pharmaceutical Council (from April 2013)
- Non-Executive Director, Barts and the London NHS Trust (10 years)
- National Advisory Board for Clinical Excellence Awards (3 years)
- Lay Board Member, Camidoc (3 years)
- Trustee, The Camden Society for Learning Difficulties (11 years)
- Senior Manager, John Lewis Partnership (14 years)
- Lay Adviser, Department of Health and Kings Fund (4 years)
- Steering Group Member, King's Fund Board Leadership Programme
- Council Member, Queen Mary, University of London
- Foundation Director, London North East Community Foundation (2 years)
- Experience in healthcare education and healthcare regulation
- Mother of two children, one of whom has a learning difficulty.

**Qualifications:** BA (Hons) Oxford



**Jennifer Kay**

**Non-Executive Director**

Appointed to the Trust Board in October 2014

### **Background and Experience**

- Jenny has had a long and fulfilling career in nursing, combining 15 years in front line clinical roles (culminating in her role as a children's ward sister at King's College Hospital) and thereafter 18 years in management, notably as Director of Nursing with Dartford and Gravesham NHS Trust (2001 – November 2012)
- Jenny also has experience at the Department of Health, and secondments to nursing and quality leadership roles in a strategic health authority (NHS South) and Merton Clinical Commissioning Group
- She has experience of delivering a wide range of quality improvements in clinical practice (infection control, skin care, falls prevention for example) as well as supporting the development of clinical staff, notably her work to strengthen the role of the ward sister.
- Jenny also has experience of Board level governance, participating in and chairing many committees and of supporting the work of Board level committees as lead Executive Director, including quality and safety, equality and diversity, safeguarding, patient experience, and patient involvement committees.

**Qualifications:** BA(Hons), RGN, RSCN, MBA



**Alan Palmer**

**Non-Executive Director**

Appointed to the Trust Board in January 2010

### **Background and Experience**

- Non-Executive Director of Moat Homes Ltd, a housing association, and Chairman of its Audit Committee
- 7 years as Secretary of the Lord Chancellor's Strategic Investment Board, which advised the Ministry of Justice on the investment of funds held in court for vulnerable persons
- Extensive financial, insurance and banking experience in the City, including 13 years as Director of Commercial Union Investment Management Ltd
- 3 years as Non-Executive Director of Kent Reliance Building Society
- Chartered Accountant and Corporate Treasurer
- Trustee of the British Humanist Association
- Local resident of Tower Hamlets for 13 years.

**Qualifications:** FCA, FCT



**Kingsley Peter**

**Non-Executive Director**

Appointed to the Trust Board in November 2006

### **Background and Experience**

- Chartered Certified Accountant
- Executive Director of Finance and Corporate Services for the Adolescent and Children's Trust (TACT), the UK's largest national foster care services and adoption charity.
- Company Secretary - TACT
- Formerly, Area Finance Controller for the South East Area (Engineering) of the National Grid.
- Formerly, Non-Executive Director, Charitable Assurance and Regulatory Board, Places for People Group and Former Chair of Kush Housing Association
- Board Member-Consortium of Voluntary Adoption Agencies
- Extensive experience of financial management and business development.

**Qualifications:** FCCA, MBA



**Urmila (Millie) Banerjee CBE**  
**Non-Executive Director**

Appointed to the Trust Board in October 2014

### **Background and Experience**

- Millie Banerjee has had a long and varied career in the private and public sectors.
- Currently she is the Chair of the British Transport Police Authority a member of the Board of the College of Policing and of the Police ICT Board.
- She also chairs Working Links a private sector company working with Government in supporting long term unemployed and disabled citizens.
- In her executive life she spent 25 years with BT in various senior roles including operations, large scale system implementation,, product design and consumer service. Her last role in BT was as the Director responsible for BT's product portfolio and pricing strategy.
- Following her career in BT she was the COO of a global mobile satellite company. She continued her association with the communications sector as a non-executive director of Ofcom for 9 years.
- She has held several other non-executive appointments including a non-executive director of the Cabinet Office, Channel 4 TV, the Prisons Board, and the Peabody Trust.
- Previously she was on the Board of Newham PCT and Barts Health



**Robert Taylor**

**Non-Executive Director**

Appointed to the Trust Board in October 2013

### **Background and Experience**

- Former Chief Executive of Kleinwort Benson Bank
- Chair of the University for Creative Arts in Kent and Surrey
- Board member (formerly Chair) at the Whitechapel Gallery in east London
- Non-Executive Director of Truman's Brewery
- Head of Wealth Management & Private Banking Supervision at the Financial Conduct Authority
- Investor and adviser to companies involved in virtual data storage, on-line therapies, on-line investment management and multi-media publishing and digital gaming technology
- Public speaker at financial services conferences
- Outspoken supporter of LGBT career opportunities in the City.

**Qualifications:** MSJ Columbia University

### **Executive Directors**



**Dr Robert Dolan**

**Chief Executive**

**Appointed September 2006**

### **Background and Experience**



- Medical Director from March 2003 and Consultant Forensic Psychiatrist in the Trust since September 2001
- Extensive psychiatry experience in London and Ireland
- Medical Director for West London Healthcare Trust and Ealing, Hammersmith and Fulham Mental Health NHS Trust
- Trainer of senior registrars in forensic and general psychiatry
- Policy Advisor in Forensic Psychiatry at the Department of Health
- Board Director Community and Mental Health Trust

**Qualifications: M.B, B.Ch, BAO, MRC Psych**



**John Wilkins**

**Deputy Chief Executive & Managing Director - Bedfordshire and Luton Mental Health and Wellbeing Services**

**Appointed July 2007**

**Background and Experience**

- Over 30 years NHS experience in a variety of management, commissioning, public health and registered acute and mental health nursing posts
- He was previously Director of London-wide Programmes (Mental Health, Substance Misuse and Sexual Health) for the five former London Strategic Health Authorities
- He has also held three other Director posts with the Trust, i.e. Director of Modernisation, Director of Child and Adolescent Mental Health Services & Specialist Services and Foundation Trust Project Director

**Qualifications: MA. Dip Health Education**



**Dr Navina Evans**

**Director of Operations & Deputy Chief Executive**

**Appointed February 2015**

**Background and experience**

- Director for Mental Health, East London Foundation Trust
- Lead Clinician Newham CAMHS and then Clinical Director Child and Adolescent Mental Health Services East London Foundation Trust
- Involvement in Medical Education at Barts and The London Medical School as Honorary Senior Lecturer, Associate Dean, and Academic Year Tutor
- Clinical Experience in Psychiatry and Paediatrics

**Qualifications: MBBS, DCH, MRCPsych**



**Dr Kevin Cleary**

**Medical Director**

**Appointed June 2011**

**Background and Experience**

- Associate Medical Director (Safety) for the Trust in November 2010. Lead on the Trust's Safety and Clinical Risk Management programmes.
- Medical Director for the National Patient Safety Agency.
- Clinical background in Child and Adolescent Forensic Psychiatry
- Consultant Child and Adolescent Forensic Psychiatrist

**Qualifications: M.B. Ch.B. FRCPsych**



**Jitesh Chotai**

**Director of Finance**

**Appointed April 2009**

### **Background and Experience**

- Jitesh has been with the Trust since its inception as a Mental Health Trust in April 2000
- He has over 30 years experience working in the NHS Finance
- He has extensive experience of working in Acute Hospital, Mental Health and Primary Care

**Qualifications: Fellow of the Chartered Institute of Management Accountants (CIMA)**



**Mason Fitzgerald**

**Director of Corporate Affairs**

**Appointed February 2014**

### **Background and experience**

- Qualified barrister, solicitor and company secretary (qualified in New Zealand and United States of America)
- Joined the Trust in 2002

- Appointed as Trust Secretary in 2005 and led the governance workstream of the Trust's application for Foundation Trust status, including establishment of the Trust's membership and the Council of Governors
- Appointed as Associate Director of Governance in 2009. Played a major role in the Trust's acquisition and integration of Newham Community Health Services, and ensuring full compliance with CQC requirements
- Appointed as Director of Governance & Corporate Planning in 2012. Successfully led the Trust's bid to become the first mental health and community Trust to achieve NHSLA Level 3
- Member of the Monitor Panel for Advising Governors

**Qualifications: B.Comm; LLB; LLM; ICSA Chartered Secretary; Associate Member CIPD**



**Professor Jonathan Warren**  
**Director of Nursing**  
**Appointed July 2010**

### **Background and experience**

- Graduate from Sussex University and trained as a nurse at The Lorna Delve and Banstead School of Nursing at Banstead Hospital qualifying in 1986
- Has worked in a range of specialities including adult and forensic mental health care  
 In 2003 he was appointed Interim Borough Director for City and Hackney
- In 2005 he became the Head of Healthcare at Pentonville Prison

- He was appointed Head of Nursing at East London NHS Foundation Trust in 2008 where he was instrumental in setting up the Institute of Mental Health Nursing in collaboration with City University Honorary Visiting Professor, City University

## **Purpose of the Board of Directors**

The Board of Directors is collectively responsible for the strategic direction of the Trust, its day-to-day operation, and its overall performance. The powers, duties, roles and responsibilities of the Board of Directors are set out in the Board's Standing Orders.

The main role of the Board is to:

- Provide active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed
- Set the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that financial resources and staff are in place for the Trust to meet its objectives, and review management performance
- Ensure the quality and safety of healthcare services, education, training and research delivered by the Trust and to apply the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies
- Ensure compliance by the Trust with its terms of authorisation, its Constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations
- Regularly review the performance of the Trust in these areas against regulatory requirements and approved plans and objectives.

## **Composition of the Board of Directors**

The composition of the Board of Directors as at 31 March 2015 was as follows:

Marie Gabriel	Chair
Dr Robert Dolan	Chief Executive Officer
Nicola Bastin	Senior Independent Director
Mary Elford	Vice Chair
Alan Palmer	Non-Executive Director
Millie Banerjee	Non-Executive Director
Jenny Kay	Non-Executive Director
Kingsley Peter	Non-Executive Director
Robert Taylor	Non-Executive Director
Jitesh Chotai	Director of Finance
Dr Kevin Cleary	Medical Director
Dr Navina Evans	Deputy Chief Executive/Director of Operations

John Wilkins	Deputy Chief Executive/Managing Director Luton and Bedfordshire
Professor Jonathan Warren	Director of Nursing
Mason Fitzgerald	Director of Corporate Affairs

### Non-Executive Directors

The power to appoint and remove the Chair and Non-Executive Directors in a foundation trust is vested in the Council of Governors.

The terms of office are as follows:

<b>Name:</b>	<b>Expiry of term:</b>
Marie Gabriel	30 September 2015
Nicola Bastin	31 October 2015
Kingsley Peter	31 October 2015
Alan Palmer	31 December 2015
Mary Elford	31 January 2018
Robert Taylor	30 September 2016
Millie Banerjee	31 October 2017
Jenny Kay	31 October 2017

### Attendance Record

During the course of the year, the Board of Directors has met eight times. All meetings are held in public, and are preceded by a meeting held in closed session. The attendance record of meetings for the Board of Directors for the year ended 31 March 2015 is as follows:

<b>Trust Board Director</b>	<b>Number of meetings</b>	<b>Total number of attendances</b>
Marie Gabriel	8	8
Dr Robert Dolan	8	7
Nicola Bastin	8	8
Professor Stefan Priebe <sup>1</sup>	5	4
Kingsley Peter	8	7
Alan Palmer	8	8
Clyde Williams <sup>2</sup>	5	4
Mary Elford	8	8
Millie Banerjee <sup>3</sup>	3	3
Jenny Kay <sup>4</sup>	3	3
Jitesh Chotai	8	8
Dr Kevin Cleary	8	8
Dr Navina Evans	8	7

<sup>1</sup> Non-Executive Director till 31 October 2014

<sup>2</sup> Non-Executive Director till 31 October 2014

<sup>3</sup> Appointed 1 November 2014

<sup>4</sup> Appointed 1 November 2014

John Wilkins	8	8
Jonathan Warren	8	7
Mason Fitzgerald	8	7
Robert Taylor	8	7

In addition to Board meetings, the Chair meets regularly with the Non-Executive Directors prior to Board meetings. The full Board also has a development programme, including away-day sessions, and both Executive and Non-Executive Directors attend a number of committee meetings.

### **Performance Evaluation**

The Trust has processes in place for an annual performance evaluation of the Board, its Directors and its committees in relation to their performance over the 2014/15 financial year. The main components of this are:

- The Chairman conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, as well as Executive Directors, in relation to their duties as Board members
- The Senior Independent Director conducts a performance evaluation of the Chairman
- The Chief Executive conducts performance evaluations of the Executive Directors.
- The Board has an ongoing development programme in place and held 6 sessions within the year.

Directors on the board of directors meet the “fit and proper” persons test described in the Monitor provider licence.

### **Independence of the Non-Executive Directors**

Following consideration of the NHS Foundation Trust Code of Governance, the Board takes the view that all the Non-Executive Directors are independent. All Non-Executive Directors declare their interests and in the unlikelihood that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

### **Balance, Completeness and Appropriateness of the Membership of the Board of Directors**

The current Board of Directors comprises eight Non-Executive Directors (including the Trust Chairman) and seven Executive Directors (including the Chief Executive). The structure is compliant with the provisions of the NHS Foundation Trust Code of Governance.

Taking into account the wide experience of the whole Board of Directors, as well as the balance and completeness of the membership, the composition of the Board of Directors is considered to be appropriate.

## **Register of Directors' Interests**

Under the terms of the Trust's Constitution, the Board of Directors are individually required to declare any interest which may conflict with their appointment as a Director of the Trust, as well as any related party transactions that occurred during the year. A copy of the register is available from the Trust Secretary.

## **Chairman's significant commitments**

Marie Gabriel has no other significant commitments other than to the Trust.

However, Marie Gabriel has declared involvement with the following:

West Ham Limited Foundation

East London Business Alliance

## **Director's Remuneration**

The responsibility for setting the remuneration packages of the Executive Directors falls to the Appointments and Remuneration Sub-Committee, details of which are found below. Full details of the Directors' remunerations are set out in the Accounts section.

The remuneration of the Trust Chairman and Non-Executive Directors is the responsibility of the Council of Governors Nominations and Conduct Committee which makes recommendations to the Council of Governors.



## Audit Committee

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial non-clinical internal controls, which supports the achievement of the Trust's objectives. The Audit Committee works in partnership with the Assurance Committee to fulfill these aims.

The principal purpose of the committee is to assist the Board in discharging its responsibilities for monitoring the integrity of the Trust's accounts. In addition it reviews the adequacy and effectiveness of the Trust's systems of risk management and internal controls and monitors the effectiveness, performance and objectivity of the Trust's external auditors, internal auditors and local counter fraud specialist.

The members of the Audit Committee are listed on page below and include three independent Non-Executive Directors, the Chair of which is a qualified accountant. Committee membership has been stable throughout the year.

### Composition of the Audit Committee

The members of the Audit Committee as at 31 March 2015 are as follows:

Alan Palmer	Chair
Kingsley Peter	Non-Executive Director
Mary Elford	Non-Executive Director

### Attendance Record

During the course of the year, the Audit Committee met five times. The attendance record of meetings for the Audit Committee for the year ended 31 March 2015 is as follows:

Committee members	Number of meetings	Total number of attendances
Alan Palmer	5	5
Kingsley Peter	5	3
Mary Elford	5	4

### Effectiveness of the committee

The Committee reviews and self-assesses its effectiveness annually, using criteria from the NHS Audit Committee Handbook and other best practice guidance, and ensures that any matters arising from this review are addressed.

The Committee also reviews the performance of its internal and external auditor's service against best practice criteria identified from the *NHS Audit Committee Handbook*.

The Committee has a secretary responsible for administrative support to its meeting. At each meeting the Committee received papers of good quality, provided in a timely

fashion to allow due consideration of the content. Meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting is minuted and reported to the Trust Board.

## **How the Audit Committee Discharges its Responsibilities**

The purpose of the Audit Committee is to provide one of the key means by which the Trust Board ensures that effective internal financial control arrangements are in place. In addition, the Committee is tasked with providing a form of independent check upon the executive arm of the Trust Board. The Committee operates in accordance with terms of reference set by the Board of Directors which are consistent with the NHS Audit Committee Handbook and the Foundation Trust Code of Governance. All issues and minutes of these meetings are reported to the Trust Board.

In order to carry out its duties, Committee meetings are attended by the Director of Finance and representatives from Internal Audit, External Audit and Counter Fraud. The Committee directs and receives reports from these representatives, and seeks assurances from Trust officers. The main functions of the Committee are set out below.

### **Annual Accounts**

The Committee reviewed the Trust's accounts and Annual Governance Statement and how these are positioned within the wider Annual Report. To assist this review the Committee considered reports from management and from the internal and external auditors to assist our consideration of: the quality and acceptability of accounting policies, including their compliance with accounting standards;

- key judgements made in preparation of the financial statements;
- compliance with legal and regulatory requirements;
- the clarity of disclosures and their compliance with relevant reporting requirements;
- whether the Annual Report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

The Committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy;
- it is consistent with the draft Annual Governance Statement, Head of Internal Audit Opinion and feedback received from the external auditors.

### **Internal Audit**

The Trust's Internal Auditors for 2014/15 were Baker Tilly UK Group LLP. Internal Audit provides an independent appraisal service to provide the Trust Board with assurance with regards to the Trust's systems of internal control.

The Audit Committee considers and approves the Internal Audit Plan and receives regular reports on progress against the plan, as well as an Annual Report. The Committee also receives and considers internal audit reports on specific areas.

## **External Audit**

The Trust's External Auditors for the period 1 April 2014 to 31 March 2015 were KPMG.

The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of Monitor's Audit Code for NHS Foundation Trusts. Under the Code, External Audit is required to review and report on:

- The Trust's accounts
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

The External Auditors also review the content of the Trust's Quality Accounts.

The Audit Committee reviews the External Audit Annual Audit Plan at the start of the financial year and receives regular updates on progress. The Committee also receives an Annual Audit Letter. The Committee annually assesses the performance of external audit and reports on this to the Council of Governors.

KPMG's remuneration for 2014/15 was £61,103 excluding VAT. Their audit and non-audit fees are set, monitored and reviewed throughout the year

The external auditors are in the third year of their appointment, a competitive tendering process took place during 2012 involving members of the Audit Committee and the Council of Governors. KPMG LLP were appointed for a five-year term (annually renewing) from 2012/13. There were no non-audit services provided during the year.

## **Auditor's Reporting Responsibilities**

KPMG reports to the Council of Governors through the Audit Committee. Their report on the Trust's financial statements is based on its examination conducted in accordance with International Financial Reporting Standards (IFRS) and Monitor's Financial Reporting Manual. Their work includes a review of the Trust's internal control structure for the purposes of designing their audit procedures.

## **Counter Fraud and Bribery**

The Trust employs a Local Counter Fraud Specialist (LCFS). The role of the LCFS is to assist in creating an anti-fraud and bribery culture within the Trust; to deter, prevent and detect fraud and bribery; to investigate any suspicions that arise; to seek to apply appropriate sanctions; and to seek redress in respect of monies obtained through fraud and bribery.

The Audit Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report.

In 2013/2014 the Trust's Counter Fraud service received a rating Green (fully compliant) under NHS Protects self-review tool. As at the time of writing, the submission date for the 2014/2015 self-review tool has not yet been released by NHS Protect.

The Committee reviewed the levels of fraud and theft reported and detected and the arrangements in place to prevent, minimise and detect fraud and bribery. No significant fraud was uncovered in the past year.

### **Relationship with the Council of Governors**

In an NHS Foundation Trust, the Council of Governors is vested with responsibility for the appointment of the Trust's External Auditors, and will consider recommendations from the Audit Committee when doing so.

### **Significant financial judgments and reporting for 2014/15**

The Committee considered a number of areas where significant financial judgments were taken which have influenced the financial statements:

The Committee identified through discussion with both management and the external auditor the key risks of misstatement within the Trust's financial statements. These risks were discussed with management during the year and a paper was received from management in advance of the year end..

The following areas were considered by the Committee:

- **Land and Buildings Valuations:** We received confirmation from management which explained the basis of the desk top valuation for the most significant land and buildings, including the future life and rationale for carrying values. We also considered the auditors' views on the accounting treatment for these assets. We are satisfied that the valuation of these properties within the financial statements is consistent with management intention and is in line with accepted accounting standards.
- **Receipt of NHS Income:** we received a report from management confirming their application of a consistent methodology in the recording of income for the year. We also reviewed the outcomes from the Agreement of Balances exercise across the NHS as part of our consideration of the external auditor's report, to confirm that we had appropriately recognised income within the accounts.

### **Other areas reviewed**

In addition to the above areas of work the Committee has received reports on losses and special payment incurred by the Trust.

## Appointments and Remuneration Committee

### Purpose

The Appointments and Remuneration Sub-Committee has the responsibility to review the structure, size and composition of the Board of Directors and make recommendations for changes where appropriate. The Committee is also responsible for leading the recruitment and appointment process for Executive Directors, reviewing reports on their annual performance evaluation, reviewing Trust's talent management, workforce, and succession planning strategies and for reviewing and agreeing the remuneration levels of the Executive Directors.

The Appointments and Remuneration committee terms of reference changed in early 2014. Membership was reduced and frequency changed to meet on a bimonthly rather than on an ad hoc basis. The Appointments and Remuneration Committee will meet on the same day as board meetings and extra meetings may be called at the discretion of the chair. The Committee met on 7 occasions in 2014/2015.

### Composition of the Appointments and Remuneration Sub-Committee

Committee member	Title	Total number of attendances
Nicola Bastin	Chair (Senior Independent Director)	7 meetings attended
Kingsley Peter	Non-Executive director	6 meetings attended
Robert Taylor	Non-Executive director	5 meetings attended
Marie Gabriel	Trust Chair	6 meetings attended
Robert Dolan	Chief Executive	7 meetings attended

Also in regular attendance at the meeting although not members were the following officers:

Mason Fitzgerald - Director of Corporate Affairs

Sandi Drewett - Director of Human Resources and Organisation Development (from October 2014)

Keisha Ehigie - Trust Secretary (minutes)

No fees or charges were paid to these individuals.

More information is set out in the Remuneration Report.

## Other Board Committees

### **Quality Assurance Committee**

Chaired by a Non-Executive Director, the Assurance Committee has responsibility for managing the Board Assurance Framework (high level risk register). The Committee assesses, oversees and strategically manages and directs all aspects of the Trust's corporate and clinical governance risks.

### **Finance, Business and Investment Committee**

This committee is chaired by a Non-Executive Director, and is attended by two other Non-Executive Directors, the Chief Executive and the Director of Finance. Its main role is to scrutinise all financial reports, all issues with a material financial impact (including proposed service and capital developments) and cash investment policy.

### **Quality Committee**

The Quality Committee has responsibility for ensuring that the Trust's statutory duty of quality under the Health Act 1999 is discharged, and it approves and monitors quality improvement plans and workstreams. The Quality Committee maintains a sub-committee structure that assists it in ensuring that the Trust is meeting all Care Quality Commission essential standards and other governance targets.

### **Mental Health Act Sub-Committee**

The Mental Health Act Sub-Committee is chaired by a Non-Executive Director and ensures that the statutory duties of the Trust Board under section 23 of the Mental Health Act 1983 and chapter 31 of the Code of Practice (chapter 38 from 1<sup>st</sup> April 2015) are exercised reasonably, fairly and lawfully.

### **Public Participation Committee**

The Public Participation Committee was established to assist the Trust Board in meeting its duty to consult with service users and the public, and its remit and membership has been reviewed in order to support the work of the Council of Governors. Membership includes the Trust Board Chairman, a Non-Executive Director, service user representatives from across the Trust, a carer representative, governors and members of the Trust's Executive Team. This Committee discusses issues regarding patient experience and involvement, and gives service user and carer representatives a direct link to the Trust Board.

# Council of Governors

## Purpose

The Council of Governors comprises 45 members, 27 of which are elected to represent public constituencies, nine who are elected as staff representatives and nine appointed partnership organisation members.

Trust Governors have a responsibility to represent their members' and partner organisations interests, particularly in relation to the strategic direction of the Trust, and to provide a steer on how the Trust should carry out its business in ways consistent with the needs of its members and the wider population.

Governors do not undertake operational management of the Trust but do challenge the Board of Directors, acting as the Trust's critical friend and collectively holding the Board to account for the Trust's performance to help shape the organisation's future direction. Governors on the council of governors meet the "fit and proper" persons test described in the Monitor provider licence.

## Duties

The formal powers and duties conferred on the Council of Governors by the National Health Services Act 2006, Standing Orders of the Council of Governors and the constitution are as follows:

- To appoint, remove and decide the terms of office of the Chair and other non-Executive Directors
- To approve the appointment of the Chief Executive by the Non-Executive Directors
- To appoint or remove the auditor at a general meeting of the Council of Governors
- To be consulted on forward planning by the Board of Directors
- To receive the annual report and accounts, and the report of the auditor on them, at a general meeting of the Council of Governors
- To decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors
- To inform Monitor if the Trust is at any risk of breaching its terms of authorisation where these concerns cannot be resolved locally

The Health and Social Care Act 2012 placed greater emphasis on local responsibility and accountability. Foundation Trust governors have an integral role to play in this respect and accordingly have been given new powers which have increased the scope of their responsibilities and ensure they have more influence than before, especially in relation to financial matters.

In light of the Act a number of requirements are placed on the Board of Directors to empower governors by:

- Holding open board meetings
- Before holding a board meeting the board must send a copy of the agenda to the Council of Governors

- As soon as practicable, after holding a meeting, the board must send a copy of the minutes to the Council of Governors
- The Trust must ensure that Governors are equipped with the skills and knowledge they need to undertake their role.

#### Additional Duties:

- Significant transactions must be approved by more than half of the members of the Council of Governors voting;
- Governors must be satisfied that the earning of private patient income will not significantly interfere with their Trust's principal purpose of the performance of its functions (NHS work) and must notify the board of their decision on this;
- Where an amendment is proposed to the constitution in relation to the powers or duties of the council at least one Governor must attend the next Annual Members Meeting and present the proposal. The Trust must also give its members the chance to vote on such amendments to the constitution.

### **How the Council of Governors and Board of Directors operate**

The Trust Chair is responsible for the leadership of both the Council of Governors and the Board of Directors. The Chairman has overall responsibility for ensuring that the views of the Council of Governors and Trust members are communicated to the Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together.

The Council of Governors receive and consider relevant information on clinical and operational matters, the Trust's Annual Plan, and other appropriate information, in order to fulfil their duties.

The respective powers and roles of the Board of Directors and the Council of Governors are set out in their Standing Orders. Some of the key features of the relationship between the two bodies are:

- Executives and Non-Executive Directors attend each Council of Governor Meeting
- Summaries of Council of Governor meetings are reported to the Board of Directors
- A Senior Independent Director attends Council of Governor meetings and is available to meet with Governors on a one-to-one basis to discuss any issues or concerns a Governor may have
- The Deputy Chair of the Council of Governors works with the Chairman to ensure that the two bodies cooperate effectively
- The continuation of the role of Assistant Deputy Chair has ensured consistency of this work in the absence of the Deputy Chair
- Council of Governors continue to have an open invitation to attend all Trust Board meetings
- Membership Meetings held in relation to the Trust's Annual Plan are attended by Governors, Executive Directors and the Chairman.



## Governors' attendance at Council of Governors' Meetings 2014 – 2015

	Term	No of meetings attended in 2014/15 (out of six unless otherwise stated)
<b>Public: Tower Hamlets</b>		
Nicholas Callaghan	2013 - 2016	4
Terry Cowley	2012 - 2015	5
Belle Harris	2013 - 2016	6
Gordon Joly <sup>5</sup>	2 <sup>nd</sup> term 2012 - 2015	6
Ala Miah	2013 - 2015	0
Robert Scott	2013 - 2016	2
David Ssembajjo	2013 - 2016	4
<b>Public: Newham</b>		
Muhammad N Butt	2013 - 2016	1
Alyas A Hussain	2013 - 2016	0
Kevin Jenkins	2013 - 2016	0
Ally Khodabocus	2013 - 2016	3
Peter Landman	2013 - 2016	6
Carol Ann Leatherby	2 <sup>nd</sup> term 2013 - 2016	4
Ajith Lekshmanan (Acting Lead Governor)	2012 - 2015	6
Norbert Lieckfeldt	2012 - 2015	5
Yvonne Sawyers	2013 - 2016	1
Ernell Diana Watson	2012 - 2015	4
Craig Wymant	November 2013 – September 2014	1(2)
<b>Public: Hackney</b>		
Eric Cato	2012 - 2015	5
Katherine Corbett	2012 - 2015	5
Kofoworola David	2 <sup>nd</sup> term 2012 - 2015	3
Zara Hosany	2013 - 2016	6
Ike Oze	2012 - 2015	6
Ian Ray-Todd	November 2013 – September 2014	2(2)

<sup>5</sup> Lead Governor till February 2015

Susan Wengrower	2013 - 2016	3
<b>Public: City of London</b>		
Gerald Hine	2 <sup>nd</sup> term 2013 – 2016	4
<b>Public: Other London Boroughs</b>		
John Wilder	May 2014 – August 2014	1(2)
<b>Staff : Mental Health Services</b>		
Sam Ali	2014 - 2017	1(3)
Nicola Beaumont	2014 - 2017	3(3)
Robin Bonner	2013 - 2016	4
Josephine Dolan	2012 - 2015	4
Maria Eyres	2014 - 2017	3(3)
Ferenkeh Jalloh	2013 - 2016	4
Margaret Minoletti	2012 - 2015	5
Julian Ruse	2012 - 2014	1(1)
Betsy Scott	2011 - 2014	3(3)
Basseer Somally	2013 - 2014	3(3)
<b>Staff: Community Health Services Newham</b>		
Irene Harding	2014 - 2017	4
Olusola Ogbajie	2014 - 2017	5
<b>Appointed</b>		
Lutfa Begum Tower Hamlets Local Authority	August 2013 – May 2014	0(1)
Abdul Asad Tower Hamlets Local Authority	December 2014 – May 2015	0(2)
Abdul Malik, Newham BME Voluntary Organisation	Appointed November 2013	2
Kolil Miah, Tower Hamlets BME Voluntary Organisation	September 2011 - September 2014	0(2)
Dhruv Patel, City of London Local Authority	March 2014 - October 2015	4
Susan Fajana -Thomas, Hackney Local Authority	Appointed 15 December 2014	1(2)
Neil Wilson, Newham Local Authority	May 2013 – May 2015	5

## **Governor Expenses**

There was a total of £416 (£462 in 2013/14) of expenses claimed for 2014/15 financial year by three governors (out of 38 currently in office). All expense claims are made and processed in line with Trust policy.

## **Register of Governors' Interests**

Under the terms of the Trust's Constitution, the Governors are individually required to declare any interest which may conflict with their appointment as a Governor of the Trust, as well as any related party transactions that occurred during the year. A copy of the register is available from the Trust's Membership Office.

# Membership Report

## Membership Statistics

	Trust Public Members	percentage of total public membership*	East London & The City population	Target percentage of population in the Trust's catchment area*
City of London	38	0.49	8,624	1.75
Hackney	2,069	24.37	252,004	30.86
Newham	3,232	38.15	318,129	33.28
Tower Hamlets	2,052	24.07	270,368	34.12
Other Areas	1,208			
<b>Total in catchment</b>	<b>7,391</b>		849,125	
<b>Total including Other Areas</b>	<b>8,559</b>			
<b>Staff Membership</b>	<b>4,456</b>			
<b>Total Trust Membership</b>	<b>13,015</b>			

**\*The percentage of public members in the Trust's catchment area is determined by excluding members in 'Other Areas'**

The Trust has a public membership base of 8,559 as at 31 March 2015.

### Eligibility requirements

The Trust has two main membership groups:

#### Public

All members of the public aged 12 years or older and living in the City of London, Hackney, Newham or Tower Hamlets are eligible to become members of the Trust. Residents of any other London borough aged 12 years or older can also join the Trust. The Trust does not have a separate membership group for service users or carers – both service users and carers make up a vital part of the public membership group.

#### Staff

All Trust staff are automatically part of the staff membership group provided they are on a permanent contract or on a fixed-term contract of at least 12 months duration. Staff can opt out of membership if they wish. Trust bank staff and staff who are seconded from partner agencies and have been in post or are on contracts longer than 12 months were invited to sign up as members of the staff group.

Members are similar to demographic proportions to the population served by the Trust. Whilst the Trust wishes to maintain a membership which adequately represents the local population, we also aim to support the continued development of our membership and its involvement and influence.

Our focus in 2014 - 2015 has been on the effective engagement of our current membership and development of active members. The Trust will however continue to focus on membership recruitment in areas where it is under-represented. But significant membership growth is not our primary aim. Creating a more active and representative membership with increased engagement is our main aim, and to see an increased turnout at elections.

There will be an on-going review of membership per public constituency to ensure that they are representative in terms of locality, age, gender, and ethnicity. We seek guidance and support from the Trust Lead on Equality and Diversity where needed.

### **Membership Involvement**

The Trust recognises that not all members want to be involved to the same extent or in the same way in Trust activities. Levels of membership engagement range from members wanting to be kept up to date on Trust developments to those who attend focus or local groups and/or the Annual Members Meeting and Annual Plan Consultation events and may consider standing for election to the Council of Governors.

A focus group of public members - the "Working Lunch Group" - continues to meet quarterly and is chaired on a rotation basis by a trust member. Of significance is this group's involvement in the updating of the members' area of the Trust website and improving the format of these quarterly Working Lunch Meetings.

Trust members continue to receive the membership newsletter *In Your Trust* and receive regular bulletins for election briefing sessions and consultation events.

The membership team now hold a stall at every staff induction to encourage staff that membership is a trust wide activity and newly recruited Trust volunteers are encouraged to show their support to the trust and join as members

### **Annual Members' Meeting**

Held at the Stratford Old Town Hall on 23 September 2014, this event drew a large number of members who received the Council of Governors Annual report and engaged in lively group discussions on a selection of topics. Dr Robert Dolan, Chief Executive, gave an update on the Trust's Annual Plan and explained how suggestions from Members at the Annual Plan Consultation Events held in February and March 2014 were implemented to improve and develop Trust services. Members and governors heard the following three information sessions about ELFT services:

- Children's and Young People's Speech and Language Therapy in Barnet
- Liaison between the Trust and the Police, and
- Children and Adolescent Mental Health Services.

There was also the opportunity for Members to meet their Governor representatives and talk with key Trust staff as well as visit the Trust's information stalls. Many members then joined the Annual General Meeting which followed afterwards. Over 100 members attended the Annual Members Meeting.

### **Annual Plan Consultation Events and Trust-Wide Annual Plan Meeting**

ELFT held three borough events on 9<sup>th</sup>, 16<sup>th</sup> and 18<sup>th</sup> February 2015 and one Trust-wide Annual Plan Meeting on 3<sup>rd</sup> March 2015.

In total over the four events, 146 people attended these events. Key emerging themes will be used to inform the Trust's Annual Plan. Members had the opportunity to meet their governors, speak directly to Borough Directors and pose key questions to senior staff.

### **Other Membership/Governor Events 2014-2015**

ELFT Membership Office organised or attended a number of events between April 2014 and March 2015:

- Quarterly Working Lunch Meetings for members and governors
- Fresher's Fairs in four local colleges to recruit younger members who are under-represented in ELFT membership
- ASK's Mental Health Awareness and Wellbeing Event in Newham
- Annual Celebration Event for Governors
- Membership Information stalls at the Monthly Trust Staff Inductions
- Governor Open Forum Meetings
- Governor Quality Improvement Steering Group
- Bangladeshi Mental Health Awareness Day
- World Mental Health Awareness Day in Newham
- Student Nurse and Volunteer Inductions to encourage them to join as members.

### **How to contact Council of Governors**

Governors can be contacted via email, post or telephone through the Membership Office. Information about staff representatives and public representatives for each local area of the Trust is available on the Trust website. Staff governor's details are also available to all staff on the staff intranet. Details of Council of Governor Meetings, which are open to the public, are also published on the trust's website. In spring/summer 2014 the Trust Headquarters, including the Membership Office, moved out of the EastOne, 22 Commercial Street. The new contact details are as follows:

Membership Office  
9 Alie Street,  
London, E1 8DE  
Freephone: 0800 032 7297

## Nominations and Conduct Committee

### Purpose

The Nominations and Conduct Committee has been established to carry out specific duties on behalf of the Council, including recommending candidates for appointment or re-appointment to the posts of Chairman and Non-Executive Director, discussing their annual performance evaluation, and remuneration and promoting Governor standards.

### Composition of the Nominations and Conduct Committee

The members of the Nominations and Conduct Committee as at 31 March 2015 are as follows:

Marie Gabriel, Trust Chair (Committee Chair)  
Ajith Lekshmanan, Acting Deputy Chair of the Council of Governors  
Katherine Corbett, Governor  
Ferenkeh Jalloh, Governor  
Neil Wilson, Governor

The Senior Independent Director, Nicola Bastin, is a non-voting member of the Committee in matters pertaining to Governor standards. The Director of Human Resources and the Trust Secretary attend Committee meetings as advisors.

### Attendance Record

During the course of the year, the Nominations and Conduct Committee met eleven times. The attendance record of meetings for the Committee for the year ended 31 March 2015 is as follows:

Committee member	Number of meetings	Total number of attendances
Marie Gabriel	11	10
Gordon Joly <sup>6</sup>	10	10
Ajith Lekshmanan	11	9
Katherine Corbett	11	10
Julian Ruse <sup>7</sup>	3	3
Neil Wilson <sup>8</sup>	7	4
Ferenkeh Jalloh <sup>9</sup>	7	5
Nicola Bastin <sup>10</sup>	7	5

<sup>6</sup> Committee member till February 2015

<sup>7</sup> Committee member till June 2014

<sup>8</sup> Committee member from July 2014

<sup>9</sup> Committee member from July 2014

<sup>10</sup> Non-voting member of the Committee in matters pertaining to Governor standards

## Public Interest Disclosures

The Trust strives to be a responsible member of the local community, and information regarding its performance in this area, as well as other matters of public interest, are set out below.

### **Trust Policies Relating to the Environment**

The Trust has implemented numerous carbon reduction and sustainability measures in line with all government implemented carbon reduction commitment (CRC) targets and in line with the Trust's own up to date Energy and Sustainability Plan. The Trust has many more measures pending and these will be implemented over the next financial year. The Trust has an environmental risk register which is updated regularly and the Trusts board certified Waste Strategy also ties in with a number of environmental concerns and actions.

### **Private Finance Initiative (PFI)**

In 2002 a 30-year contract commenced with G H Newham Ltd for the construction, maintenance and operation of facilities management services for the Newham Centre for Mental Health.

The Trust extended the PFI contract to provide for the expansion and reprovision of the Coborn Centre for Adolescent Mental Health - the Trust's specialist child and adolescent inpatient service.

### **Health and Safety at Work**

The Director of Corporate Affairs is the Executive Director lead for Health and Safety matters and is supported by the Estates Department, Assurance Department and local health and safety leads. A Safety Committee meets regularly to discuss implementation of legislation and current health and safety issues.

The Trust is provided with Occupational Health services through an agreement with a private provider.

### **Equal Opportunities**

The Trust is an equal opportunities employer, is accredited with the Two Ticks Disability Symbol and has achieved the 'Positive about Disabled People' status. The Trust has an Equal Opportunity Policy in place.

### **Consultation**

Previously established staff consultation arrangements continue to operate through the Joint Staff Committee which is chaired by a Non-Executive Director and is attended by staff-side and management representatives. Local Joint Staff



Committees have been set up in the directorates. The Trust also continues to consult with the Local Overview and Scrutiny Committees.

The Trust consulted with staff, the Council of Governors and membership regarding its Annual Plan for 2014/15. More information regarding this, and other public and patient involvement activities, is set out elsewhere in this Annual Report.

### **Compliance with the Better Payment Practice Code**

Details of compliance with the Better Practice Payment Code are set out in Note 9 of the accounts.

### **Freedom of Information Act 2000**

The Trust complies with the Freedom of Information Act which came into force on 1 January 2005. Details of the Trust's publication scheme and how to make requests under the Act are on the Trust's website [www.eastlondon.nhs.uk](http://www.eastlondon.nhs.uk). All requests for information received during the year have been handled in accordance with the Trust's policy and the Act.

### **Security of Data**

The Trust has continued to ensure that information provided by service users and staff is handled appropriately and kept safe and secure. The Trust is required to report any data related incidents that would be classed as Serious Untoward Incidents, such as the loss of paper or electronic files.

The Trust has reported one data related incident during 2014/15 that would be classed as a Serious Untoward Incident.

### **Information governance risks**

Risks to information including data security are managed and controlled by the Trust in a robust way. The Trust has a nominated Caldicott Guardian (Medical Director), who is also the executive director lead for Information Governance, and is supported by key staff within the Assurance 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 Quality Framework. The Trust Board receives reports on compliance with the Information Governance Toolkit.

### **Counter Fraud and Bribery**

The Trust employs their own Local Counter Fraud Specialist, and reports on counter fraud activity are submitted to the Trust's Audit Committee. Further details are set out in the report on the Audit Committee.

### **Trust Auditors**

The Trust's Auditors are KPMG. Further details are set out in the report on the Audit Committee.

## **Schedule 7 Disclosure Requirements**

### **Political Donations**

The Trust made no political donations during 2014/15.

### **Future Developments and Research & Development**

Information on likely future developments and Research & Development are described in the Strategic Report.

### **Employment, Disability, Training, Consultation and Communication**

Policies regarding employment, disability, training, consultation and communication are described in the Strategic Report, and in the Public Interest Disclosures.

### **Financial Instruments**

Information regarding financial risk management objectives and policies and exposure of the Trust to price, credit, liquidity and cash flow risks arising from financial instruments can be found in the accounts.

### **Enhanced Reporting on Quality Governance**

The Strategic Report, the Quality Account & Report, and the Annual Governance Statement, which can be found in the Accounts discuss quality governance and quality in further detail, supplementing the information on quality governance found in this report.

## 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 Sub-Committee are set out in the Appointments and Remuneration Sub-Committee pages of this report.

### Annual Statement on Remuneration

Executive Directors' salaries are decided by the Appointments and Remuneration Sub-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.

### Senior Managers' Remuneration Policy

This is the current policy on senior managers' remuneration and there are no plans to change this in the coming financial year

#### Future Policy Table

<b>Salary</b>	An incremental scale is available for senior managers on VSM.	Minimum 120,000	Maximum 135,000
<b>Additional annual leave</b>	Additional annual leave is available as an alternative to increase in salary.	1 day per annum	5 days per annum

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 CEO for the executive directors and by the Trust Chair for the CEO. 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.

There are no future policy decisions on pay planned.

### **Non-Executive Directors**

The remuneration (and pension) arrangements for both Executive and Non-Executive Directors including the Chairman are set out within the accounts section of this report.

<b>Remuneration for non-executive directors</b>	<b>Other fees payable</b>
£15150 -17675 per annum	No other fees are payable to non-executive directors

### **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 this report. Pension information for executive directors is also provided in this section. Non-executives' remuneration is non-pensionable.

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

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. This comparison is also used to benchmark salaries when new posts are recruited to.

Employees were not consulted when introducing an incremental scale for executive directors.

## Service Contracts

Non-Executive Directors are appointed for fixed terms as set out in 'Board of Directors'. The dates of executive director appointments are listed below:

<b>Name</b>	<b>Executive Director Post</b>	<b>Date of Appointment</b>	<b>Notice period</b>
Dr Robert Dolan	Chief Executive	11 September 2006	3 months
John Wilkins	Deputy Chief Executive/ Performance and Business Development	1 November 2007	3 months
Jitesh Chotai	Director of Finance	1 April 2009	3 months (retired 31 <sup>st</sup> March 2015)
Jonathan Warren	Director of Nursing	1 August 2010	3 months
Dr Kevin Cleary	Medical Director	1 June 2011	3 months
Dr Navina Evans	Deputy Chief Executive/ Director of Operations	1 February 2012	3 months

Mason Fitzgerald	Director of Corporate Affairs	1 February 2014	3 months
------------------	-------------------------------	-----------------	----------

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

Signed:



Dr Robert Dolan  
Chief Executive

## Statement of Compliance with the NHS Foundation Trust Code of Governance

The NHS Foundation Trust Code of Governance was published by Monitor on 29 September 2006 and updated on 1 April 2010, December 2013 and July 2014. The purpose of the Code is to assist NHS Foundation Trusts in improving their governance practices. It is issued as best practice advice, but imposes some disclosure requirements. This Annual Report includes all the disclosures required by the Code.

East London NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust Board of Directors support and agree with the principles set out in the NHS Foundation Trust Code of Governance. The Trust is compliant with all provisions of the Code.

Signed:



Dr Robert Dolan  
Chief Executive

*As far as the directors are aware, all relevant information has been made available to the auditors. The directors have also taken necessary steps in their capacity as directors and are unaware of any relevant information not being disclosed or brought to the attention of the auditors.*

*The directors are responsible for preparing the annual report and accounts, and consider that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the necessary information for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.*

*All directors and governors meet the "fit and proper" persons test described in the Trust's licence issued by Monitor.*

## Contact Us

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

Switchboard Telephone Number: 020 7655 4000  
Fax Number: 020 7655 4002  
Email: [webadmin@elft.nhs.uk](mailto:webadmin@elft.nhs.uk)

Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact Communications Department on phone 020 7655 4066/020 7655 4049 or email [janet.flaherty@elft.nhs.uk](mailto:janet.flaherty@elft.nhs.uk) or [ljljana.vucicevic@elft.nhs.uk](mailto:ljljana.vucicevic@elft.nhs.uk)



# East London NHS Foundation Trust

Audited Annual Accounts  
for the year ended 31 March 2015

Annual Accounts  
For the year ended 31 March 2015

**FOREWORD TO THE ACCOUNTS**

These accounts, for the year ended 31 March 2015, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:



Dr Robert Dolan  
Chief Executive

Date: 26 May 2015

## ANNUAL GOVERNANCE STATEMENT 2014/15

### 1 Scope of responsibility

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

### 2 The purpose of the system of internal control

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

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

The Trust Board are accountable to the Independent Regulator (Monitor) for performance and control issues, and submits quarterly monitoring returns and exception reports to Monitor in accordance with the Monitor's Risk Assessment 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 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 Trust's key objectives. The Board Assurance Framework is mapped to Care Quality Commission standards.

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. High-level risk is assessed and monitored within the Quality Assurance Committee, with more detailed risks being assessed and monitored by committees and groups within the Healthcare Governance Framework. 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 Medical Director is the Board executive lead for quality. The Trust has a Quality Strategy and the Trust Board receives a regular report on quality issues. The quality of performance information is assessed through the Information Governance Toolkit and through the annual Quality Accounts audit. Assurance is obtained on compliance with CQC registration requirements 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 register, 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.

## ANNUAL GOVERNANCE STATEMENT 2014/15 (continued)

### 4 The risk and control framework (continued)

#### Involvement of public stakeholders

Risks to public stakeholders are managed through formal review processes with the Independent Regulator (Monitor) 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 did not receive any unannounced visits by the CQC in 2014/15.

#### 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.

#### 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 and 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 2014/15 Operational Plan, the Trust submitted to Monitor 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.

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 (Medical Director), 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 were two confidentiality breaches in the financial year 2014/15.

The first breach occurred when two sheets of paper containing personal information relating to 29 individuals who had been referred to the Richmond Wellbeing Service were found in the car park of a nearby GP practice.

The second breach occurred when an administrator allowed a non-Trust approved removals company to collect unwanted furniture which was believed to contain person identifiable information in the locked drawers. The company also collected six PC hard drives.

Both incidents were investigated formally and action has been taken to prevent reoccurrence. Both incidents were also reported to the Information Commissioner. No further action was taken by the Information Commissioner.

# Annual Accounts

## For the year ended 31 March 2015

### ANNUAL GOVERNANCE STATEMENT 2014/15 (continued)

#### 6 Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

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

The Quality Report contains two main areas of information; details of the Trust's quality priorities for 2015/16, and performance against quality indicators for 2014/15. 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 2015/16 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 2015/16 which is been prepared in line with Monitor requirements, and agreed by the Trust Board.

The Trust has embarked on 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 position. 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 Internal Audit, 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 2014/15 Annual Governance Statement and provides substantial assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. In addition, the Head of Internal Audit opinion also confirms that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

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.

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

The Quality Assurance Committee has delegated responsibility for the Board Assurance Framework, and meets on a quarterly basis to review and update the Board Assurance Framework. There is shared membership between the Audit and Quality Assurance Committees via Internal Audit, the Director of Finance, the Director of Corporate Affairs and the Chair of the Quality Assurance 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 such groups. It approved 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 committees, with managers from various disciplines and from various services participating in the groups. The Quality Committee reports to the Quality Assurance Committee, and also has links to the Service Delivery Board.

**ANNUAL GOVERNANCE STATEMENT 2014/15 (continued)**

**7 Review of effectiveness (continued)**

Internal Audit services are outsourced to Baker Tilly, 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 action 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 where possible and appropriate, as well as the role of the Council of Governors.

The Trust's regular reporting to Monitor provides additional assurance with regard to the Trust's governance arrangements and compliance with the Terms of Authorisation.

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**

The Trust's Internal Auditors have not given any limited assurance opinions in 2014/15.

The Trust's Board Assurance Framework (as of 31 March 2015) 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
- Failure to secure Commissioner support for service transformation in a financially challenged health economy will prevent delivery of the Trust's 5 year plan
- If the transition to a new electronic patient records system in 2015 is not effectively managed, then the ability to access and maintain clinical records may be compromised

**Current priorities**

The Trust has two main priorities related to control issues for 2015/16.

- On 1 April 2015, the Trust commenced provision of mental health services in Luton and Bedfordshire. Mobilisation, 100 day and year one plans are in place, and set out the governance arrangements and control systems being put in place. These controls will be tested as part of the 2015/16 internal audit programme, and results will be monitored by the Audit and Quality Assurance Committees.
- The Trust is also preparing for the introduction of the new Care Quality Commission inspection regime. A project team, led by the Director of Nursing, is being set up to review adherence to the standards, and progress will be reported to the Quality Assurance Committee.

**8 Conclusion**

The Trust has an 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 and Trust Board will continue to monitor these areas closely and agree additional action as required.

Signed:



Dr Robert Dolan  
Chief Executive

Date: 26 May 2015



**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF EAST LONDON NHS FOUNDATION TRUST ONLY**

**Opinions and conclusions arising from our audit**

**1 Our opinion on the financial statements is unmodified**

We have audited the financial statements of East London NHS Foundation Trust for the year ended 31 March 2015 set out on pages 9 to 54. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

**2 Our assessment of risks of material misstatement**

In arriving at our audit opinion above on the financial statements the risks of material misstatement that had the greatest effect on our audit were as follows:

**Valuation of land and buildings - £179 million**

Refer to pages 15 and 16 (accounting policy) and pages 39 to 41 (financial disclosures).

**The risk:** Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgment involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialisation as well as over the assumptions made in arriving at the valuation. In particular the MEAV basis requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation.

For 2014/15 an interim "desk-top" revaluation of all of the land and buildings, which did not involve the physical inspection of the assets, was undertaken by an external valuer. There is thus a risk that the valuation may not reflect the current use or condition of the assets.

**Our response:** In this area our audit procedures included:

- assessing the competence, capability, objectivity and independence of the Trust's external valuer and considering the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the NHS Foundation Trust Annual Reporting Manual;
- critically assessing the appropriateness of the valuation bases applied to land and buildings;
- assessing the approach to ensuring impairments have been identified and accounted for under the requirements of the NHS Foundation Trust Annual Reporting Manual; and
- considering the adequacy of the disclosures about the key judgments and degree of estimation involved in arriving at the valuation and the related sensitivities.

**NHS Income Recognition - £246 million**

Refer to page 14 (accounting policy) and pages 23 to 24 (financial disclosures).

**The risk:** The main source of income for the Trust is the provision of healthcare services to the public under contracts with NHS commissioners, which make up (95%) of income from activities. The Trust participates in the Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. For these financial statements the Trust identifies the specific cause, and accounts for the expected future resolution, of each individual difference. Mis-matches can occur for a number of reasons, but the most significant arise where:

- disagreements over services provided but not covered clearly in contracts with commissioners; and
- the completeness and existence of income recorded in the financial statements where there are uncertainties with counter parties in relation to the period the income relates to.

Where there is a lack of agreement, mismatches can also be classified as formal disputes and referred to NHS England Area Teams for resolution.

We do not consider NHS income to be at high risk of significant misstatement, or to be subject to a significant level of judgement. However, due to its materiality in the context of the financial statements as a whole NHS income is considered to be one of the areas which had the greatest effect on our overall audit strategy and allocation of resources in planning and completing our audit.

**Our response:** In this area our audit procedures included:

- agreed amounts included in the financial statements to signed agreements with the commissioners;
- for a sample of disputes, we obtained evidence of any agreement that had been reached after the balance sheet date and for others we inspected the case provided, considered correspondence from the commissioner and, if appropriate, NHS England Area Team and formed our own view of the appropriateness of any recognition of income; and
- for a sample of receipts received in March and April 2015 agreed the income it related to had been recorded in the appropriate year.

**INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF EAST LONDON NHS FOUNDATION TRUST ONLY**

**3 Our application of materiality and an overview of the scope of our audit**

The materiality for the financial statements was set at £5m, determined with reference to a benchmark of income from operations (of which it represents 2%). We consider income from operations to be more stable than a surplus-related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £250k, in addition to other identified misstatements that warrant reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's Head Office in Aldgate, London.

**4 Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified**

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**5 We have nothing to report in respect of the matters on which we are required to report by exception**

Under ISAs (UK and Ireland) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the annual report and accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy; or
- the Section of the Annual Report titled Audit Committee does not appropriately address matters communicated by us to the audit committee.

Under the Audit Code for NHS Foundation Trusts we are required to report to you if in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the above responsibilities.

**Certificate of audit completion**

We certify that we have completed the audit of the accounts of East London NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

**Respective responsibilities of the accounting officer and auditor**

As described more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer on page 8, the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors.

**Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)**

A description of the scope of an audit of financial statements is provided on our website at [www.kpmg.com/uk/auditscopeother2014](http://www.kpmg.com/uk/auditscopeother2014). This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

**The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Signed:



Neil Thomas for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants  
15 Canada Square  
London  
E14 5GL

Date: 28 May 2015



# Annual Accounts For the year ended 31 March 2015

## STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed East London NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of East London NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Dr Robert Dolan  
Chief Executive

Date: 26 May 2015

# Annual Accounts

## For the year ended 31 March 2015

### Statement of Comprehensive Income for the year ended 31 March 2015

		2014/15	2013/14
	Note	£000	£000
Operating income from patient care activities	3	255,636	255,109
Other operating income	4	13,122	21,538
<b>Total operating income from continuing operations</b>		<b>268,758</b>	<b>276,647</b>
Operating expenses	5	(258,133)	(265,459)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>10,625</b>	<b>11,188</b>
Finance income	11	131	155
Finance expenses	12	(2,271)	(2,303)
PDC dividends payable		(4,194)	(3,437)
<b>Net finance costs</b>		<b>(6,334)</b>	<b>(5,585)</b>
<b>Surplus/(deficit) for the year from continuing operations</b>		<b>4,291</b>	<b>5,603</b>
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations		-	-
<b>Surplus/(deficit) for the year</b>		<b>4,291</b>	<b>5,603</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Gains/(loss) arising from transfer by absorption from demising bodies *		-	6,031
Revaluations *		10,786	6,118
<b>May be reclassified to income and expenditure when certain conditions are met:</b>			
<b>Total comprehensive income/(expense) for the period</b>		<b>15,077</b>	<b>17,752</b>

\* Revaluations and Transfers by Absorption were shown as a transfer between reserves in the 2013/14 Annual Accounts  
The notes on pages 14 to 54 form part of these accounts.

# Annual Accounts For the year ended 31 March 2015

## Statement of Financial Position as at 31 March 2015

	Note	31 March 2015 £000	31 March 2014 £000
<b>Non-current assets</b>			
Intangible assets	14	702	430
Property, plant and equipment	15	178,972	168,238
<b>Total non-current assets</b>		<b>179,674</b>	<b>168,668</b>
<b>Current assets</b>			
Inventories	16	191	183
Trade and other receivables	17	16,664	13,560
Cash and cash equivalents	18	42,600	39,185
<b>Total current assets</b>		<b>59,455</b>	<b>52,928</b>
<b>Current liabilities</b>			
Trade and other payables	19	(41,290)	(38,784)
Borrowings	21	(327)	(372)
Provisions	24	(1,814)	(2,999)
Other liabilities	20	(4,369)	(2,955)
<b>Total current liabilities</b>		<b>(47,800)</b>	<b>(45,110)</b>
<b>Total assets less current liabilities</b>		<b>191,329</b>	<b>176,486</b>
<b>Non-current liabilities</b>			
Borrowings	21	(20,040)	(20,368)
Provisions	24	(285)	(191)
<b>Total non-current liabilities</b>		<b>(20,325)</b>	<b>(20,559)</b>
<b>Total assets employed</b>		<b>171,004</b>	<b>155,927</b>
<b>Financed by</b>			
Public dividend capital		77,271	77,271
Revaluation reserve		43,239	32,514
Retained earnings		50,494	46,142
<b>Total taxpayers' equity</b>		<b>171,004</b>	<b>155,927</b>

The notes on pages 14 to 54 form part of these accounts.

Dr Robert Dolan  
Chief Executive

Date: 26 May 2015

Annual Accounts  
For the year ended 31 March 2015

**Statement of Changes in Equity for the year ended 31 March 2015**

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2014 - brought forward	77,271	32,514				46,142	155,927
Surplus/(deficit) for the year						4,291	4,291
Revaluations		10,786					10,786
Other reserve movements		(61)				61	-
<b>Taxpayers' equity at 31 March 2015</b>	<b>77,271</b>	<b>43,239</b>	-	-	-	<b>50,494</b>	<b>171,004</b>

Annual Accounts  
For the year ended 31 March 2015

**Statement of Changes in Equity for the year ended 31 March 2014**

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Retained Earnings £000	Total £000
<b>Taxpayers' equity at 1 April 2013 - brought forward</b>	<b>76,938</b>	<b>23,099</b>				<b>37,805</b>	<b>137,842</b>
Surplus/(deficit) for the year						5,603	<b>5,603</b>
Transfers by absorption:gains/(losses) on 1 April transfers						6,031	<b>6,031</b>
Transfers by absorption: transfers between reserves		3,388				(3,388)	-
Revaluations		6,118					<b>6,118</b>
Public dividend capital received	333						<b>333</b>
Transfer of excess depreciation over historic cost depreciation		(91)				91	-
<b>Taxpayers' equity at 31 March 2014</b>	<b>77,271</b>	<b>32,514</b>	-	-	-	<b>46,142</b>	<b>155,927</b>

Annual Accounts  
For the year ended 31 March 2015

**Statement of Cash Flows  
for the year ended 31 March 2015**

	2014/15	2013/14
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus/(deficit)	10,625	11,188
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	5	6,332
Impairments and reversals of impairments	457	1,897
(Gain)/loss on disposal of non-current assets	4	-
(Increase)/decrease in receivables and other assets	(3,104)	(2,340)
(Increase)/decrease in inventories	(8)	4
Increase/(decrease) in payables and other liabilities	3,604	4,262
Increase/(decrease) in provisions	(1,091)	(310)
<b>Net cash generated from/(used in) operating activities</b>	<b>16,815</b>	<b>17,227</b>
<b>Cash flows from investing activities</b>		
Interest received	130	157
Purchase of intangible assets	(570)	(232)
Purchase of property, plant, equipment and investment property	(6,513)	(17,416)
Sales of property, plant, equipment and investment property	-	3,000
<b>Net cash generated from/(used in) investing activities</b>	<b>(6,953)</b>	<b>(14,491)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	-	333
Capital element of finance lease rental payments	(75)	(189)
Capital element of PFI, LIFT and other service concession payments	(297)	(270)
Interest paid on finance lease liabilities	-	(4)
Interest paid on PFI, LIFT and other service concession obligations	(2,271)	(2,299)
PDC dividend paid	(3,804)	(3,061)
<b>Net cash generated from/(used in) financing activities</b>	<b>(6,447)</b>	<b>(5,490)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>3,415</b>	<b>(2,754)</b>
<b>Cash and cash equivalents at 1 April</b>	<b>39,185</b>	<b>41,939</b>
<b>Cash and cash equivalents at 31 March</b>	<b>42,600</b>	<b>39,185</b>

## Notes to the Accounts

### Accounting Policies and Other Information

#### 1 Accounting policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

##### 1.1 Accounting convention

These accounts have been prepared on a going concern basis under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities at their value to the business by reference to their current costs. NHS foundation trusts, in compliance with HM Treasury's Financial Reporting Manual, are not required to comply with the requirements to report "earnings per share" or historical profits and losses. After making enquiries, the directors have a reasonable expectation that East London NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Accounts.

##### 1.2 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The judgements and key sources of estimation uncertainty that have a significant effect on the material amounts recognised in the Accounts are detailed below:

- Asset valuations are provided by independent, qualified valuers. Valuations are subject to general price changes in property values across the UK. Asset values might vary from their real market value when assets are disposed of. Refer to Note 15.
- Determination of useful lives for property, plant and equipment - estimated useful lives for the Trust's assets are based on common, widely used assumptions for each asset type except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired. Refer to Note 15.
- Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, NHS Litigation Agency and the Trust's own sources. Pension provision is based on the life expectancy of the individual pensioner as stated in the UK Actuarial Department most recent life tables which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made. Refer to Note 23.
- Accruals are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be accrued in the closing financial statements of the Trust. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period. Refer to Note 19.

##### 1.3 Income

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

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

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

##### 1.4 Expenditure on employee benefits

###### Short-term employee benefits

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

###### Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: employer's pension cost contributions are charged to operating expenses as and when they become due.

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



## Notes to the Accounts

### 1.5 Expenditure on other goods and services

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

### 1.6 Property, plant and equipment

#### Recognition

Property, plant and equipment is capitalised if:

- a) it is held for use in delivering services or for administrative purposes;
- b) it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- c) it is expected to be used for more than one financial year;
- d) the cost of the item can be measured reliably; and
- e) the item has a cost of at least £5,000; or
- f) Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- g) Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

#### Measurement

##### Valuation

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

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- a) Land and non-specialised buildings – market value for existing use
- b) Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. From 1 April 2008, HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The Trust commissioned independent valuers, Montagu Evans, to carry out a full valuation of land and buildings using the modern equivalent asset methodology at 31 March 2015.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

#### Revaluation gains and losses

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

#### Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.



## Notes to the Accounts

### 1.6 Property, plant and equipment (continued)

#### Depreciation

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

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

#### Impairments

In accordance with Monitor's Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

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

#### De-recognition

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

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

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

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

#### Donated, government grant and other grant funded assets

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

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

#### Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as "on-Statement of Financial Position" by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

#### PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

## Notes to the Accounts

### 1.6 Property, plant and equipment (continued)

#### PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

#### Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

#### Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

#### Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

### 1.7 Intangible assets

#### Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; and
- the cost of the asset can be measured reliably; and
- the cost is at least £5,000.

#### Internally generated intangible assets

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

Expenditure on research is not capitalised.

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

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

#### Software

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

## Notes to the Accounts

### 1.7 Intangible assets (continued)

#### Measurement

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

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

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

#### Amortisation

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

### 1.8 Revenue government and other grants

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

### 1.9 Leases

#### Finance leases

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

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

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

#### Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

#### Leases of land and buildings

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

### 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### 1.11 Cash and cash equivalents

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

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

### 1.12 Provisions

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

#### Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at Note 26 but is not recognised in the Trust's accounts.

## Notes to the Accounts

### 1.12 Provisions (continued)

#### Non-clinical risk pooling

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

### 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 25, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

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

### 1.14 Financial instruments and financial liabilities

#### Recognition

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

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

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

#### De-recognition

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

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

#### Classification and measurement

Financial assets are categorised as "fair value through income and expenditure", loans and receivables or "available-for-sale financial assets".

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

#### Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not "closely-related" to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

#### Loans and receivables

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

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

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

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

## Notes to the Accounts

### 1.14 Financial instruments and financial liabilities (continued)

#### Other financial liabilities

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

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

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

#### Impairment of financial assets

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

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

### 1.15 Corporation tax

The Trust's activities relate to the provision of goods and services relating to healthcare authorised under s519A Income and Corporation Taxes Act (ICTA) 1988. On this basis the Trust is not liable for corporation tax.

### 1.16 Value added tax

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

### 1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

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

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

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

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

### 1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in Note 18.1 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

### 1.19 Public Dividend Capital (PDC) and PDC dividend

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

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

## Notes to the Accounts

### 1.20 Losses and special payments

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

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

### 1.21 Private patient income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The 2012 Act now obliges foundation trusts to ensure that the income they receive from providing goods and services for the NHS (their principal purpose) is greater than their income from other sources. The Trust did not receive any private patient income in the current period.

### 1.22 Limitation of auditor's liability

In line with guidance from the Financial Reporting Council, the auditors have limited their liability in respect of their audit (or any other work undertaken for the Trust). The engagement letter dated 17 September 2012, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1.0m in aggregate in respect of all services.

### 1.23 Accounting standards issued that have not yet been adopted

The following accounting standards have been issued but have not yet been adopted. NHS bodies cannot adopt new standards unless they have been adopted in the HM Treasury FReM. The HM Treasury FReM generally does not adopt international standard until it has been endorsed by the European Union for use by listed companies.

In some cases, the standards may be interpreted in the HM Treasury FReM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation and the likely impact on the assumption that no interpretations are applied by the HM Treasury FReM.

Change published	Published by IASB	Financial year for which the change first applies
IFRS 9 Financial Instruments	July 2014	Not yet EU adopted. Expected to be effective from 2018/19.
IFRS 13 Fair Value Measurement	May 2011	Adoption delayed by HM Treasury. To be adopted from 2015/16.
IFRS 15 Revenue from contracts with customers	May 2014	Not yet EU adopted. Expected to be effective from 2017/18.
IAS 36 (amendment) – recoverable amount disclosures	May 2013	To be adopted from 2015/16 (aligned to IFRS 13 adoption)
Annual Improvements 2012	December 2013	Effective from 2015/16 but not yet EU adopted
Annual Improvements 2013	December 2013	Effective from 2015/16 but not yet EU adopted
Effective from 2015/16 but not yet EU adopted	November 2013	Effective from 2015/16 but not yet EU adopted
IFRIC 21 Levies	May 2013	EU adopted in June 2014 but not yet adopted by HM Treasury.

\* This reflects the EU-adopted effective date rather than the effective date in the standard.

### 1.24 Accounting standards issued that have been adopted early

HM Treasury directs that the public sector does not adopt accounting standards early. The Trust has not early adopted any new accounting standards, amendments or interpretations.

## Notes to the Accounts

### 2 Segmental analysis

A business segment is a group of assets and operations engaged in providing products or services that are subject to risks and returns that are different from those of other business segments. A geographical segment is engaged in providing products or services within a particular economic environment that is subject to risks and returns that are different from those of segments operating in other economic environments.

The directors consider that the Trust's activities constitute a single segment since they are provided wholly in the UK, are subject to similar risks and rewards and all assets are managed as one central pool.



# Annual Accounts

## For the year ended 31 March 2015

### Note 3 Operating income from patient care activities

#### Note 3.1 Income from patient care activities (by nature)

	2014/15 £000	2013/14 £000
<b>Mental health services</b>		
Cost and volume contract income	2,796	3,175
Block contract income	238,050	229,893
Other clinical income from mandatory services	14,790	22,041
<b>Total income from activities</b>	<b>255,636</b>	<b>255,109</b>

#### Note 3.2 Income from patient care activities (by source)

<b>Income from patient care activities received from:</b>	2014/15 £000	2013/14 £000
CCGs and NHS England	241,606	238,684
Local authorities	9,294	12,755
Department of Health	27	6
NHS foundation trusts	2,897	562
NHS trusts	1,567	2,350
NHS Other	153	752
Non-NHS: overseas patients (chargeable to patient)	92	-
<b>Total income from activities</b>	<b>255,636</b>	<b>255,109</b>
<b>Of which:</b>		
Related to continuing operations	255,636	255,109
Related to discontinued operations	-	-



# Annual Accounts

## For the year ended 31 March 2015

### Note 3.3 Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2014/15	2013/14
	£000	£000
Income recognised this year	92	-

### Note 4 Other operating income

	2014/15	2013/14
	£000	£000
Research and development	1,537	1,808
Education and training	8,389	7,666
Profit on disposal of non-current assets	-	3,000
Reversal of impairments *	1,348	8,300
Other income	1,848	764
<b>Total other operating income</b>	<b>13,122</b>	<b>21,538</b>
<b>Of which:</b>		
Related to continuing operations	13,122	21,538
Related to discontinued operations	-	-

\* Reversal of Impairments were shown in Operating Expenses in the 2013/14 Annual Accounts

### Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2014/15	2013/14
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	255,636	255,109
Income from services not designated as commissioner requested services	13,122	21,538
<b>Total</b>	<b>268,758</b>	<b>276,647</b>

The Trust is working with its commissioners to determine the level of commissioner requested services currently provided. Within the 2014/15 financial statements, management has taken the view to define the following as commissioner requested services:

- Adult Community Health
- Adult Mental Health Services
- CAMHS & Addiction
- Children & Young People Community Health
- Forensic (low & medium secure) Services
- Older People's Mental Health Services
- Specialist Services
- Improving Access to Psychological Therapies (IAPT)

# Annual Accounts

## For the year ended 31 March 2015

### Note 5 Operating expenses

	2014/15	2013/14
	£000	£000
Services from NHS foundation trusts	4,038	4,505
Services from NHS trusts	3,848	3,961
Services from CCGs and NHS England	60	-
Services from other NHS bodies	7,867	9,214
Purchase of healthcare from non NHS bodies	4,270	6,355
Employee expenses - executive directors	1,332	1,192
Employee expenses - non-executive directors	181	165
Employee expenses - staff	189,648	179,353
Supplies and services - clinical	2,515	2,531
Supplies and services - general	6,986	7,538
Establishment	3,620	3,168
Research and development	2,118	1,982
Transport	997	1,039
Premises	10,122	9,075
Increase/(decrease) in provision for impairment of receivables	(1,355)	5,222
Drug costs	395	850
Inventories consumed	2,268	2,213
Rentals under operating leases	629	1,054
Depreciation on property, plant and equipment	6,034	5,392
Amortisation on intangible assets	298	134
Impairments	1,805	10,197
Audit fees payable to the external auditor		
audit services- statutory audit	61	58
Clinical negligence	548	528
Legal fees	596	329
Consultancy costs	2,375	2,437
Training, courses and conferences	2,028	1,212
Patient travel	265	316
Redundancy	1,291	2,305
Hospitality	66	87
Insurance	106	87
Other services, eg external payroll	875	880
Losses, ex gratia & special payments	137	87
Other	2,109	1,993
<b>Total</b>	<b>258,133</b>	<b>265,459</b>
<b>Of which:</b>		
Related to continuing operations	258,133	265,459
Related to discontinued operations	-	-

# Annual Accounts For the year ended 31 March 2015

## Note 5.1 Other auditor remuneration

There was no other remuneration paid to the external auditors during 2014/15.

## Note 5.2 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £1m (2013/14: £1m).

## Note 6 Impairment of assets

	2014/15 £000	2013/14 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	457	1,897
<b>Total net impairments charged to operating surplus / deficit</b>	<b>457</b>	<b>1,897</b>
<b>Total net impairments</b>	<b>457</b>	<b>1,897</b>

Annual Accounts  
For the year ended 31 March 2015

Notes to the Accounts

7 Salary and pension entitlements of senior managers

7.1 Remuneration

Name and Title	2014/15			2013/14		
	Salary* (Bands of £5,000) £000	Other Remuneration* (Bands of £5,000) £000	Bonus** (Bands of £5,000) £000	Salary* (Bands of £5,000) £000	Other Remuneration* (Bands of £5,000) £000	Bonus** (Bands of £5,000) £000
Marie Gabriel - Chair	50-55	-	-	45-50	-	-
Dr Robert Dolan - Chief Executive	195-200	-	-	195-200	-	-
John Wilkins - Deputy Chief Executive and Director of Performance & Business Development	130-135	-	-	125-130	-	-
Jitesh Chotali - Director of Finance	140-145	-	-	135-140	-	-
Dr Navina Evans - Director of Operations	165-170	15-20	40-45	165-170	15-20	40-45
Dr Kevin Cleary - Medical Director ***	180-185	-	40-45	180-185	-	40-45
Professor Jonathan Warren - Director of Nursing & Quality	125-130	-	-	115-120	-	-
Mason Fitzgerald - Director of Corporate Affairs (from 1 February 2014)	120-125	-	-	15-20	-	-
Mary Elford - Vice Chair (from 1 February 2014)	15-20	-	-	15-20	-	-
Nicola Bastin - Senior Independent Non Executive Director	15-20	-	-	15-20	-	-
Alan Palmer - Non Executive Director	15-20	-	-	15-20	-	-
Kingsley Peter - Non Executive Director	15-20	-	-	15-20	-	-
Clyde Williams - Non Executive Director (resigned 31 October 2014)	5-10	-	-	15-20	-	-
Professor Stefan Priebe - Non Executive Director (to 31 October 2014)	5-10	-	-	15-20	-	-
Robert Taylor - Non Executive Director (from 1 October 2013)	15-20	-	-	5-10	-	-
Urmila Barmerjee - Non Executive Director (from 1 November 2014)	5-10	-	-	-	-	-
Jennifer Mary Kay - Non Executive Director (from 1 November 2014)	5-10	-	-	-	-	-
	Band of highest-paid director	195-200		195-200		
	Median total remuneration	34,154.04		35,159.04		
	Ratio	5.7		5.6		

Total remuneration paid to directors for the year ended 31 March 2015 (in their capacity as directors) totalled £1,086,691 (2013/14, £972,372). No other remuneration was paid to Directors in their capacity as directors. There were no advances or guarantees entered into on behalf of directors by the Trust. Employer contributions to the NHS Pension Scheme for Executive Directors for the year ended 31 March 2015 totalled £110,502 (2013/14 £98,365). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was six (2013/14, six).

\*Salary and Other Remuneration are inclusive of Bonus

\*\*Bonus refers to Clinical Excellence Awards, which are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care

\*\*\* In addition to the amounts reported above, Kevin Cleary also received an amount of £5k during the year which relates to prior years.

There were no payments for golden hellos, compensation for loss of office, benefits in kind or performance related bonuses for any of the senior managers.

See also note 8.5

Signed:

Dr Robert Dolan  
Chief Executive

Date: 26 May 2015

Notes to the Accounts

7 Salary and pension entitlements of senior managers (continued)

7.2 Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £5,000) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer value at 31 March 2015 £000	Cash Equivalent Transfer value at 31 March 2014 £000	Real increase in Cash Equivalent Transfer Value £000
Jitesh Chotai - Director of Finance	0 - 2.5	0 - 2.5	55 - 60	175-180	1183	1105	48
Dr Kevin Cleary - Medical Director	0 - 2.5	5.0 - 7.5	45 - 50	140 - 145	949	858	68
Dr Navina Evans - Director of Operations	0 - 2.5	0 - 2.5	45 - 50	145 - 150	946	1469	0
Mr Mason Fitzgerald - Director of Corporate Affairs	0 - 2.5	0 - 2.5	10 - 15	40 - 45	192	137	8
Professor Jonathan Warren - Director of Nursing & Quality	2.5 - 5.0	10 - 12.5	40 - 45	125 - 130	737	782	0
John Wilkins - Deputy Chief Executive and Director of Performance & Business Development	0 - 2.5	5.0 - 7.5	35 - 40	115 - 120	864	772	71

Pension benefits apply to Executive Directors only as Non-Executive Directors do not receive any pensionable remuneration.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The Government Actuary Department factors for the calculation of Cash Equivalent Transfer Value assume that benefits are indexed in line with CPI, which are expected to be lower than RPI that was used previously.

# Annual Accounts

## For the year ended 31 March 2015

### Notes to the Accounts

#### 7 Salary and pension entitlements of senior managers (continued)

##### 7.3 Reporting related to the review of Tax Arrangements of Public Sector Appointees (unaudited)

The tables below report the number of off-payroll engagements in place as at 31 March 2015 (Table 1) and the number of new engagements between 1 April 2014 and 31 March 2015 for more than £220 per day and for more than six months (Table 2). During the period 1 April 2014 to 31 March 2015 the Trust did not enter into any off-payroll engagements with Board Members or senior officers with significant financial responsibility.

**Table 1: For all off-payroll engagements as at 31 March 2015, for more than £220 per day and that have lasted for longer than six months**

No. of existing engagements as of 31 March 2015	19
of which...	
No. that have existed for less than one year at time of reporting.	0
No. that have existed for between one and two years at time of reporting.	4
No. that have existed for between two and three years at time of reporting.	14
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for four or more years at time of reporting.	0

**Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that have lasted for longer than six months**

No. of new engagements or those that reached six months in duration, between 1 April 2014 and 31 March 2015	2
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	2
No. for whom assurance has been requested	2
of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	2
No. that have been terminated as a result of assurance not being received.	0

All existing off-payroll engagements, outlined above, have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

# Annual Accounts

## For the year ended 31 March 2015

### Note 8 Employee benefits

	Permanent	Other	2014/15 Total	2013/14 Total
	£000	£000	£000	£000
Salaries and wages	134,620	16,390	151,010	143,750
Social security costs	13,082	-	13,082	12,989
Employer's contributions to NHS pensions	17,682	-	17,682	17,745
Agency/contract staff	-	9,206	9,206	6,061
<b>Total gross staff costs</b>	<b>165,384</b>	<b>25,596</b>	<b>190,980</b>	<b>180,545</b>

### Note 8.1 Average number of employees (WTE basis)

	Permanent	Other	2014/15 Total	2013/14 Total
	Number	Number	Number	Number
Medical and dental	305	-	305	295
Administration and estates	771	-	771	775
Nursing, midwifery and health visiting staff	1,747	-	1,747	1,729
Scientific, therapeutic and technical staff	660	-	660	628
Agency and contract staff	-	235	235	120
Bank staff	-	422	422	296
Other	3	-	3	2
<b>Total average numbers</b>	<b>3,486</b>	<b>657</b>	<b>4,143</b>	<b>3,846</b>

### Note 8.2 Retirements due to ill-health

During 2014/15 there were 8 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2014). The estimated additional pension liabilities of these ill-health retirements is £328k (£302k in 2013/14).

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

# Annual Accounts

## For the year ended 31 March 2015

### Note 8.3 Reporting of compensation schemes - exit packages 2014/15

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	19	-	19
£10,001 - £25,000	7	-	7
£25,001 - 50,000	11	-	11
£50,001 - £100,000	6	-	6
£100,001 - £150,000	1	-	1
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>45</b>	<b>-</b>	<b>45</b>
Total resource cost (£)	£1,291,000	£0	£1,291,000

### Note 8.4 Reporting of compensation schemes - exit packages 2013/14

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	29	-	29
£10,001 - £25,000	6	-	6
£25,001 - 50,000	10	-	10
£50,001 - £100,000	11	-	11
£100,001 - £150,000	2	-	2
£150,001 - £200,000	4	-	4
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>62</b>	<b>-</b>	<b>62</b>
Total resource cost (£)	£2,305,476	£0	£2,305,476

### Note 8.5 Directors' remuneration

The aggregate amounts payable to directors were:

	2014/15 £000	2013/14 £000
Salary	1,087	972
Employer's pension contributions	111	98
<b>Total</b>	<b>1,198</b>	<b>1,070</b>

Further details of directors' remuneration can be found in the remuneration report.



## Notes to the Accounts

### 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

#### a) Full actuarial (funding) valuation

The NHS pension scheme is subject to a full valuation every four years by the Government Actuary. The latest published valuation was carried out in March 2012 (published June 2014) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/319413/NHS\\_final\\_report\\_final\\_09June14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319413/NHS_final_report_final_09June14.pdf). The notional deficit of the scheme was £10.3 billion as per the latest scheme valuation by the Government Actuary for the period 1 April 2005 to 31 March 2012. The conclusion of the valuation was that the scheme continues to operate on a sound financial basis. Employer contribution rates are reviewed every four years following the scheme valuation, on advice from the actuary. At the last valuation, it was recommended that employer contribution rates should increase to 14.3% from 1st April 2015 (previously 14%). From 1 April 2014, employees' contributions have been on a tiered scale from 5% to 14.5% of their pensionable pay.

#### b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

#### c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Members in the 1995 Section receive a pension worth 1/80th of the best of the last three year's pensionable pay for each year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon 1.4% of total pensionable earnings over the relevant pensionable service. Members in the 2008 Section receive a pension worth 1/60th of the average of the best three consecutive year's pensionable pay in the last ten; for each year of membership. Members who are practitioners, as defined by the Scheme Regulations have their annual pensions based upon 1.87% of total pensionable earnings over the relevant pensionable service.

A lump sum is payable on retirement. Members in the 1995 Section receive a lump sum which is normally three times the annual pension payment. Members in the 2008 Section receive a lump sum which may be a maximum of 25% of the value of their pension fund at retirement, this will impact on the level of pension due dependant on the percentage chosen, and is based on a conversion rate of £1 of pension to £12 of lump sum.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement in certain circumstances, is available to members of the Scheme who are permanently incapable of fulfilling their duties or regular employment effectively through illness or infirmity.

For members who die in service a lump sum is payable of twice annual pensionable pay, or average uprated earnings for practitioners. For members who die after retirement an amount is payable which is the lesser of 5 times annual pension less pension already paid, or twice reckonable pay less any retirement lump sum taken. Other death benefits are also payable for members who have a deferred pension.

Members could purchase additional service (added years) in the NHS Scheme by paying an agreed percentage of salary over an agreed length of time, but this option ceased to be available on 31 March 2008. It was replaced on 1 April 2008 by the option to purchase extra annual pension amounts, by way of a lump sum value of instalments.

Annual Accounts  
For the year ended 31 March 2015

**Note 10 Operating leases**

**Note 10 East London NHS Foundation Trust as a lessee**

	2014/15 £000	2013/14 £000
<b>Operating lease expense</b>		
Minimum lease payments	629	1,054
<b>Total</b>	<u>629</u>	<u>1,054</u>
	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	604	449
- later than one year and not later than five years;	1,688	1,241
- later than five years.	1,285	488
<b>Total</b>	<u>3,577</u>	<u>2,178</u>
Future minimum sublease payments to be received	-	-

# Annual Accounts

## For the year ended 31 March 2015

### Note 11 Finance income

	2014/15 £000	2013/14 £000
Interest on bank accounts	131	155
<b>Total</b>	<b>131</b>	<b>155</b>

### Note 12 Finance expenditure

	2014/15 £000	2013/14 £000
<b>Interest expense:</b>		
Finance leases	-	4
Main finance costs on PFI and LIFT schemes obligations	2,271	2,299
<b>Total interest expense</b>	<b>2,271</b>	<b>2,303</b>
Other finance costs	-	-
<b>Total</b>	<b>2,271</b>	<b>2,303</b>

**Notes to the Accounts**

**13 Better Payment Practice Code - measure of compliance**

	<b>2014/15</b>	<b>2014/15</b>
	<b>Number</b>	<b>£000</b>
Total Non-NHS trade invoices paid in the year	37,127	68,171
Total Non-NHS trade invoices paid within target	34,368	62,792
Percentage of Non-NHS trade invoices paid within target	93%	92%
Total NHS trade invoices paid in the year	1,173	19,455
Total NHS trade invoices paid within target	1,128	19,090
Percentage of NHS trade invoices paid within target	96%	98%
	2013/14	2013/14
	Number	£000
Total Non-NHS trade invoices paid in the year	34,809	77,536
Total Non-NHS trade invoices paid within target	32,136	70,210
Percentage of Non-NHS trade invoices paid within target	92%	91%
Total NHS trade invoices paid in the year	1,422	21,123
Total NHS trade invoices paid within target	1,334	20,817
Percentage of NHS trade invoices paid within target	94%	99%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

**13.2 Late Payment of Commercial Debts (Interest) Act 1998**

There are no amounts included within other interest payable arising from claims made under this legislation

# Annual Accounts

## For the year ended 31 March 2015

### Note 14 Intangible assets - 2014/15

	<b>Software licences £000</b>	<b>Total £000</b>
<b>Valuation/gross cost at 1 April 2014 - brought forward</b>	<b>1,294</b>	<b>1,294</b>
Transfers by absorption	-	-
Additions	570	570
Impairments	-	-
Reversals of impairments	-	-
Reclassifications	-	-
Revaluations	-	-
Transfers to/ from assets held for sale	-	-
Disposals / derecognition	-	-
<b>Gross cost at 31 March 2015</b>	<b>1,864</b>	<b>1,864</b>
<b>Amortisation at 1 April 2014 - brought forward</b>	<b>864</b>	<b>864</b>
Transfers by absorption	-	-
Provided during the year	298	298
Impairments	-	-
Reversals of impairments	-	-
Reclassifications	-	-
Revaluations	-	-
Transfers to/ from assets held for sale	-	-
Disposals / derecognition	-	-
<b>Amortisation at 31 March 2015</b>	<b>1,162</b>	<b>1,162</b>
<b>Net book value at 31 March 2015</b>	<b>702</b>	<b>702</b>
<b>Net book value at 1 April 2014</b>	<b>430</b>	<b>430</b>
<b>Useful economic life</b>		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

# Annual Accounts

## For the year ended 31 March 2015

### Note 14.1 Intangible assets - 2013/14

	<b>Software licences £000</b>	<b>Total £000</b>
<b>Valuation/gross cost at 1 April 2013 - brought forward</b>	<b>1,062</b>	<b>1,062</b>
Transfers by absorption	-	-
Additions	232	232
Impairments	-	-
Reversals of impairments	-	-
Reclassifications	-	-
Revaluations	-	-
Transfers to/ from assets held for sale	-	-
Disposals / derecognition	-	-
<b>Valuation/gross cost at 31 March 2014</b>	<b>1,294</b>	<b>1,294</b>
<b>Amortisation at 1 April 2013 - brought forward</b>	<b>730</b>	<b>730</b>
Transfers by absorption	-	-
Provided during the year	134	134
Impairments	-	-
Reversals of impairments	-	-
Reclassifications	-	-
Revaluations	-	-
Transfers to/ from assets held for sale	-	-
Disposals / derecognition	-	-
<b>Amortisation at 31 March 2014</b>	<b>864</b>	<b>864</b>
<b>Net book value at 31 March 2014</b>	<b>430</b>	<b>430</b>
<b>Net book value at 1 April 2013</b>	<b>332</b>	<b>332</b>
<b>Useful economic life</b>		
- Minimum useful economic life	3	
- Maximum useful economic life	3	

Annual Accounts  
For the year ended 31 March 2015

**Note 14.2 Intangible assets financing 2014/15**

	<b>Software licences £000</b>	<b>Total £000</b>
<b>Net book value at 31 March 2015</b>		
Purchased	702	702
Finance leased	-	-
Donated and government grant funded	-	-
<b>NBV total at 31 March 2015</b>	<b>702</b>	<b>702</b>

**Note 14.3 Intangible assets financing 2013/14**

	<b>Software licences £000</b>	<b>Total £000</b>
<b>Net book value 31 March 2014</b>		
Purchased	430	430
Finance leased	-	-
Donated and government grant funded	-	-
<b>NBV total at 31 March 2014</b>	<b>430</b>	<b>430</b>

Annual Accounts  
For the year ended 31 March 2015

Note 15 Property, plant and equipment - 2014/15

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2014 - brought forward</b>	<b>31,746</b>	<b>122,183</b>	<b>8,439</b>	<b>5,059</b>	<b>82</b>	<b>10,107</b>	<b>4,936</b>	<b>182,552</b>
Additions	-	2,952	791	561	18	1,882	235	<b>6,439</b>
Reclassifications	5,176	2,999	(8,358)	-	-	183	-	-
Revaluations	(125)	10,911	-	-	-	-	-	<b>10,786</b>
Revaluation Surpluses	(196)	(4,196)	-	-	-	-	-	<b>(4,392)</b>
<b>Valuation/gross cost at 31 March 2015</b>	<b>36,601</b>	<b>134,849</b>	<b>872</b>	<b>5,620</b>	<b>100</b>	<b>12,172</b>	<b>5,171</b>	<b>195,385</b>
<b>Accumulated depreciation at 1 April 2014 - brought forward</b>	<b>-</b>	<b>2,121</b>	<b>-</b>	<b>2,033</b>	<b>44</b>	<b>6,121</b>	<b>3,995</b>	<b>14,314</b>
Provided during the year	-	3,458	-	681	12	1,552	331	<b>6,034</b>
Impairments	218	1,587	-	-	-	-	-	<b>1,805</b>
Reversals of impairments	(22)	(1,326)	-	-	-	-	-	<b>(1,348)</b>
Revaluation Surpluses	(196)	(4,196)	-	-	-	-	-	<b>(4,392)</b>
<b>Accumulated depreciation at 31 March 2015</b>	<b>-</b>	<b>1,644</b>	<b>-</b>	<b>2,714</b>	<b>56</b>	<b>7,673</b>	<b>4,326</b>	<b>16,413</b>
<b>Net book value at 31 March 2015</b>	<b>36,601</b>	<b>133,205</b>	<b>872</b>	<b>2,906</b>	<b>44</b>	<b>4,499</b>	<b>845</b>	<b>178,972</b>
<b>Net book value at 1 April 2014</b>	<b>31,746</b>	<b>120,062</b>	<b>8,439</b>	<b>3,026</b>	<b>38</b>	<b>3,986</b>	<b>941</b>	<b>168,238</b>
<b>Useful economic life</b>								
- Minimum useful economic life		30		3	5	5	3	
- Maximum useful economic life		90		15	5	8	12	



# Annual Accounts

## For the year ended 31 March 2015

### Note 15.1 Property, plant and equipment - 2013/14

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2013 - brought forward</b>	<b>29,054</b>	<b>110,871</b>	<b>895</b>	<b>2,977</b>	<b>35</b>	<b>8,570</b>	<b>4,463</b>	<b>156,865</b>
Transfers by absorption	1,655	4,115	-	221	47	70	9	6,117
Additions - purchased/ leased/ grants/ donations	-	3,729	10,619	1,849	-	1,467	464	18,128
Reclassifications	-	882	(894)	12	-	-	-	-
Revaluations	1,172	4,946	-	-	-	-	-	6,118
Revaluation Surpluses	(135)	(2,360)	(2,181)	-	-	-	-	(4,676)
Disposals / derecognition	-	-	-	-	-	-	-	-
<b>Valuation/gross cost at 31 March 2014</b>	<b>31,746</b>	<b>122,183</b>	<b>8,439</b>	<b>5,059</b>	<b>82</b>	<b>10,107</b>	<b>4,936</b>	<b>182,552</b>
<b>Accumulated depreciation at 1 April 2013 - brought forward</b>	<b>-</b>	<b>1,248</b>	<b>-</b>	<b>1,557</b>	<b>35</b>	<b>5,143</b>	<b>3,718</b>	<b>11,701</b>
Provided during the year	-	3,652	-	476	9	978	277	5,392
Impairments	137	7,879	2,181	-	-	-	-	10,197
Reversals of impairments	(2)	(8,298)	-	-	-	-	-	(8,300)
Revaluation Surpluses	(135)	(2,360)	(2,181)	-	-	-	-	(4,676)
<b>Accumulated depreciation at 31 March 2014</b>	<b>-</b>	<b>2,121</b>	<b>-</b>	<b>2,033</b>	<b>44</b>	<b>6,121</b>	<b>3,995</b>	<b>14,314</b>
<b>Net book value at 31 March 2014</b>	<b>31,746</b>	<b>120,062</b>	<b>8,439</b>	<b>3,026</b>	<b>38</b>	<b>3,986</b>	<b>941</b>	<b>168,238</b>
<b>Net book value at 1 April 2013</b>	<b>29,054</b>	<b>109,623</b>	<b>895</b>	<b>1,420</b>	<b>-</b>	<b>3,427</b>	<b>745</b>	<b>145,164</b>
Useful economic life								
- Minimum useful economic life		30		3	5	5	3	
- Maximum useful economic life		90		15	5	8	12	

Annual Accounts  
For the year ended 31 March 2015

**Note 15.2 Property, plant and equipment financing - 2014/15**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2015</b>								
Owned	36,601	98,340	872	2,906	44	4,499	845	144,107
Finance leased	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	32,287	-	-	-	-	-	32,287
PFI residual interests	-	-	-	-	-	-	-	-
Government granted	-	-	-	-	-	-	-	-
Donated	-	2,578	-	-	-	-	-	2,578
<b>NBV total at 31 March 2015</b>	<b>36,601</b>	<b>133,205</b>	<b>872</b>	<b>2,906</b>	<b>44</b>	<b>4,499</b>	<b>845</b>	<b>178,972</b>

**Note 15.3 Property, plant and equipment financing - 2013/14**

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2014</b>								
Owned	31,746	87,408	8,439	3,026	38	3,986	941	135,584
Finance leased	-	179	-	-	-	-	-	179
On-SoFP PFI contracts and other service concession arrangements	-	30,105	-	-	-	-	-	30,105
PFI residual interests	-	-	-	-	-	-	-	-
Government granted	-	-	-	-	-	-	-	-
Donated	-	2,370	-	-	-	-	-	2,370
<b>NBV total at 31 March 2014</b>	<b>31,746</b>	<b>120,062</b>	<b>8,439</b>	<b>3,026</b>	<b>38</b>	<b>3,986</b>	<b>941</b>	<b>168,238</b>

# Annual Accounts

## For the year ended 31 March 2015

### Note 16 Inventories

	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
Drugs	191	183
<b>Total inventories</b>	<b>191</b>	<b>183</b>

Inventories recognised in expenses for the year were £2,268k (2013/14: £2,213k).

### Note 17 Trade and other receivables

	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Current</b>		
NHS trade receivables	13,277	12,443
Provision for impaired receivables	(4,629)	(6,332)
Prepayments (non-PFI)	532	1,585
Accrued income	1,498	1,378
VAT receivable	889	540
Other receivables	5,097	3,946
<b>Total current trade and other receivables</b>	<b>16,664</b>	<b>13,560</b>

Annual Accounts  
For the year ended 31 March 2015

**Note 17.1 Provision for impairment of receivables**

	2014/15	2013/14
	£000	£000
<b>At 1 April brought forward</b>	<b>6,332</b>	<b>1,175</b>
Increase in provision	2,369	5,222
Amounts utilised	(348)	(65)
Unused amounts reversed	(3,724)	-
<b>At 31 March</b>	<b>4,629</b>	<b>6,332</b>

**Note 17.2 Analysis of impaired receivables**

	31 March 2015		31 March 2014	
	Trade receivables	Other receivables	Trade receivables	Other receivables
	£000	£000	£000	£000
<b>Ageing of impaired receivables</b>				
0 - 30 days	593	-	3,782	-
30-60 Days	201	-	1,071	-
60-90 days	37	-	28	-
90- 180 days	1,458	-	348	-
Over 180 days	2,340	-	1,103	-
<b>Total</b>	<b>4,629</b>	<b>-</b>	<b>6,332</b>	<b>-</b>
<b>Ageing of non-impaired receivables past their due date</b>				
0 - 30 days	5,876	-	10,499	-
30-60 Days	2,397	-	3,120	-
60-90 days	649	-	404	-
90- 180 days	2,481	-	726	-
Over 180 days	6,224	-	1,279	-
<b>Total</b>	<b>17,627</b>	<b>-</b>	<b>16,028</b>	<b>-</b>

# Annual Accounts

## For the year ended 31 March 2015

### Note 18 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2014/15 £000	2013/14 £000
<b>At 1 April</b>	<b>39,185</b>	<b>41,939</b>
Net change in year	3,415	(2,754)
<b>At 31 March</b>	<b>42,600</b>	<b>39,185</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	165	107
Cash with the Government Banking Service	42,435	39,078
<b>Total cash and cash equivalents as in SoFP</b>	<b>42,600</b>	<b>39,185</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>42,600</b>	<b>39,185</b>

### Note 18.1 Third party assets held by the NHS foundation trust

East London NHS Foundation Trust held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2015 £000	31 March 2014 £000
Bank balances	395	436
Monies on deposit	588	609
<b>Total third party assets</b>	<b>983</b>	<b>1,045</b>

# Annual Accounts

## For the year ended 31 March 2015

### Note 19 Trade and other payables

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
NHS trade payables	6,677	6,226
Other trade payables	11,721	10,093
Capital payables	1,110	1,184
Other taxes payable	3,932	3,917
Other payables	2,887	2,838
Accruals	14,494	14,447
PDC dividend payable	469	79
<b>Total current trade and other payables</b>	<b>41,290</b>	<b>38,784</b>

# Annual Accounts

## For the year ended 31 March 2015

### Note 20 Other liabilities

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Other deferred income	4,369	2,955
<b>Total other current liabilities</b>	<b>4,369</b>	<b>2,955</b>

### Note 21 Borrowings

	31 March 2015 £000	31 March 2014 £000
<b>Current</b>		
Obligations under finance leases	-	75
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	327	297
<b>Total current borrowings</b>	<b>327</b>	<b>372</b>
<b>Non-current</b>		
Obligations under PFI, LIFT or other service concession contracts	20,040	20,368
<b>Total non-current borrowings</b>	<b>20,040</b>	<b>20,368</b>

Annual Accounts  
For the year ended 31 March 2015

Note 22 Finance leases

Note 22.1 East London NHS Foundation Trust as a lessee

	31 March 2015 £000	31 March 2014 £000
<b>Gross lease liabilities</b>	<u>-</u>	<u>75</u>
of which liabilities are due:		
- not later than one year;	-	75
- later than one year and not later than five years;	-	-
- later than five years.	-	-
Finance charges allocated to future periods	-	-
<b>Net lease liabilities</b>	<u>-</u>	<u>75</u>
of which payable:		
- not later than one year;	-	75



**Note 23 Provisions for liabilities and charges analysis**

	<b>Pensions - former directors £000</b>	<b>Pensions - other staff £000</b>	<b>Other legal claims £000</b>	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2014</b>	-	237	137	2,816	3,190
Arising during the year	-	100	126	1,662	1,888
Utilised during the year	-	(26)	(137)	(2,816)	(2,979)
<b>At 31 March 2015</b>	<b>-</b>	<b>311</b>	<b>126</b>	<b>1,662</b>	<b>2,099</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	-	26	126	1,662	1,814
- later than one year and not later than five years;	-	104	-	-	104
- later than five years.	-	181	-	-	181
<b>Total</b>	<b>-</b>	<b>311</b>	<b>126</b>	<b>1,662</b>	<b>2,099</b>

# Annual Accounts

## For the year ended 31 March 2015

### Note 24 Clinical negligence liabilities

At 31 March 2015, £5,597k was included in provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of East London NHS Foundation Trust (31 March 2014: £4,381k).

### Note 25 Contingent assets and liabilities

	31 March 2015 £000	31 March 2014 £000
<b>Value of contingent liabilities</b>		
NHS Litigation Authority legal claims	72	109
<b>Gross value of contingent liabilities</b>	<u>72</u>	<u>109</u>
<b>Net value of contingent liabilities</b>	<u>72</u>	<u>109</u>
<b>Net value of contingent assets</b>	-	-

### Note 26 Contractual capital commitments

	31 March 2015 £000	31 March 2014 £000
Property, plant and equipment	700	1,275
<b>Total</b>	<u>700</u>	<u>1,275</u>

### Note 26.1 Subsequent events

On 1st April 2015 the Trust entered into contracts and commenced operations with NHS Luton CCG and NHS Bedfordshire CCG to provide Mental Health Services to the resident populations. The total value of expected income from NHS Luton CCG is £23,075k and from NHS Bedfordshire CCG is £43,982k. The value of assets transferring (Land and Buildings) is £17.3m from South Essex Partnership University NHS Foundation Trust, the former provider of Mental Health Services to NHS Luton CCG and £19.3m also from South Essex Partnership University NHS Foundation Trust, the previous provider of Mental Health services to NHS Bedfordshire CCG.

# Annual Accounts

## For the year ended 31 March 2015

### Note 27 On-SoFP PFI, LIFT or other service concession arrangements

#### Note 27.1 Imputed finance lease obligations

	31 March 2015 £000	31 March 2014 £000
<b>Gross PFI, LIFT or other service concession liabilities</b>	<b>51,716</b>	<b>54,285</b>
<b>Of which liabilities are due</b>		
- not later than one year;	2,568	2,568
- later than one year and not later than five years;	10,273	10,273
- later than five years.	38,875	41,444
Finance charges allocated to future periods	(31,349)	(33,620)
<b>Net PFI, LIFT or other service concession arrangement obligation</b>	<b>20,367</b>	<b>20,665</b>
- not later than one year;	327	297
- later than one year and not later than five years;	1,690	1,530
- later than five years.	18,350	18,838

#### Note 27.2 Payments committed in respect of the service element

	31 March 2015 £000	31 March 2014 £000
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	2,808	2,581
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year;	3,045	2,808
- later than one year and not later than five years;	13,838	13,198
- later than five years.	77,488	81,173
<b>Total</b>	<b>94,371</b>	<b>97,179</b>

## Notes to the Accounts

### 28 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with primary care trusts and the way those primary care trusts are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

#### Currency Risk

The Trust is a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### Interest Rate Risk

All of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest rate risk.

#### Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The most significant exposure to credit risk is in receivables from customers, as disclosed in Trade and other receivables (note 15).

#### Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from internally generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

# Annual Accounts

## For the year ended 31 March 2015

### Note 29 Financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Total £000
<b>Assets as per SoFP as at 31 March 2015</b>			
Trade and other receivables excluding non financial assets	14,634	-	14,634
Cash and cash equivalents at bank and in hand	42,600	-	42,600
<b>Total at 31 March 2015</b>	<b>57,234</b>	<b>-</b>	<b>57,234</b>

	Loans and receivables £000	Assets at fair value through the I&E £000	Total £000
<b>Assets as per SoFP as at 31 March 2014</b>			
Trade and other receivables excluding non financial assets	10,598	-	10,598
Cash and cash equivalents at bank and in hand	39,185	-	39,185
<b>Total at 31 March 2014</b>	<b>49,783</b>	<b>-</b>	<b>49,783</b>

### Note 29.1 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
<b>Liabilities as per SoFP as at 31 March 2015</b>			
Obligations under PFI, LIFT and other service concession contracts	20,367	-	20,367
Trade and other payables excluding non financial liabilities	19,710	-	19,710
Other financial liabilities	14,494	-	14,494
<b>Total at 31 March 2015</b>	<b>54,571</b>	<b>-</b>	<b>54,571</b>

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
<b>Liabilities as per SoFP as at 31 March 2014</b>			
Obligations under finance leases	75	-	75
Obligations under PFI, LIFT and other service concession contracts	20,665	-	20,665
Trade and other payables excluding non financial liabilities	20,978	-	20,978
Other financial liabilities	14,447	-	14,447
<b>Total at 31 March 2014</b>	<b>56,165</b>	<b>-</b>	<b>56,165</b>

Annual Accounts  
For the year ended 31 March 2015

**Note 29.2 Maturity of financial liabilities**

	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
In one year or less	34,586	35,842
In more than one year but not more than two years	654	594
In more than two years but not more than five years	981	891
In more than five years	18,350	18,838
<b>Total</b>	<b><u>54,571</u></b>	<b><u>56,165</u></b>

**Note 30 Losses and special payments**

	<b>2014/15</b>		<b>2013/14</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
<b>Special payments</b>				
Compensation payments	20	128	13	80
Ex-gratia payments	43	9	25	7
<b>Total special payments</b>	<b><u>63</u></b>	<b><u>137</u></b>	<b><u>38</u></b>	<b><u>87</u></b>
<b>Total losses and special payments</b>	<b><u>63</u></b>	<b><u>137</u></b>	<b><u>38</u></b>	<b><u>87</u></b>

## Notes to the Accounts

### 31 Related party transactions

During the period none of the Trust Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

None of the Trust Board members or members of the key management staff received any form of short-term employee benefits; post-employment benefits; other long term benefits; termination benefits or share-based payments.

Professor Stefan Priebe, Non Executive Director, is the Professor of Social and Community Psychiatry at Queen Mary University of London. The Trust received £129k income for services provided and expended £1,214k for services received.

Ms Mary Elford, Non Executive Director, is a Council Member at Queen Mary University of London. The Trust received £129k income for services provided and expended £1,214k for services received. Ms Mary Elford is also a Non Executive Director at Health Education England, The Trust received £8,540k income for services provided.

The Trust is an independent body not controlled by the Secretary of State. It is therefore considered that Government departments and agencies are not related parties. However, the Trust has material dealings with the following NHS bodies:

	<b>Income</b>	<b>Expenditure</b>	<b>Receivable</b>	<b>Payable</b>
	<b>2014</b>	<b>2014</b>	<b>2014</b>	<b>2014</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS England	323	-	-	-
NHS City & Hackney CCG	43,496	-	5,427	5
NHS Newham CCG	89,972	-	405	2
NHSTower Hamlets CCG	39,427	-	2,595	-
Homerton University Hospital NHS Foundation Trust	817	3,993	754	528
Barts Health NHS Trust	1,557	3,999	943	3,153
NHS Richmond CCG	2,588	-	-	-

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Newham, Hackney and Tower Hamlets Local Authorities in respect of joint enterprises.

The Trust has not received revenue or capital payments from any charitable sources.





