Inspected and rated
Outstanding ☆
CareQuality Commission

NHS
East London
NHS Foundation Trust

East London NHS Foundation Trust
Annual Report, Quality Accounts and Financial Accounts 2016 - 2017

We care   We respect   We are inclusive

NHS
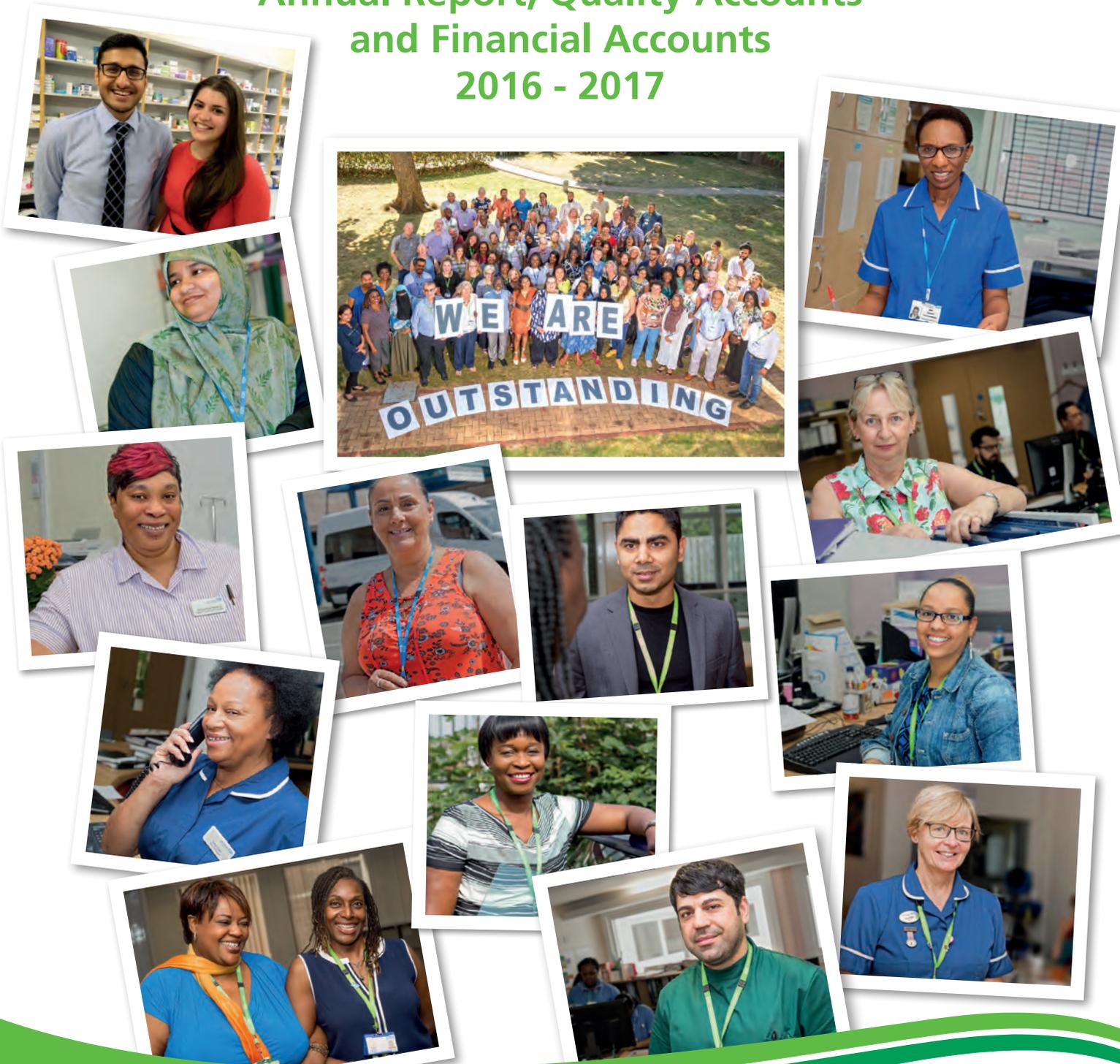
East London
NHS Foundation Trust

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

East London
NHS Foundation Trust
Annual Report and Accounts
2016-2017

East London NHS Foundation Trust

Annual Report and Accounts 2016–17

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SECTION 1

PERFORMANCE REPORT

Foreword from Dr Navina Evans, Chief Executive and Marie Gabriel, Chair

Welcome to our Annual Report for 2016-17. It has been an exceptional time in the history of the Trust or it might be more accurate to say it is an 'Outstanding' time. We were truly delighted to hear on 1 September 2016 that the hard work of staff across the Trust received the ultimate acknowledgement in being awarded an 'Outstanding' rating by the Care Quality Commission. This makes ELFT the only mental health and community health trust in London and the East of England to be rated as 'Outstanding'.

In the months leading up to the assessment, the Trust really came together as one, sharing ideas and information not just for the inspection but for the ongoing care of patients. It helped everyone to focus on the way care is delivered, on the environments in which we provide care in and on how it feels to be cared for by Trust staff, and how we support carers and families.

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

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

In November, it was the cherry on the cake to hear we had won the Health Service Journal's Provider Trust of the Year award. So our annual Staff Awards Ceremony later that month was an opportunity to thank staff for their unerring commitment to patient care and celebrate their achievements.

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

We would like to take this opportunity to thank our staff, partner organisations and commissioners for their continued support and commitment to the Trust. Thank you also to the patients and carers who work with us as partners to help us to learn, to improve the experience of those who use our services. And not forgetting our Governors and members who hold us to account and represent their communities.

Marie Gabriel
Chair
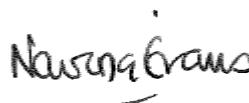
Dr Navina Evans
Chief Executive Officer

ABOUT EAST LONDON NHS FOUNDATION TRUST

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.

In April 2015, the Trust became the mental health provider for Bedfordshire and Luton. In May 2015, we took over the provision of specialist alcohol and drug services in Redbridge (R3) and on 1 September 2015, ELFT became the provider of Bedfordshire specialist addiction service (P2R) providing services to Bedford Borough and Central Bedfordshire. In February 2017, the Tower Hamlets Community Learning Disability service joined the Trust.

The Trust was rated 'Outstanding' by the Care Quality Commission in September 2016.

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, the London Boroughs of Hackney, Newham, Tower Hamlets, and to 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 to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London. East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental and community health services.

The Trust operates from over 100 community and inpatient sites, employs almost 5,000 permanent staff and has an annual income of £360m.

The main inpatient areas in our localities are:

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

Newham

Newham Centre for Mental Health
Glen Road
London E13 8SP

Tower Hamlets

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

Bedfordshire

Weller Wing
Bedford Hospital
Ampthill Road
Bedfordshire
MK42 9DJ

Oakley Court, Angel Close
Luton
Bedfordshire
LU4 9WT

Luton

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

Community Health Newham

East Ham Care Centre
Shrewsbury Road
London E7 8QP

Forensic Services:

John Howard Centre
12 Kenworthy Road
London E9 5TD

and

Wolfson House
311-315 Green Lanes
London N4 2ES

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

There are also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams 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

STRATEGIC OVERVIEW OF THE TRUST

This section sets out a summary of the Trust's strategic direction and priorities. More detailed information is set out in the Trust's Operational Plan which is submitted to NHS Improvement and available to the public on the Trust website 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, 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

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 Operational Plan. They provide the basis for delivering the three strategic priorities, as follows:

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

Improving staff satisfaction - delivered through implementation of the Quality 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 Strategy

The overarching aim of the Quality 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.

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.

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.

People Participation Strategy

The aims of the strategy are: to support co-production within all Trust services; to make sure that co-production, working together and recovery are a focus of delivering quality services to our communities; to support the individual development of our service users and carers by creating opportunities which foster self-confidence, self-esteem, up skilling or reskilling within the People Participation structures; and to influence the direction of quality and development of Trust service delivery.

FINANCIAL REVIEW

Introduction

The accounts have been prepared in compliance with the accounting requirements of the 2016/17 NHS Foundation Trust Annual Reporting Manual (the ARM) agreed with HM Treasury and issued by the Foundation Trust regulator, NHS Improvement.

Overview

This section describes the financial performance for year ended March 2017; this is measured by Use of Resources metric within the Single Oversight Framework (SOF) developed by NHS Improvement, our independent regulator, which compares key financial metrics consistently across all Foundation Trusts. The rating reflects the nature of financial support required with a rating of 4 reflecting the highest level of financial risk and a rating of 1, the lowest. The Trust delivered a score of 3 against use of resources in 2016/17, mainly due to the actual surplus being more than 2% below the original plan.

The national operating framework required the Trust to achieve a 2.0% cash releasing efficiency saving, the planning cycle identified a further 0.5% requirement therefore a challenging 2.5% target was set for 2016/17. This equated to approximately £8.1m. Some efficiency savings in 2015/16 were not met, these equated to £3.8m and were also part of the total savings plan in 2016/17. The Trust achieved savings of £8.9m in year against this target. 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.

The table below summarises and contrasts our performance for 2016/17, including comparative information for 2015/16.

	2016/17 £000	2015/16 £000
Operating Income	359,449	350,862
Operating Expenditure	(346,434)	(338,346)
Operating Surplus/ (Deficit)	**13,015**	**12,516**
Finance Costs		
Interest Receivable	314	321
PFI and Finance lease interest payable	(2,433)	(2,457)
PDC Dividends payable	(5,605)	(5,535)
Movement in the fair value of investment	12	(220)
Net Finance Costs	**(7,712)**	**(7,891)**
Surplus/(Deficit) for the year	**5,303**	**4,625**
Other comprehensive income		
Gains/(Loss) arising from transfer by absorption	-	36,816
Revaluation gains / (losses) and impairment losses	1,685	10,745
Re-measurements of net defined benefit pension scheme	(1,030)	(543)
Total Comprehensive income / (Expense) for the year	**5,958**	**51,644**

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.

Capital

The Trust delivered a sizeable capital programme of £8.8m. The broad categories of spend are upgrades of clinical areas and buildings (£6.6m), plant and machinery (£0.4m), Information Technology and informatics improvements (£2.4m) and Furniture and Fittings (£0.5m)

Income

The Trust received £359m of income. The table below provides an analysis of the income as reported in the accounts with comparators for the previous financial year.

	2016/17 £000	2015/16 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	312,188	311,030
Department of Health	349	-
Foundation Trusts	3,162	4,547
Local Authorities	21,558	16,617
NHS Trusts	4,166	2,308
Non-NHS: Overseas patients (chargeable to patient)	271	
NHS Other	159	153
Public Health England	-	-
	341,853	**335,111**
Other Operating Income		
Education and Training	11,186	8,254
Research and Development	1,522	1,871
Receipt of capital grants and donations	-	155
Rental revenue from operating leases	463	195
Other Income	4,425	
	17,596	**15,751**
Total Operating Income from Continuing Operations	**359,449**	**350,862**

The majority of the total income (87%) was from block contracts with the local East London Clinical Commissioning Groups, Luton Clinical Commissioning Group and Bedfordshire Clinical Commissioning Groups and NHS England for Forensic and CAMHS tier IV services.

Expenditure Analysis

Analysis of the operating spend is shown in the table below with comparative figures for 2015/16. Staff pay cost account for 75% of the total operating spend. This is consistent with

the nature services we provide and is comparable with other Trusts who provide similar services.

	2016/17		2015/16	
	£m	%	£m	%
Services from NHS Bodies	19,294	6%	23,340	7%
Services from Non NHS Bodies	8,782	3%	7,086	2%
Staff Salary	256,255	75%	247,291	75%
Establishment	4,124	1%	4,667	1%
Supplies and Services	12,291	4%	11,244	3%
Drugs	4,498	1%	4,255	1%
Premises and Transport	17,692	5%	15,634	5%
Other	17,510	5%	14,109	4%
Sub-Total	**340,446**	**100%**	**327,626**	**100%**
Depreciation & Amortisation	6,642		5,887	
Impairments	(654)		4,833	
Sub-Total	**5,988**		**10,720**	
Total	**346,434**		**338,346**	

Accounting Policies and Going Concern

The Trust is required to comply with Monitor's NHS Foundation Trust Annual Reporting Manual. For 2016/17, 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 2016/17. 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 2015/16 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.

KEY ISSUES AND RISKS THAT COULD AFFECT THE FOUNDATION TRUST IN DELIVERING ITS OBJECTIVES

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 enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks.

The Board Assurance Framework is reported to the Board on a quarterly basis, and red rated risks are reported to each meeting.

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

- *Failure to transform district nursing services in order to meet the needs of the local health services and wider community.*

- *The Trust may not maintain financial viability if: a) The short-term impact and potential lack of achievability of CRES requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as STF funding.*

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

Action plans are in place against each risk, and progress is monitored by the relevant Board committees.

GOING CONCERN

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 Operational Plan for 2017/18. 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 2016/17 accounts. The auditors have given an unqualified opinion on the financial statements.

PERFORMANCE ANALYSIS

How the Trust measures performance

The key ways in which the Trust measures performance is as follows:
- NHS Improvement risk ratings
- Performance against national targets
- Performance in national staff and patient surveys
- Performance against contract targets, including CQUIN targets
- Quality measures under the domains of patient safety, clinical effectiveness and patient experience
- Outcomes of quality improvement projects, including progress against the Trust's key priorities of violence reduction, pressure ulcers, physical health and access
- Key financial and workforce targets
- Service user and carer experience
- Outcomes of Care Quality Commission inspections

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

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

Performance of the Trust in 2016/17

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

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

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

- Financial review
- Our Workforce
- Quality Accounts Report

Information about environmental matters and information about social, community and human rights issues including information about any trust policies is contained within the Public Interest Disclosures.
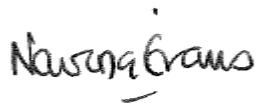
Navina Evans
Chief Executive Officer

Date: 30th May 2017

SECTION 2
ACCOUNTABILITY REPORT

DIRECTORS' REPORT

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 NHS Improvement, relevant statutory requirements and contractual obligations

- Regularly review the performance of the Trust in these areas against regulatory requirements and approved plans and objectives.

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

- Chair of NHS East London and the City from March 2011 - 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

Mary Elford, Vice Chair, Appointed to the Trust Board in February 2012

- Non-Executive Director Health Education England (September 2013 - present)
- Non-Executive Director Queen Mary Bioenterprises (March 2014 – present)
- Council member General Pharmaceutical Council (April 2013 - present)
- National Advisory Committee on Clinical Excellence Awards (2008 - present)
- Non-Executive Director, Barts and the London NHS Trust (2002 - 2012)
- Council Member, Queen Mary, University of London (2004 - 2013)

- Senior roles with John Lewis Partnership (1985 - 1999)
- **Qualifications: BA (Hons) Oxford**

Jennifer (Jenny) Kay, Senior Independent Director, Appointed to the Trust Board in October 2014

- 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)
- Spent 18 years in management, notably as Director of Nursing with Dartford and Gravesham NHS Trust (2001 – November 2012)
- 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
- Experience of delivering a wide range of quality improvements in clinical practice (infection control, skin care, falls prevention for example)
- 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**

Urmila (Millie) Banerjee CBE, Non-Executive Director

- 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 the Government in supporting long term unemployed and disabled citizens.
- She spent 25 years with BT in various senior roles including operations, large scale system implementation, product design and consumer service.
- 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.

Kingsley Peter, Non-Executive Director, Appointed to the Trust Board in November 2006

- 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**

Robert Taylor, Non-Executive Director, Appointed to the Trust Board in October 2013

- 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**

Paul Hendrick, Non-Executive Director, Appointed to the Trust Board in April 2016

- Chartered Accountant with over thirty years international experience in financial management, treasury and corporate finance with major public companies such as Akzo Nobel NV, Courtaulds plc and the British National Oil Corporation
- Extensive experience as a non-executive director in the public sector in the fields of regional economic development, social housing and public health
- Currently non-executive director Newable Ltd., the regional economic development company owned by all 33 London local authorities
- Chair of Newable Ltd.'s Audit and Nominations Committees and Senior Independent Director
- **Qualifications: MSc, MBA, FCA, FCT, CF**

Ken Batty, Appointed to the Trust Board in October 2016

- Ken is a lay member of the Speaker's Committee for the Independent Parliamentary Standards Authority.
- Ken runs his own company providing HR consultancy to companies.
- He worked for 30 years in the technology sector – at IBM and at Lenovo. At Lenovo he ran the Human Resources service in Europe, Middle East and Africa; and then in Asia Pacific.
- He was one of the founders of the Albert Kennedy Trust, the UK's LGBT Youth Homelessness Charity.
- In 2015 he was very proud to be on the Financial Times list of the global top 100 most influential LGBT people in business.
- **Qualifications: BA (Hons)**

Executive Directors

Dr Navina Evans, Chief Executive Officer, Appointed August 2016

- Director of Operations & Deputy CEO, East London NHS Foundation Trust
- Director for Mental Health, East London NHS 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**

Professor Jonathan Warren, Chief Nurse & Deputy CEO, Appointed August 2007

- Graduated 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 specialties 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
- **Qualifications: RMHN, BSc**

Dr Kevin Cleary, Chief Medical Officer, Appointed June 2011

- 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**

Steven Course, Chief Finance Officer, Appointed June 2015

- Joined the NHS graduate national financial management training scheme in 2002. Now has over 12 years NHS experience in mental health, community, acute and strategic organisations including the Department of Health and a private sector audit firm.
- Gained local experience in East London having worked at a local council, Whipps Cross Hospital, North East London strategic health authority, a number of commissioning organisations and ELFT from 2006-2008.
- Developed acute sector experience at Oxford University Hospitals NHS Trust before returning to ELFT in 2009 as Deputy Director of Finance leading a number of significant Trust initiatives.
- Member of both the London Currency Development Board and the NHS Shared Business Services Strategy and Development Group.
- **Qualifications: Chartered Institute of Management Accounting (ACMA), Chartered Institute of Public Finance and Accountancy (CPFA), BA (Hons)**

Mason Fitzgerald, Director of Corporate Affairs, Appointed February 2015

- 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**

Dr Mohit Venkataram, Director of Commercial Development and Performance, Appointed November 2016

- Commercial Director / Business Development Director from Feb 2011
- Extensive operational management experience in Acute Trust, Community Trust, Social Care and Mental Health
- Deputy Managing Director Newham Health and Social Care services across Newham PCT and London Borough of Newham
- Extensive experience working as practicing clinician in private and statutory health sector abroad
- **Qualifications: MBBS, MBA, PGDMLS**

Paul Calaminus, Chief Operating Officer, Appointed March 2017

- Joined the NHS management training scheme in 1995, completing training in the Oxford and Anglia Regions.
- Worked as a Service Director and then Chief Operating Officer in South London and Maudsley NHS Foundation Trust (SLAM) and then Camden and Islington NHS Foundation Trust.
- Graduated from reading History at Oxford University in 1995.
- **Qualifications: MA (Oxon), DMS (Health)**

Non-Executive Directors' Terms of Office

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 of the Non-Executive Directors in office during 2016/17 are as follows:

Name:	Expiry of term:
Marie Gabriel	31 October 2018
Millie Banerjee	31 October 2017
Ken Batty	31 October 2019
Mary Elford	31 January 2018
Paul Hendrick	31 March 2019
Kingsley Peter	31 October 2017
Robert Taylor	30 September 2019
Jenny Kay	31 October 2017
Nicola Bastin	31 October 2016

Attendance Record

During the course of the year, the Board of Directors met six times. All meetings were held in public, and were preceded by a meeting held in closed session. The attendance record of meetings for the Board of Directors for the year ended 31 March 2017 is as follows:

Trust Board Director	Role	Attendance at meetings (actual / possible)
Marie Gabriel	Trust Chair	6 of 6
Millie Banerjee	Non-Executive Director	6 of 6
Ken Batty	Non-Executive Director	2 of 2
Paul Calaminus	Chief Operating Officer (from 1 March 2017)	0 of 0
Kevin Cleary	Chief Medical Officer	5 of 6
Steven Course	Chief Financial Officer	6 of 6
Mary Elford	Non-Executive Director	5 of 6
Navina Evans	Chief Executive (from 1 August 2016)	6 of 6
Mason Fitzgerald	Director of Corporate Affairs	6 of 6
Paul Hendrick	Non-Executive Director	6 of 6
Jenny Kay	Non-Executive Director	6 of 6
Kingsley Peter	Non-Executive Director	6 of 6
Rob Taylor	Non-Executive Director	3 of 6
Mohit Venkataram	Director of Commercial Development & Performance	6 of 6
Jonathan Warren	Chief Nurse and Deputy Chief Executive	6 of 6
Stefan Priebe	Academic Advisor (non-voting)	4 of 6
Robert Dolan	Chief Executive (until 31 July 2016)	1 of 2
Nicola Bastin	Non-Executive Director (until 31 October 2016)	4 of 4

Paul James	Interim Director of Operations	4 of 4
Lorraine Sunduza	Acting Chief Nurse	1 of 1
John Wilkins	Managing Director (until 31 July 2016)	3 of 3

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 2015/16 financial year. The main components of this are:

- The Chair 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 Chair.
- The Chief Executive conducts performance evaluations of the Executive Directors.
- The Board has an ongoing development programme in place and held 5 sessions within the year.

Directors on the Board of Directors meet the "fit and proper" persons test described in the NHS Improvement 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 Chair) 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.

Chair'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 United Foundation
- East London Business Alliance and Foundation for Future London

Directors' Remuneration

The responsibility for setting the remuneration packages of the Executive Directors falls to the Appointments and Remuneration 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 Chair and Non-Executive Directors is the responsibility of the Council of Governors' Nominations and Conduct Committee which makes recommendations to the Council of Governors.

APPOINTMENTS AND REMUNERATION COMMITTEE

Purpose

The Appointments and Remuneration 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 Terms of Reference of the Appointments and Remuneration Committee are reviewed annually in line with good practice. The Committee meets bimonthly rather than on an ad hoc basis and extra meetings may be called at the discretion of the Committee Chair.

The Committee met on 8 occasions in 2016/2017.

Composition of the Appointments and Remuneration Sub-Committee

Committee member	Title	Attendance at meetings (actual / possible)
Robert Taylor	Non-Executive Director, Committee Chair from 1 November 2016	6 out of 8
Ken Batty	Non-Executive Director	3 out of 3
Kingsley Peter	Non-Executive Director	4 out of 8
Marie Gabriel	Trust Chair	7 out of 8
Navina Evans or representative	Chief Executive	6 out of 6
Nicola Bastin	Non-Executive Director, Committee Chair until 30 October 2016	5 out of 5
Robert Dolan or representative	Chief Executive (until 31 July 2016)	2 out of 2

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

Keisha Ehigie (April to June 2016) or Georgia Denegri (June 2016 to March 2017) - Trust Secretary (minutes)

No fees or charges were paid to these individuals.

More information is set out in the Remuneration Report.

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 other Board committees 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 membership of the Audit Committee comprises 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 2017 are as follows:

Paul Hendrick	Non-Executive Director, Committee Chair
Mary Elford	Non-Executive Director
Kingsley Peter	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 2017 is as follows:

Committee member	Title	Attendance at meetin (actual / possible)
Paul Hendrick	Non-Executive Director, Committee Chair	5 out of 5
Mary Elford	Non-Executive Director	5 out of 5
Kingsley Peter	Non-Executive Director	4 out of 5

The Chief Financial Officer, the Director of Corporate Affairs, the Trust Secretary, and representatives from Internal Audit, External Audit, and Counter Fraud were in attendance in all meetings.

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 is supported by the Trust Secretary. 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 Board of Directors (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 Trust Board 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 Chief Financial Officer 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 in their 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 2016/17 were RSM UK. Internal Audit provides an independent appraisal service to provide the Trust Board with assurance with regard 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 2016 to 31 March 2017 were KPMG. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of NHS Improvement'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 2016/17 was £71,000 (audit fee £59,500 and Quality Accounts £11,500) excluding VAT. Their audit and non-audit fees are set, monitored and reviewed throughout the year.

The external auditors are in the fifth 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 NHS Improvement'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 two Local Counter Fraud Specialists (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. The Committee reviewed the levels of fraud 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.

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.

OTHER BOARD COMMITTEES

Quality Assurance Committee

Chaired by a Non-Executive Director, and attended by the Chair and two other Non-Executive Directors, and all executive directors, the Quality Assurance Committee scrutinises the Trust's quality strategy and quality assurance processes, and other related areas, including research, clinical audit and education.

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, the Chief Financial Officer and the Director of Commercial Development and Performance. Its main role is to scrutinise all financial reports, all issues with a material financial impact (including proposed service and capital developments) and the Trust's cash investment policy.

Quality Committee

The Quality Committee, chaired by the Chief Medical Officer, 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. The Quality Committee reports to the Quality Assurance Committee

Mental Health Act Committee

The Mental Health Act 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 1st April 2015) are exercised reasonably, fairly and lawfully.

People Participation Committee

Membership includes the Trust Chair, 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 NHS Improvement 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 NHS Improvement 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 Chair 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 Council of Governors' Meetings
- Summaries of Council of Governor meetings are reported to the Board of Directors
- The 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 Chair to ensure that the two bodies cooperate effectively
- 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 Chair.
- Governor Open Forum meetings for all Governors with Non-Executive Directors in attendance.

Governors' attendance at Council of Governors' Meetings 2016/2017

Name	Term	Attendance at meetings (actual / possible)
Tower Hamlets		
Roshan Ansari	2015 - 2018	6 out of 8
John Bennett	2016 -2019	4 out of 4
Nicholas Callaghan	2nd term, 2016 - 2019	3 out of 8
Terry Cowley	2nd term, 2015 - 2018	5 out of 8
Gordon Joly	3rd term*, 2015 - 2016	3 out of 4
David Ssembajio	2013 - 2016	2 out of 4
Adrian Thompson	2016 - 2017	3 out of 4
Newham		
Kenneth Agyekum -Kwatiah	2016 - 2019	3 out of 3
Shirley Biro	2015 - 2018	8 out of 8
Ally Khodabocus	2013 - 2016	4 out of 4
Carol Ann Leatherby	2nd term, 2013 - 2016	4 out of 4
Norbert Lieckfeldt	2nd term, 2015 - 2018	8 out of 8
Ernell Diana Watson	2nd term, 2015 - 2018	7 out of 8
Hazel Watson	2016 - 2019	3 out of 4
Hackney		
Adenike Abimbola Agunbiade	2016 - 2019	0 out of 4
Susan Collinson	2015 – May 2016	1 out of 1
Gohar Ghouse	2015 - 2018	7 out of 8
Zara Hosany	2nd term, 2016 - 2019	8 out of 8
Alexander Kuye	2015 - 2018	1 out of 8
Susan Wengrower	2016 - February 2017	1 out of 3
City of London		
Gerald Hine	2nd term, 2013 - 2016	4 out of 4
Damien Vaugh	2016 - 2019	2 out of 3
Rest of England		
Kemi Rosiji	2015 - 2018	8 out of 8
Luton		
Blessing Mamvura	2015 - 2018	1 out of 8
Mary Phillips	2015 - 2018	7 out of 8
Keith Williams	2015 - 2018	8 out of 8
Bedford		
Paul Feary	2016 - 2019	4 out of 4
Rubina Shaikh	2015 - 2018	8 out of 8
Central Bedfordshire		
Steven Codling	2016 - 2019	3 out of 4
Rosemary Eggleton	2016 - 2019	3 out of 4
Larry Smith	2015 - 2018	5 out of 8

Name	Term	Attendance at meetings (actual / possible)
Jim Thakoordin	2015 – August 2016	2 out of 3
Erika Thomas (maternity leave)	2016 - 2019	0 out of 4
Staff		
Sam Ali	2014 - 2017	2 out of 8
Nicola Beaumont	2014 – June 2016	2 out of 2
Robin Bonner	2nd term, 2016 - 2019	5 out of 8
Katherine Corbett	2nd term, 2015 - 2018	6 out of 8
Joseph Croft	2016 - 2019	3 out of 4
Maria Eyres	2014 - 2017	8 out of 8
Ferenkeh Jalloh	2013 – May 2016	1 out of 2
Irene Harding	2014 - 2017	6 out of 8
Simon Marsh	2016 - 2018	6 out of 8
Juliet Muzawazi	2016 - 2019	1 out of 4
Olusola Ogbajie	2014 - 2017	8 out of 8
Appointed (9)		
Neil Wilson, Newham Local Authority	Appointed May 2013	6 out of 8
Dhruv Patel – City of London Local Authority	Appointed March 2014	3 out of 8
Susan Fajana – Thomas Hackney Local Authority	Appointed December 2014	3 out of 8
Gary Tubb, Central Bedfordshire Local Authority	Appointed October 2016	3 out of 4
Amy Whitelock Gibbs – Tower Hamlets Local Authority	Appointed September 2015	5 out of 8

*Governor served a staggered term i.e. 2 years, 3 years then 1 year, rather than the standard two 3 year terms.

Governor Expenses

There was a total of £264 (£826 in 2015/16) of expenses claimed for 2016/17 financial year by five governors (out of 40 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 Members	Percentage of total public membership in catchment area*	Population	Target percentage of population in the Trust's catchment area*
Bedford	386	4.00	167,449	10.72
Central Bedford	251	2.67	275,458	17.50
Luton	581	8.40	216,429	13.87
City of London	53	0.5	8,497	0.53
Hackney	1889	19.4	270,346	17.22
Newham	3,130	32.2	335,084	21.30
Tower Hamlets	1,922	19.7	297,015	18.90
Rest of England	1,276			
Out of Trust Areas	9			
Total in catchment	**9,488**		**1,570,278**	
Total including Other Areas	**9,597**			
Staff Membership	**5,400**			
Total Trust Membership	**14,997**			

*The percentage of public members in the Trust's catchment area is determined by excluding members in 'Rest of England and Out of Trust Areas'

The Trust has a public membership base of 9,488 as at 31 March 2017.

Eligibility requirements

The Trust has two main membership groups:

Public
All members of the public aged 12 years or older and living in Bedford, Central Bedfordshire, the City of London, Hackney, Luton, Newham or Tower Hamlets are eligible to become members of the Trust. Residents from the Rest of England 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.

Membership Strategy

ELFT's aim is to ensure that our membership is similar to demographic proportions in 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 2016/17 was on the effective engagement of our current membership and development of active members and to increase youth representation and involvement. The Trust will however continue to focus on membership recruitment in our new constituencies (Bedford, Central Bedfordshire and Luton) and in areas where there is under-representation. 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 regularly and is chaired on a rotation basis by a trust member. Of significance is this group's involvement in the ongoing improvement of these meetings for members and governors. We start each meeting with Governors' Update which gives the governors an opportunity to inform the members about the meetings they attended and issues they raised on their behalf.

Members are also regularly asked to suggest topics they would like updates on. In 2016/17, guest speakers covered a range of topics, including:
- early and quick intervention in psychosis,
- dementia,
- diabetes,
- Recovery College,
- volunteering,
- Governor election briefing
- updates on services in Luton and Bedfordshire
- Peer support workers

Trust members continue to receive the membership newsletter *TRUSTtalk* and regular bulletins about election briefing sessions and consultation events.

The membership team hold a stall at every staff induction to inform colleagues about what it means to have foundation trust status and how they can contribute to better trust governance. Newly recruited Trust volunteers are also encouraged to show their support to the Trust and join as members.

Annual Members' Meeting

Held at the Bishopsgate Institute on 19 September 2016, 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 Navina Evans, 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 2016 were implemented to improve and develop Trust services. Members and governors then participated in one of the following three sessions:

- CQC inspection report,
- Update on Bedfordshire and Luton services, and
- ELFT's Stigma Strategy.

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. More than one hundred members attended the Annual Members Meeting.

Annual Plan Consultation Events and Trust-Wide Annual Plan Meeting

ELFT held five borough events and one Trust-wide Annual Plan Meeting as follows:
- Luton, Thursday 9 February 2017
- Tower Hamlets, Friday 10 February 2017
- Newham, Monday 13 February 2017
- City & Hackney, Friday 24 February 2017
- Bedfordshire, Friday 3 march 2017
- Trust-wide Annual Plan Meeting, Monday 6 March 2017

In total over the six events, 252 members attended these annual consultation events. Key emerging themes have been used to inform the Trust's Annual Plan. Members had the opportunity to meet their governors, speak directly to Borough/Service Directors and pose key questions to senior staff.

Other Membership/Governor Events 2016-2017

ELFT Membership Office organised or attended a number of events between April 2016 and March 2017:
- Working Lunch Meetings for members and governors in all constituencies
- Fresher's Fairs in local colleges to recruit younger members who are under-represented in ELFT membership

- Mental Health Awareness and Wellbeing Events
- Annual Celebration Event for Governors
- Membership Information stalls and presentations at the monthly Trust Staff Inductions
- Governor Open Forum Meetings
- Site visits for Governors
- Research seminars and workshops
- Bangladeshi Mental Health Awareness Day
- World Mental Health Awareness Day
- 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:
Membership Office, 9 Alie Street, London, E1 8DE
Freephone: 0800 032 7297 Email: membership@elft.nhs.uk

Information about staff representatives and public representatives for each local area of the Trust is available on the Trust's 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.

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 Chair 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 2017 are as follows:
- Marie Gabriel, Trust Chair (Committee Chair)
- Zara Hosany, Public Governor, Deputy Chair of the Council of Governors
- Neil Wilson, Appointed Governor
- Norbert Lieckfeldt, Public Governor (from November 2016)
- Keith Williams, Public Governor (from November 2016)
- Katherine Corbett, Staff Governor (from November 2016)

The Senior Independent Director is a non-voting member of the Committee in matters pertaining to Governor standards and a voting member in respect of its duties pertaining to the appointment and re-appointment of the Chair. 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 three times to discuss business. In addition, it received training in Non-Executive Director recruitment and carried out a Non-Executive Director recruitment campaign. The attendance record of meetings for the Committee for the year ended 31 March 2017 is as follows:

Committee member	Role	Attendance at meetings (actual / possible)
Marie Gabriel	Chair	3 out of 3
Zara Hosany	Public Governor, Deputy Chair of Council of Governors	3 out of 3
Neil Wilson	Appointed Governor	3 out of 3
Keith Williams	Public Governor	1 out of 1
Norbert Lieckfeldt	Public Governor	1 out of 1
Katherine Corbett	Staff Governor	1 out of 1
Ferenkeh Jalloh	Staff Governor (until May 2016)	1 out of 1

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 and a strategy for its effective implementation.

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 Operational Plan. 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 13 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. 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 2016/17 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 (Chief Medical Officer), 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.

Political Donations

The Trust made no political donations during 2016/17.

STATEMENT AS TO DISCLOSURE TO AUDITORS

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.

ENHANCED REPORTING ON 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.

The Trust Board considers NHS Improvement'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 was rated as 'Outstanding' by the Care Quality Commission in September 2016 making us the only mental health and community health Trust in London and the East of England to receive such rating.

The Board is therefore assured that its quality governance arrangements are robust and working well in practice.

ACHIEVEMENTS AND IMPROVEMENTS – PATIENT CARE AND STAKEHOLDER RELATIONS

CQC Rating ELFT as 'Outstanding'

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

England to be rated as 'Outstanding'.

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

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

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

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

Awards Galore

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

HSJ Value in Healthcare Awards 2016
Training and Development – Highly Commended
Mental Health – Shortlisted
Community Health Redesign – Shortlisted

BMJ Awards 2016
Education Team of the Year –
Winner

Nursing Times Awards 2016
The Prince of Wales Award
for Integrated Approaches to
Care – Shortlisted

Positive Practice Awards 2016
The London Pathways
Partnership (LPP) – Winner
(Health, the Emergency Services and Criminal Justice category)
Early Intervention – Shortlisted

Royal College of Psychiatrist' Awards 2016
Team of the Year for Child and Adolescents – Newham Child and
Family Consultation Service – Winner
Psychiatric Trainer of the Year – Dr Ian Hall, Consultant Psychiatrist – Winner
Team of the Year – Tower Hamlets Adult Mental Health Inpatient Team – Shortlisted

HSJ Awards 2016
Provider Trust of the Year – Winner
Clinical Research Impact – Shortlisted

NHS Employers 2017
Annual Flu Fighter Award - Shortlisted
(Most improved flu fighter campaign)

Patient Safety Awards 2017
Mental Health Category
Mental Health Street Triage project - Shortlisted

Health Service Journal (HSJ) 2017
Value in Healthcare award

Mental Health Street Triage project – Shortlisted
Medical Unexplained Symptom project - Shortlisted

UK Rail Industry Award 2017
Awarded to KeolisAmey Docklands in partnership
with ELFT
Back on Track project (Corporate Social
Responsibility category)

Trust Psychiatrist Awarded CBE

2017 got off to a good start with the news that
Consultation Psychiatrist Professor Kamladeep

Bhui was awarded a CBE (Commander of the British Empire) in the Queen's New Years' Honours List for services to mental health care and research.

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

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

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

Integrated Care

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

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

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

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

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

We have a team of mental health nurses working as part of locality based multi-disciplinary teams, with consultants, occupational therapists, district nurses and care home staff working in care homes to service users with complex mental and physical health needs. Our psychiatric liaison services have provided a comprehensive mental health and drug and

alcohol service to the Royal London Hospital, delivering a significant reduction in the length of time people with mental health problems stay in hospital.

In City and Hackney, we have worked the GP Confederation, Homerton University Hospital and the London Borough of Hackney to deliver mental health nursing into the One Hackney and City programme, providing coordinated whole person care to people at risk of admission to hospital, and through dementia, talking therapies and CAMHS alliances. We are continuing to work with Hackney partners through the devolution pilot to develop new ways of delivering support through locality based multi-disciplinary teams with streamlined access.

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

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

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

Tower Hamlets Red Bag Scheme

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

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

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

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

Health Minister Commends ELFT for Reducing Length of Hospital Admissions

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

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

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

Research and Innovation

Service Users and Carers in Research Bid

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

Dragon's Den

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

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

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

New CPA Evaluation

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

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

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

Innovations and Service Development

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

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

Breadth of ELFT Research

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

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

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

You can find more information about ELFT research in the Quality Accounts section of the annual report.

Technology

New Care Programme Approach (CPA)

A not-so quiet revolution has taken place across mental health services in the Trust as a new approach to assessing patients, planning their care and working with them towards their recovery was adopted. It is based on the renowned Dialog+ work of Professor Stefan Priebe and its use as an engagement and assessment tool. The new CPA has involved patients and staff from Bedfordshire, Luton and London and is the largest project the Trust has done which has involved - just about everyone. It will engender a more collaborative relationship between patients and staff to gain a better understanding of what areas of

patient's lives they would like to improve and what goals they want to achieve. Templates on the Trust's electronic record system have radically changed to complement the recovery focus of mental health assessments.

Health Information Exchange – Sharing Information

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

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

IT Improvements

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

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

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

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

Arts and Wellbeing in ELFT

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

New Services Join ELFT

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

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

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

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

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

- advice and information for substance users (drug & alcohol) and concerned others
- alcohol detoxification

- healthcare assessments
- testing for HIV, Hepatitis B, C and immunisation
- access to needle exchange
- residential rehabilitation services
- counselling
- support for clients experiencing domestic violence
- onward referral to further support services as required

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

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

Farewell to Two Newham Services

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

A farewell lunch took place for both services to thank them for their contribution to the work of the Trust and to families in Newham.

The Accessible Information Standard

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

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

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

Improving Our Environments

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

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

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

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

Saving Energy

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

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

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

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

Staff Developments

Trainee Mental Health Social Workers

The Trust welcomed eight trainee mental health social workers as part of the Think Ahead programme. The programme is being run in partnership with London Borough of Hackney and Luton Borough Council where the trainees are based.

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

Associate Nurses

The Trust has recruited seven staff who applied to join the new nursing associate programme in Bedfordshire and Luton. They will join colleagues from healthcare partners including Bedford Hospital and Luton & Dunstable Hospital in joining the two year

programme. It will be a work-based university course and run in partnership with the University of Bedfordshire.

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

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

Breaking the Rules

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

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

Suggestions included:

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

Duke of Edinburgh Award Scheme

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

The licence is for Bedfordshire and Luton Mental Health and Wellbeing Services. For the Bronze Award, participants are required to complete an hour of physical activity, an hour learning a new skill and an hour volunteering every week. The six-month programme

finishes with a two-day expedition. Email steve.muggridge@elft.nhs.uk if you would like to get involved.

Focus on Children and Young People

Trust Pilots UK's First Digital Personal Child Health Record

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

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

Launch of Bedfordshire Schools Programme by CAMHS

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

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

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

FREE Parents' Guide to Child Health

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

Emergency Asthma Inhaler Scheme for Schools

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

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

Hard Hitting Self Harm Film

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

Supporting Families in City and Hackney

The Hackney CAMHS team ran a non-violence resistant (NVR) programme to help parents and carers manage violence and harmful behaviours in adolescents. The sessions aimed to restore individual strength and self-respect of parents and promote caring and respectful relationships in the family and wider communities. The programme ran for a period of 12 sessions with nine parents graduating from the course. The attendees learnt to use psychological therapies methods to manage conflicts and improve their confidence and reclaimed their skills. Since then, the parents have arranged to set up an informal parenting group for continued support.

Newham Skype Pilot Increases Young People's Clinic Attendance

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

Tower Hamlets Conduct Disorder Pathway and Schools Project

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

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

Young People Help Peers

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

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

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

Community Eating Disorder Service for Children and Young People

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

For further information, email: elt-tr.ELCEDS-CYP@nhs.net or visit: http://camhs.elft.nhs.uk/

Improving Health

Getting Serious About Smoking Cessation

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

If a member of staff asks you to stop smoking, they're just doing their job.

Smoking is not permitted on any ELFT premises including gardens, parking areas and storage areas. Please support us in trying to improve the health of those in our care.

If you are a patient, please speak to a staff member about nicotine replacement therapy.

Ask us about local support to stop smoking.

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

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

Inpatient GP Services

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

Using Mindfulness to Prevent Gambling

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

Early Intervention Services Available to All Age Groups

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

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

Bedfordshire Mental Health Street Triage

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

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

Promoting Talking Therapies

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

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

Dementia Development Programme

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

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

Luton CMHTS Working Closer with Patient's GPs

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

Annual Sickle Cell/Thalassaemia Conference

Over 280 people attended the 6th Annual Sickle Cell Conference on 12 November at East Ham Town Hall. The Rt Hon. Stephen Timms, MP for East Ham in Newham dropped in to say a few words to the audience alongside a range of specialist speakers from the local

health trusts, the De Montfort University, the Sickle Cell Society and the UK Thalassaemia Society. The conference attracts people from outside of the borough who want to hear more about cutting edge developments in this field.

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

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

Recovery

Mental Health Academy and Recovery College for Bedfordshire and Luton

A new Mental Health Academy and Recovery College for Bedfordshire and Luton launched in the summer of 2016 at the University of Bedfordshire, in partnership with the Trust. Free Recovery College courses run from locations across Bedfordshire and Luton promoting wellbeing and offering relevant, real-life help and support for all. Courses are delivered in collaboration with service users, University staff, students and Trust staff. The easiest way to enrol is via email: RecoveryCollege@elft.nhs.uk or call: 01582 709012/ 07748660070

Tower Hamlets Recovery College

In Tower Hamlets, Recovery College courses are available for people who have used mental health recovery services, their carers and families, and staff working in the borough from the NHS and voluntary sector. The college brings an educational and collaborative approach to mental health services. Courses are planned and delivered by people with lived experience of mental health (peer tutors) together with people who work in mental health. Classes include life coping for carers, Psychological First Aid, understanding mental health, confidence and communication skills. For more information, email: robert.pickard@elft.nhs.uk or call: 0207 426 2450/07908 459 239

FX Recovery College in Forensic Services

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

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

Helping Service Users Get Back to Work

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

In its first year, the team recorded 77 paid employment outcomes. They had been set a target of achieving 60 by the end of March 2017 making them the best performing Trust in the pilot involving six trusts.

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

Changing Lanes

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

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

Discovery Project Celebrates 20th Year of Service

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

Crisis and Recovery Support

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

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

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

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

Changes to Newham's Day Support

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

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

New Community Teams in Newham

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

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

The Assessment and Brief Treatment Team - 020 3288 5100

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

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

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

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

Peer Support Worker Programme

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

The Trust's First EMDR Europe Accredited Consultant

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

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

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

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

People Participation

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

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

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

The Back On Track project (with Docklands Light Railway) won a UK National Rail Award. The initiative has been led and managed by the People Participation team and focuses on

building service user confidence in using local transport for those who have got out of the habit or feel overwhelmed.

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

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

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

Equality and Diversity

Progress on the Trust's equality priorities continued during 2016/17 and the actions contained in the Trust's Equality, Diversity and Human Rights Strategy 2014-2017 were subject to regular and honest appraisal and review by the EDHR Strategy steering group. The Strategy group oversees progress on implementation of the patient focussed and staff priorities; these priorities were developed following extensive consultation with service users, carers, Trust governors and members, local community and voluntary sector organisations and staff.

This system of honest appraisal and review actively helps to push forward our work on equalities by looking at how successful actions have been, do we need to consider alternatives and how can we go beyond our initial expectations and "stretch our goals". Examples include:

- Developing plans to train and use service users, carers and disabled staff to conduct "people led" evaluations of the accessibility of our buildings that goes beyond just technical compliance with disability legislation.

The Trust has implemented the NHS EDS2 system for recording and monitoring our progress on equality and diversity. Our priorities are to improve career progression for BME staff and reduce discrimination.

We also recognise the need to have accessible information on how we are doing around equalities so that we can be held to account. Equality information concerning patients is available to members of the general public and staff in PDF format via the Trust's Website at https://www.elft.nhs.uk/About-Us/Equality-and-Diversity.

The Annual Patient & Staff Equality & Diversity Report for 2016 can be found on the Trust's website under Equality & Diversity. This contains information on equality issues concerning staff and also highlights many of the actions (both big and small) that help embed equality into everything the Trust does on a daily basis and helps build towards our aim: '**To be an exemplar of best practice in advancing equality, diversity and human rights in England by 2018**.'

The Trust has three equality networks 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 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 (LGBT) Equality Index. Working with service users and staff, it has also developed policies. Support and training on Transgender issues following on from a successful LGBT conference

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.

A wide range of projects are helping to actively advance our equality and diversity aims with regard to service delivery. Just a few examples include –

An innovative partnership project between the Trust and Mind in Tower Hamlets and Newham aims to improve both the accessibility and acceptability of talking therapies for Bangladeshi men. By incorporating issues of religion, spirituality and Islamic ideas about mental wellbeing into the programme we are able to:

- Make talking therapies available to Bangladeshi men;
- Provide opportunities for participants to become involved in the promotion of talking therapies and in the delivery of future initiatives to their peers.

A life stories research project has been developed to capture the experience of Black Caribbean and Black African service users in relation to their accessing and experience of accessing mental health services. This is to enable the Trust to better understand the barriers that these communities may face, and will form the basis for more targeted interventions in the coming year.

Specific access to psychological therapies for older people (65+) has been developed in Richmond as part of a Quality Improvement project.

A new initiative has been developed using photo symbols to make information more accessible for people with learning difficulties. A page with details on how to use the symbols has been developed for the intranet.

Across the Trust there are many similar projects (large and small) that are all helping us to improve the service we deliver and promote equality and diversity.

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.

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.
- Provide opportunities for people to develop as individuals

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 priorities are:

Trust Wide Working Together Group Awayday Priorities for 2017/18

1. Increasing the availability of Peer Support Workers across all settings.

2. Continuing the culture/process change for a true recovery focused service.

3. Carers Mentoring Programme- training existing carers to support new carers in their roles.

4. Training and process update on the identification of new carers (in particular young carers across all services).

5. Increasing service user and carer options to link to community (employment, activities, education etc) as part of care planning.

6. More emphasis on physical health in relation to mental health. Not just measuring and monitoring but offering practical options.

7. Continue and increase work to challenge stigma.

8. To make transitions between services more effective, informed and fluid (eg CAMHS to MH adult)

9. Ward Rounds- Make them useful for the service user, People still feel not listened to, never enough time, they are still not user friendly.

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 2016/17 this included training around running effective meetings, Quality Improvement, 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 inpatient service user standards audit (SULSA)
- Working on the Trust Information Management and Technology (IM and T) Strategy to guide the development of new ways of accessing information and communication.
- Increasing service user and carer involvement in Quality Improvement projects
- 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 which has now been rolled out in Luton
- 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 to evaluate Peer Support;
- Expanded service user and carer involvement in recruitment interviewing for key posts;
- 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.
- Have developed links with local universities to increase the opportunity for people with lived experience to raise awareness.

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. This Project Board has now been disseminated to each directorate for local ownership. This strategy is now being reviewed and updated for 2017-20.

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 Team's 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 Volunteer Coordinator sits underneath the Head of People Participation as well.

VOLUNTEER REPORT

The Volunteer Programme continues to move forward with further interest and an increase in the number of volunteers taking part. Over 1000 individual volunteers have been active at some point in the in the past year, undertaking 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 our region of operation 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 communities that we serve. We are also gaining volunteers from groups that nationally do not figure highly in volunteering; in particular 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 therefore essential that we provide a wider range of volunteering opportunities across the Trust which will give more choice for those who are interested.

To this end, 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. Areas that we are seeking to extend into in the coming year will involve more volunteering activities with East London CAMHS and in Luton & Bedfordshire.

A major event this year has been the extension of Trust activities to Luton and Bedfordshire – this has meant a considerable increase in workload in order to ensure that Luton, Bedfordshire and East London can begin to operate under a cohesive system that still recognises the differences between service areas. The groundwork has been laid and we are well on the way to achieving this goal.

The recommendations contained in of Kate Lampard's report into the activities of Jimmy Savile has also meant an increase in workload, as the Trust has striven to ensure these recommendations are implemented as quickly as possible. Inevitably the recommendations centred around volunteering activities and the need to safeguard our service users from potential abuse. Fortunately, most of the proposed safeguards were either already in operation or could be quickly implemented in most areas.

Our 3 day compulsory training programme has been well received by the volunteers. 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 undertakes. The commitment of the volunteers continues to surprise teams and the experience volunteers gain have helped many of them with continuing 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 ann.lacey@elft.nhs.uk

REMUNERATION REPORT

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

Trust Board Appointments and Remuneration Sub-Committee

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

Annual Statement on Remuneration

Executive Directors' salaries are decided by the Appointments and Remuneration Committee taking into account the requirements of the role, benchmarking information, individual and Trust performance, and the financial circumstances relating to the Trust performance and those relating to the Trust as a whole. Individual performance bonuses are not paid to Executive Directors. No individual is involved in any discussion or decision regarding their own pay level.

Very Senior Manager (VSM) pay is used in the Trust to reward Executive Directors. This enables pay at higher rates than Agenda for Change pay rates and is the most common reward mechanism for senior staff in the NHS. An incremental scale for executive director posts on VSM was introduced in 2014/2015 as a more structured way of determining executive director pay, provide an incremental scale in line with other NHS reward schemes and simplify decision making on level of reward. Incremental advancement along the scale is dependent on the Committee being satisfied with executive director's performance based on the annual evaluation report submitted by the Chief Executive.

In 2016/2017 the Appointments and Remuneration Committee decided to award incremental advancement for Executive Directors paid on Very Senior Manager pay and award a cost of living rise of 1% to be applied to the salary scale.

Senior Managers' Remuneration Policy

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

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

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

Additional annual leave as an alternative to salary increase is available as part of the overall reward package for executive directors and is designed to support the strategic objective of ensuring our staff are engaged and empowered to deliver the highest quality of service. It

recognises that non-financial reward provides an important mechanism to recognise performance.

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

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

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

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

There are no other future policy decisions on pay planned.

Non-Executive Directors

Remuneration for Non-Executive Directors	Other fees payable
£ 15150 -17675 per annum	No other fees are payable to Non-Executive Directors

Service contracts obligations

Policy on payment for loss of office

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

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

Salaries and Allowances

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

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

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

Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust

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

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

Annual Report on Remuneration

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

Name	Executive Director Post	Date of Appointment	Notice period
Dr Navina Evans	Chief Executive	1 August 2016	6 months
Paul Calaminus	Chief Operating Officer	1 March 2017	3 months
Steven Course	Chief Financial Officer	1 June 2015	3 months
Mason Fitzgerald	Director of Corporate Affairs	1 February 2014	3 months
Jonathan Warren	Chief Nurse/Deputy CEO	1 August 2010	3 months
Dr Kevin Cleary	Chief Medical Officer	1 June 2011	3 months
Dr Mohit Venkataram	Director of Commercial Development and Performance	1 November 2016	3 months

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

Director Expenses

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

Signed:
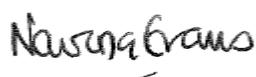
Navina Evans

Dr Navina Evans
Chief Executive Officer

STAFF REPORT

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 recognises the link between high quality staff experience and the impact on patient care and is committed to ensuring that every member of staff is valued and able to contribute to the best of their ability. The Trust's Workforce Strategy reflects this commitment.

The Workforce Strategy will support the Trust's 3 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;
- Developing 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;
- Ensuring that the leadership of ELFT is recruited, trained and evaluated against behaviours that support collective leadership;
- 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 below comparator Trusts. The focus remains on managing internal talent and building a recruitment pipeline for the medium and long term. Over the past year specific recruitment campaigns focussed on community mental health nurses and district nurses have been delivered Regular open days for recruitment have been introduced where prospective candidates can find out more about working for ELFT.

All applicants who declare a disability and meet relevant aspects of the person specification for the role are guaranteed to be shortlisted for interview.

The Trust continued to offer a programme of development programmes such as the Band 6 Apprentice Programme for nurses. The Trust is a pilot sire for the nursing associate role and the first cohort are in place 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.

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 supported by a dedicated redeployment advisor

Significant transformative change has continued   in Luton and Bedfordshire to engage staff, enable them to develop in their roles and introduce new ways of working to improve the patient experience.

Tower Hamlets has been awarded Vanguard status which has enabled significant care pathway and workforce redesign. This includes development of competencies, behaviours and attitudes that support the delivery of integrated care.

2016 NHS Staff Survey

A summary of key findings from the 2016 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 fourth Annual Staff Award, attended by over 800 people. It showcased excellent delivery of care which helped inspire others. Categories were:

Employee of the Year Award
Leadership Award
Team of the Year Award
Improvement to Quality of Service Award
Service User Award
Equality, Diversity & Inclusion Award
Support Services Award
Unsung Hero(es) Award
Chief Executive Award
Chair Award
Commissioners 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 CQUINs and 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;
- Delivered wellbeing sessions available to all staff in Luton and Bedfordshire as part of the orientation for staff transferred to ELFT;
- Encouraged uptake of the Cycle to Work Scheme to promote physical activity;
- Continued subsidising of yoga/Pilates classes.
- Staff who become unwell or disabled during the course of their employment are supported through the sickness absence management policy to access training and support and redeployment where appropriate to enable them to continue working.

In addition to the above, the Trust has repeated a health and wellbeing survey to enable it to accurately focus activity on areas that matter most to staff.

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

Learning and Development

The Trust continues to focus on improving self service of the Oracle Learning Management System, which has been introduced in order to support the Trust's blended learning initiatives.

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

- We have undertaken a Trust wide TNA including a focus on statutory and mandatory training to streamline it with the Core Skills Training Framework.
- A Nursing 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.
- We are building upon the blended learning approach with a mixture of content being delivered via OLM, MOOCs, in the classroom. .
- 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.
- 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 key focus of learning and development activity has been developing plans and infrastructure to make most effective use of the apprentice levy.

Equality

The Trust is implementing its 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.

- Ensuring that the data we hold about staff is validated on a regular basis supported by a raising awareness campaign. The Trust will carry out a data validation exercise in 2017/2018.
- The Trust has continued to work with local organisations such as East London Business Alliance (ELBA) as well as initiating new partnerships with organisations such as Bromley-By-Bow Community Centre to work particularly on the Trust apprenticeship scheme to improve the representation of the local workforce in our staff.
- Working in collaboration with ELBA, The Trust organised its second Careers Day event for 40 students from Newham Sixth Form College to encourage them to think about the multitude of different careers available in the NHS.
- In order to recruit from local communities who are underrepresented in our workforce regular Open days are run by the Trust recruitment Team regularly organises Open Days for vacancies in various clinical and admin & clerical areas.
- Since its introduction in 2014, the Trust Apprenticeship Scheme has gone from strength to strength. It attracts applicants from the local area in particular from communities that are under-represented in our workforce. We currently have 29 apprentices in post (20% external and 80% internal) and another 40 due to start in May 2017. Out of the 29 Apprentices currently in post, 18 (62%) are from East London and 10 are from Luton and Bedfordshire (34%).
- The Trust launched its BME Mentorship programme which aims to provide mentorship opportunities to BME staff who are in Band 7 roles but wish to progress further into senior leadership positions. We are now developing the plans to deliver the second cohort of the BME Mentorship initiative as there has been a very positive response to the first cohort.
- The Trust is in the second phase of work as one of 3 pilot sites working with NHS Improvement (Monitor) and the Kings Fund to develop a collective leadership strategy.
- The Trust is introducing a reverse mentoring programme to enhance the understanding of diversity issues within the organisation; encourage frank discussion of diversity related issues and to develop strategies to create a more inclusive work environment.
- Delivered the Trust's first BME Conference in November 2016 with a range of internal and external speakers. The overarching theme of the conference was to discuss about career progression opportunities for BME staff within the organisation. There was productive discussion and feedback and several actions for the BME network and senior team to take forward.
- In order to build leadership capacity amongst staff, there have been several leadership programmes that have been organised in the past few years. Since 2014, we have delivered leadership cohorts tailored to Clinical and also Consultants. Over 79 staff have successfully completed the leadership programmes. The ELFT 2017 Leadership Development Programme is currently underway and this year's programme is open to 35 applicants.

- A Quality Improvement Project that specifically focuses on improving career progression opportunities for BME staff is being delivered with clear and detailed list of change ideas to implement as part of the plan.
- The Trust is currently working with Tavistock NHS Trust to deliver Unconscious Bias training for recruiting managers and managers involved in disciplinary processes.
- The Trust carries out the Stonewall Workplace Equality Index annually. Whilst the Trust's ranking has improved significantly, the aim is to be in the top 100 employers in the country. The Trust has developed an action plan to ensure the experiences of its workforce including LGBT staff are positive. As part of its action plan, the Trust launched the Straight Allies Programme to champion for workplace equality for LGBT staff.
- The 3 main networks, the BME network, Disability network and LGBT networks have continued work on Trust specific priorities. Similar networks are being established in Bedfordshire & Luton.
- Disability network uses the Disability Forum guidelines to implement initiatives to improve the working lives of disabled staff in the organization.
- The 2016 NHS Staff Survey results indicate that the Trust has achieved high engagement scores across the board but in particular BME staff are more engaged as compared to staff from White ethnic backgrounds and also the national average.
- On an annual basis, we deliver the Equality, Diversity and Human Rights Week working collaboratively with the internal communications team, existing networks/ network members and key People Participation Leads to deliver a comprehensive activities plan across the Trust.
- The Trust has also achieved highest scores in 10 key findings including staff feeling satisfied with the resourcing and support, staff recommending the Trust as a place to work or receive treatment and good communication with senior managers.

Partnership working

The Trust enjoys good partnership working with trade unions and staff side representatives through Trust Wide JNC and LNC committees, All organisational change proposals which affect staff are taken for discussion at one of these committees prior to consultation with staff. An annual awayday is also held with Management and Staff side representatives to enable them to raise concerns and plan a series of strategic discussions at JSC to enable joint working on issues likely to affect staff interests.

Analysis of average staff numbers

Note 4.2 Average number of employees (WTE basis)	08K 2016/17 Total Number	08L 2016/17 Permanent Number	08M 2016/17 Other Number	08N 2015/16 Total Number	08O 2015/16 Permanent Number	08P 2015/16 Other Number	Maincode Subcode	Expected Sign
Medical and dental	365	365		363	363		100	+
Ambulance staff	0			0			105	+
Administration and estates	996	996		957	957		110	+
Healthcare assistants and other support staff	0			0			115	+
Nursing, midwifery and health visiting staff	2,280	2,280		2,288	2,288		120	+
Nursing, midwifery and health visiting learners	0			0			125	+
Scientific, therapeutic and technical staff	998	998		939	939		130	+
Healthcare science staff	0			0			131	+
Social care staff	0			0			135	+
Agency and contract staff	225		225	443		443	140	+
Bank staff	481		481	585		585	142	+
Other	5	5		4	4		145	+
Total average numbers	5,349	4,643	706	5,579	4,551	1,028	150	+
Of which								
Number of employees (WTE) engaged on capital projects	0			0			160	+

Note 4.3 Early retirements due to ill health	08S 2016/17 £000	08T 2016/17 Number	08U 2015/16 £000	08V 2015/16 Number	Maincode Subcode	Expected Sign
No of early retirements on the grounds of ill-health		4		8	100	+
Value of early retirements on the grounds of ill-health	288		400		105	+

	08WA	08WB	Maincode	Expected

Table 4A Staff sickness absence	2016/17 Number	2015/16 Number	Subcode	Sign
Total days lost	42,026	38,408	320	+
Total staff years	4,643	4,278	330	+
Average working days lost (per WTE)	**9**	**9**	**340**	**+**

Category	Staff 2016/17 (WTE)	%
Age		
17-25	327.95	6.98%
26-35	1220.87	25.99%
36-45	1228.50	26.15%
46-55	1291.93	27.50%
56-65	585.43	12.46%
66-75	41.95	0.89%
76-85	1.65	0.04%
Ethnicity		
Any Other Ethnic Group	68.88	1.47%
Asian	727.39	15.48%
Black	1385.15	29.48%
Chinese	19.10	0.41%
Mixed	191.80	4.08%
Not Stated	104.65	2.23%
White	2201.30	46.85%
Gender		
Female	3280.52	69.82%
Male	1417.75	30.18%
Trans-Gender	0	0
Disabled		
No	3397.16	72.31%
Not Declared	1086.37	23.12%
Yes	214.75	4.57%
Religious Belief		
Atheism	727.7	15.49%
Buddhism	42.1	0.90%
Christianity	1985.1	42.25%
Hinduism	139.3	2.96%
I do not wish to disclose my religion/belief	1089.3	23.18%
Islam	420.5	8.95%
Jainism	3.0	0.06%
Judaism	39.0	0.83%
Other	201.0	4.28%
Sikhism	51.2	1.09%

Senior Managers	Female	Male
Band 8a	305	110
Band 8b	91	46
Band 8c	50	28
Band 8d	14	14
Band 9	8	7
Director	2	6
Total	**317**	**166**

Going Forward:

In 2017/18 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;
- Develop the skills, behaviours and mind sets to work across organisational boundaries for the benefit of service users and patients
- 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 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.

STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

The NHS Foundation Trust Code of Governance was published by NHS Improvement 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. A newer version of the UK Code was published in April 2016.

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:
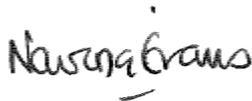
Dr Navina Evans
Chief Executive Officer

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.

NHS IMPROVEMENT'S SINGLE OVERSIGHT FRAMEWORK

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Comparative information relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

Segmentation

The Trust has been placed in Segment 2 under the Single oversight Framework. The Trust has scored well on all metrics other than the Finance and use of resources rating. This particular metric in isolation is a 3 on account of the fact the Trust did not meet its control total of £11.7m surplus in 2016/17. Whilst the Trust is financially sustainable and remains in surplus, the distance from control total has prevented being placed in segment 1.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016/17 Q3 score	2016/17 Q4 score
Financial sustainability	Capital service capacity	2	2
	Liquidity	1	1
Financial efficiency	I & E margin	1	1
Financial controls	Distance from financial plan	4	4
	Agency spend	2	3
Overall scoring		3	3

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 NHS Improvement.

Under the NHS Act 2006, NHS Improvement 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 NHS Improvement, 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 NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Navina Evans

Dr Navina Evans
Chief Executive Officer

ANNUAL GOVERNANCE STATEMENT 2016/17

Scope of responsibility

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

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

The purpose of the system of internal control

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

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

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

3.   Capacity to handle risk

The Trust has a Risk Management Strategy and operational policies approved by the Trust Board. Leadership is given to the risk management process through a number of measures, including designation of Executive and Non-Executive Directors to key committees within the Trust's Healthcare Governance Framework structure.

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

The Director of Corporate Affairs has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Assistant Director of Assurance, who leads and manages the Trust's Assurance Department. All directors have responsibility to identify and manage risk within their specific areas of control, in line with the

management and accountability arrangements in the Trust. Directorates have identified leads for risk management.

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

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

4.   The risk and control framework

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

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents.   These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board on a quarterly basis, and red rated risks are reported to each meeting.

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

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

Directorates are responsible for maintaining their own risk registers, which feed into the Trust's corporate risk register. The local risk registers are reviewed at Directorate

performance meetings that are held on a quarterly basis. The Assurance Department receives risk registers from Directorates, as well as copies of committee and sub-group meetings throughout the Trust. Directorate representatives attend key committees of the healthcare governance framework, ensuring formal channels of reporting, wide staff involvement, and sharing of learning. The implementation of incident and other risk related policies and procedures throughout the organisation ensure the involvement of all staff in risk management activity.

During 2016/17 our focus remained on the Luton and Bedfordshire integration risks and controls which was one of our priority areas. The Quality Assurance Committee and the Board received updates at every meeting.

Involvement of public stakeholders
Risks to public stakeholders are managed through formal review processes with the Independent Regulator (NHS Improvement) and the local commissioners through joint actions on specific issues such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health & Overview Scrutiny Committees. The Council of Governors represents the interests of members and has a role to hold the Board of Directors to account for the performance of the Trust.

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

The Trust underwent a two-week announced inspection by the CQC in June 2016 and was rated Outstanding.

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

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

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

Foundation Trust governance
As an NHS Foundation Trust, the Trust is required by its licence to apply relevant principles, systems and standards of good corporate governance. In order to discharge this responsibility, the Trust has a clear and effective board and committee structure, which is regularly reviewed. Responsibilities of the board and committees are set out in formal terms of reference, and responsibilities of directors and staff are set out in job descriptions. There are clear reporting lines and accountabilities throughout the organisation.

The Board receives regular reports that allow it to assess compliance with the Trust's licence, i.e. the Board receives monthly finance reports and quarterly performance &

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

As part of its submission of the 2016/17 Operational Plan, the Trust submitted to NHS Improvement a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above, and through regular review of governance developments as part of the Board development programme.

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

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

Performance review meetings assess each directorate's performance across a full range of financial and quality metrics which, in turn, forms the basis of the monthly performance and compliance report to the Service Delivery Board.

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

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

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

Information Governance
Risks to information including data security are managed and controlled by the Trust in a robust way. The Trust has a nominated Caldicott Guardian (Chief Medical Officer), who is also the executive director lead for Information Governance, and is supported by key staff within the Information Management & Technology Directorate and directorate leads. Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Trust Board receives reports on compliance with the Information Governance Toolkit.

There was one information governance incident during 2016/17, which was also included in our 2015/16 statement because it occurred in the beginning of April 2016. Learning was shared across the Trust to ensure it will not re-occur.

6.   Annual Quality Report

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

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

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2017/18, and performance against quality indicators for 2016/17. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

The Trust has a Quality Strategy which has been approved by the Trust Board. The quality priorities for 2017/18 have been developed in conjunction with senior clinicians and managers, the Council of Governors and user groups. They form part of the Trust's operational plan for 2017/18 which has been prepared in line with NHS Improvement requirements, and agreed by the Trust Board.

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

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

7.   Review of effectiveness

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

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

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

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2016/17 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

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

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

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

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

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

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

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

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

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

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

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

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

Internal Control Issues

During 2016/17, the Trust's Internal Auditors have not given any 'no assurance' reports. They issued four reports where they provided 'partial assurance' over the design and application of the controls in place to manage the identified risks:

- *Temporary Staffing* – Following up on the previous financial year's red rated report, a further audit was carried out in August 2016. An action plan was put in place. In addition, a Quality Improvement project led by the Chief Financial Officer in conjunction with HR and nursing leads was initiated to reduce agency spend. The two high priority management actions identified were: a) that agency workers could be used even if bank staff were available because the requesting officers did not always made it clear to the central HR team that bank staff should be given priority over agency staff and b) some units in the Trust did not utilise the HR Central Booking team for obtaining temporary staffing cover but contacted Recruitment Agencies directly for the supply of agency staff. Also, some Bank shifts were not requested via Healthroster so the internal auditors were unable to test the authorisation process as booking forms were not used. It was noted that bank staff were contacted directly via telephone call, text message or emails but records for these are not maintained making the audit trail very difficult.

- *Medical Job Planning*- The audit identified that job plans were not always updated on an annual basis, they were not always evidenced as approved by a more senior staff member and they did not always contain consultant objectives. In addition, at the time of review there was no approved Medical Job Planning policy in place.

- *Data Quality - G3 & G4 Pressure Ulcers – Community Heath Newham, Face Down Restraint, DNAs -* The audit identified from a sample of indicators tested that incidents were sometimes approved by the Assurance Team rather than being approved by local managers who have responsibility for investigation and validation of the incident reported. Also the outcome of appointments was not always recorded on RiO by clinicians. There were also instances identified where action logs to improve service quality did not always record dates of completion for actions.

- *Board* Assurance *and Risk Management* – This audit provided reasonable assurance for the Board Assurance element of the review and partial assurance over the Corporate and Directorate Risk Registers. For Directorate risk registers, it was

observed that the risk description did not take the cause and consequence approach; furthermore, controls had not been clearly identified. It was further identified that some of the Directorate risk registers were not sufficiently reviewed at the monthly Divisional Management Team meetings and the quarterly Quality Review Meetings.

In relation to the findings of the audit on temporary staffing, all management actions were followed up closely and further intensified efforts were put in place, including weekly meetings with relevant areas.

In relation to the findings of the audit on Medical Job Planning, all management actions have been implemented.

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

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

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

- *Failure to transform district nursing services in order to meet the needs of the local health services and wider community.*
- *The Trust may not maintain financial viability if: a) The short-term impact and potential lack of achievability of CRES requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as STF funding*
- *The Trust may not maintain financial viability if: b) The long term impact and potential lack of achievability of CRES requirements over the next 5 years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.*

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

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

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

- The Trust to continue putting appropriate controls in place to ensure financial viability.
- The Trust to review, embed and monitor controls in Tower Hamlets Community Services.

- The Trust to clarify the governance arrangements around the Sustainability and Transformation Plans (STPs).

8. Conclusion

The Trust has an adequate and effective system of internal control, and the specific internal control issues detailed above are being addressed through robust action plans.

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

Signed:

Navina Evans

Chief Executive Officer

Date: 30th May 2017

QUALITY REPORT
2016/17

Contents

If you require any further information about the 2016/17 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000 or email webadmin@elft.nhs.uk

Awards & Achievements 2016/17

The Trust is proud of the achievements made over the last year, here are some of the most significant:

HSJ Awards 2016
Provider Trust of the Year – winner
Clinical Research Impact – Shortlisted

HSJ Value in Healthcare Awards 2016
Training and Development – Highly Commended
Mental Health – Shortlisted
Community Health Redesign – Shortlisted

BMJ Awards 2016
Education Team of the Year – Winner
Nursing Times Awards 2016
The Prince of Wales Award for Integrated Approaches to Care – Shortlisted

Positive Practice Awards 2016
The London Pathways Partnership (LPP) – Winner
(Health, the Emergency Services and Criminal Justice category)
Early Intervention – Shortlisted

Royal College of Psychiatrist' Awards 2016
Team of the Year for Child and Adolescents – Newham Child and
Family Consultation Service – Winner
Psychiatric Trainer of the Year – Dr Ian Hall, Consultant Psychiatrist – Winner
Team of the Year – Tower Hamlets Adult Mental Health Inpatient Team – Shortlisted

NHS Employers 2017
Annual Flu Fighter Award – Shortlisted
(Most improved flu fighter campaign)

Patient Safety Awards 2017
Mental Health Category
Mental Health Street Triage project - Shortlisted

Health Service Journal (HSJ) 2017
Value in Healthcare award
Mental Health Street Triage project – Shortlisted
Medical Unexplained Symptom project – Shortlisted

UK Rail Industry Award 2017
Back on Track project (Corporate Social Responsibility category)
Awarded to KeolisAmey Docklands in partnership with ELFT

Executive Summary

The Quality Accounts Report is 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, putting our service users and staff at the heart of all we do.

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. This document demonstrates both our ongoing commitment, and the progress we are making towards this challenging goal.

The report is in three parts. Part 1 contains the statements from the Chief executive and the Medical Director. Part 2 sets out progress against our quality priorities for 2016/17 and looks ahead to 2017/18 and sets out the Trust's 'Priorities for Improvement'.

Part 3 of the report provides a review of quality performance in 2016/17. 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 Navina Evans, Chief Executive

2016-17 will go down in memory as an exceptional year in the history of the Trust. Attaining a CQC 'Outstanding' rating has made us so proud and is recognition of the consistent attention to detail of staff to provide healthcare that is thoughtful and effective, and truly supports people in their recovery.

The work of the Trust in improving the quality of the care we provide was further recognised by a number of awards we have received in the last 12 months most notably, the HSJ's Provider Trust of the Year.

Providing good quality services is only possible if you have a supported and motivated workforce, so we were pleased that our Staff Survey scores were again in the top five for the fourth year running. Thank you to all staff who took the time to share their views. This is a vital tool for us to understand staff experiences at work and to help us improve.

The overall results are very positive and feedback from suggests that we have improved on a significant number of key areas. The results also raised some areas where we need to continue to improve. Our staff engagement is high at 3.95 out of 5.0, this is well above the national average which is 3.80 for similar Trusts.

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

As well as our quality improvement programme, we have succeeded in meeting key local and national standards and Commissioning for Quality and Innovation (CQUIN) standards. I want to thank staff for their tremendous efforts this year which has seen the Trust hit green on all our key performance indicators.

In 2017/18, we will be building on the progress made in integrating services in Bedfordshire and Luton into the organisation. We have enhanced clinical leadership and introduced new systems and processes to support clinical practice and provide staff with the tools they need to provide high standard care.

Going forward, we will be working more closely with partner organisations both at a local level within our local boroughs and regions, and on a broader scale within two Sustainability and Transformation Plan areas in London and Bedfordshire. This represents another opportunity to share our learning with others, learn from partners and look at quality measures to ensure we make the best use of our joint resources to the satisfaction of patients and their families. In particular, with the addition of our new community health service workforce in Tower Hamlets, we will be looking at new ways of working in a community setting and new models of care.

The last 12 months have been a remarkable period for the Trust. We need to work together now to ensure that we stay focused and continue to deliver sustained high quality care to every patient who needs our input, their families and our communities.

1.2 Statement on Quality from Dr Kevin Cleary, Chief Medical Officer

2016/17 has proved to be another exciting year for us as an organisation. The continued work to transform services in Luton and Bedfordshire, to meet the needs of the local population, has entered year two, with tangible success. Our work around quality improvement continues apace, and we continue to work closely with our partners the IHI; and look to share, and seek out, ideas and innovation nationally and internationally.

We have received an outstanding rating from the Care Quality Commission (one of only two providers of Mental Health services to receive such a rating) and an HSJ Provider of the Year award are this is testament to the tremendous efforts of our staff - do we really need to do anything differently? There is no doubt that we have made some good progress with our quality improvement programme and we have learnt much but there is so much more that we could do. To really do our best we need to be flexible and responsive to our stakeholders and understand the local and national context. We need to get the right balance between quality assurance, improvement and control. Our framework for quality assurance needs to improve and change as we change as an organisation.

Again, as last year, finances have been a constant feature of the discourse about healthcare in England. How can we focus on quality when we have other demands? Well, quality is our organising principle. It is not an add-on, it is what we do every day of the week. If we focus on what is important to our patients, service users and staff then we can provide the highest quality care. We inevitably have targets that we need to meet, for waiting times, physical healthcare for patients with severe mental illness and access times for patients with first episode psychosis to name a few. These are all aspects of quality which are important in their own right. The most important thing for us is that we integrate this work into overall approach to quality and not view these as this year's targets. We need our improvements to be sustainable.

Part 2 – Priorities for Improvement

2.1 ELFT Quality Strategy

East London NHS Foundation Trust has committed to providing the highest quality mental health and community care in England by 2020. This is a demanding goal which requires a focused commitment from us as an organisation on all the components of quality.

Why are we doing this? Our patients, service users and carers deserve the very best care that we can provide for them. High quality care is not an accidental by-product of good intentions. We can only deliver the best care if we nurture our staff and ensure that they are developed and are working in an environment that fosters positive attitudes and a desire to strive to improve.

Our Quality Strategy is the plan we have for providing the highest quality mental health and community care in England for patients by 2020. The strategy reflects our core values.

To deliver the strategy we need to:

- Ensure that every day, for every patient, our staff have quality underpinning every decision.
- Listen to our patients, carers and service users.
- Provide the safest care we can and learn lessons when things go wrong.
- Support our staff to deliver our high standards.
- Attract and retain the best staff and then develop them further.
- Work with our commissioners in a positive relationship, making sure that quality is the number one aim.
- Foster a culture of quality improvement that is an integral part of who we are.
- Maintain our financial viability.

Quality assurance

While we have placed great emphasis on supporting the organisation to develop an improvement focus and culture over the last two years, our success in achieving high levels of care for our service users depends on bringing together our efforts in research, assurance and quality improvement to meet our strategic goals.

Strengthening our programme of quality assurance is particularly important to make sure we continue to meet key local and national standards. This includes ongoing internal inspection, clinical and service-user led audit, using patient experience feedback to drive local improvement, building different ways to support learning from experience and sharing of knowledge, and assuring effective implementation of NICE clinical guidelines.

Quality Control

We have worked hard over the past two years to establish systems of quality control, with our quality and safety dashboard now tracking key measures, and reported regularly to the Trust Board.

2.2 Quality Priorities 2017/18

Quality Improvement context

East London NHS Foundation Trust has a **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, 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

ELFT has made great progress with its work on QI and has developed a national reputation for its work on QI in mental health and community services. This has had a large impact on the developing culture of the organisation and we need to hold the gains that we have made and to use the lessons learnt to develop the programme further and integrate it into operations so that it becomes work as usual.

Current Quality Improvement Priorities

Teams have freedom to work on issues of quality that matter most to the staff in the team, the service users and carers that they serve, and the local priority areas for improvement. This facet of the programme is unusual for large-scale improvement programmes, but is critical to engaging staff and making QI feel relevant and meaningful.

The current four Trust-wide priority areas of QI work have been determined by this dual process of identifying common themes emerging from the frontline projects and identifying issues of strategic importance for the Trust.

The priority areas are approved by the Board on an annual basis.

Progress against this year's key priorities (2016/17)

1.   Scaling up and spreading the violence reduction work across other directorates

The violence reduction collaboratives continue to operate in City and Hackney and Newham. City and Hackney are observing an 84% reduction in violence across 5 wards whilst Newham have observed an initial reduction of 79%.

A forensics violence reduction collaborative is now operating in Forensics. A formal dashboard is now live and meetings have commenced.

2.   Re-energising the pressure ulcer work with more direct care staff involvement

Overall we continue to observe a 12% reduction in the number of grade 3-4 pressure ulcers since the QI project began in 2014. However, we are now observing increased variation in the number of reported grade 2 pressure ulcers since June 2016. The EPCT management team are currently investigating potential causes for this.

Grade 2 Pressure ulcers - C Chart

In addition to making clinical RAG rating meetings reliable, current work in the EPCT is focused on 3 areas. The first of these is retention of staff, which is seen to be a critical driver in pressure ulcer prevention and is now a QI project in its own right. The second of these areas is bringing Waterlow assessment completion rates back under control. Reliability of this process is now improving and currently stands at 92%. The third area is proactively working with patients with a high risk of recurrent pressures. Clinical practice leads will be taking change ideas forward once RAG rating meetings are reliably re-established.

3. **Continuing the access learning system, which has only been in operation since April 2015**

The improving access to services learning system was formed in March 2015. The aim of the learning system has been to bring together quality improvement projects from across the Trust working on:

- Reducing Wait Times - Average days from referral accepted to first face-to-face contact
- Reducing DNA Rates - DNAs before first face-to-face contact / total number of appointments booked (excluding cancellations)
- Increasing New Referrals - Total number of referrals received from external referrers (non-ELFT)

Over the past two years, the teams have tested out a variety of different change ideas with the aim to develop a change bundle that can be shared across the wider Trust.

The teams that are part of the learning system have already achieved some fantastic results. To date in services where we are readily able to aggregated data from our RIO records system, we have seen a 19% reduction in average waiting times despite there being a 26% increase in the number of new referrals. In addition the teams have achieved a 40% reduction in first face to face DNAs.

The data below sets out progress in adult community mental health teams, and forms part of the dashboard for monitoring the progress of the project. Baseline data is reflected by yellow dots/lines, and the impact of the project is shown by the blue dots/lines.

ACCESS TO SERVICES COLLABORATIVE

Average waiting time from referral to 1st face to face appt (Collaborative, 10/13 teams) - X-bar Chart

60.66 53.17 49.42 44.51

No. of referrals received (Collaborative, 10/13 teams) - I Chart

1,021.71 1,213.13 1,284.57

% of 1st face to face appts DNAs (Collaborative, 10/13 teams) - P Chart

31.73% 24.38% 23.52% 20.33%

2 new teams join collaborative

3 teams leave collaborative

New DNA operational definition

April 2017

IMPROVEMENTS SO FAR

		Community Mental Health Teams (CMHTs)		Psychological Therapy Service (PTS)			Other			
		City & Hackney	Tower Hamlets	City & Hackney	Tower Hamlets	Newham	Enchanced Primary Care Liason Team Clinic	MSK Physio	Specialist Health Visiting	Sexual and Reproductive Health Clinic
Waiting Times from referral to 1st appointment		↓ 49%	↓ 50%	↓ 23%*	↓ 63%*	↓ 18%	.	.	.	.
No. of referrals received		↑ 129%	↑ 25%	↑ 25%*	↓ 18%	↑ 27%	.	.	.	.
First appointment non-attendance		↓ 36%	↓ 18%	.	↓ 35%*	↓ 50%	.	↓ 43%	↓ 22%	↓ 21%

* = bi-weekly data

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4. **Reducing cardiovascular risk for people with severe mental illness through supporting physical health work across the Trust on health promotion interventions**

The QI team is currently supporting three QI projects within the forensic service that are focusing on reducing cardiovascular risk for their service users. Ludgate, Clissold and Woodbury wards, at Wolfson House Low Secure Forensic Services, are all focusing on increasing physical activity and reducing weight and we are currently thinking about how we build a collaborative around these times to that we can share and maximise learning.

Looking ahead - Strategic Priorities for 2017/18

As part of our transition to a more systematic way of aligning improvement work to strategic priorities, we will be moving towards a small number of strategic Trust-level priorities which will be delivered through rigorously designed and run improvement projects with a greater level of support from the central QI team. Most team-level improvement work will now align with directorate-level priorities, with support coming from local improvement coaches and sponsors.

The five strategic priority areas for the coming year, following consultation with our stakeholders, are proposed to be:

1. Reducing inpatient violence
2. Improving access to community services
3. Improving joy in work
4. Recovery-focused community mental health services
5. Improving value for money

Collaborative learning systems and project boards chaired by an executive director will be set up for each of these areas to provide line of sight with local testing and learning.

Progress will be monitored via our Quality and Safety Dashboard of key metrics, and a regular Quality Report to the Trust Board.

Local directorates are being supported to develop a quality planning cycle which will help identify local quality priority areas, based on the views of service users, carers and staff as well as all available data and intelligence.

2.3 Review of Services

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 (Improving Access to Psychological Therapies service).

In April 2015, the Trust became the mental health provider for Bedfordshire and Luton. In May 2015, we took over the provision of specialist alcohol and drug services in Redbridge (R3) and on 1 September 2015, ELFT became the provider of Bedfordshire specialist addiction service (P2R) providing services to Bedford Borough and Central Bedfordshire

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 to a Bedfordshire and Luton population of 630,000. We provide 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. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental and community health services. The Trust operates from over 100 community and inpatient sites, employs almost 5,500 permanent staff and has an annual income of £349m.

During 2016-2017 the East London NHS Foundation Trust provided and/or sub-contracted 165 relevant health services. ELFT has reviewed all the data available to them on the quality of care in 165 of these relevant health services. The income generated by the relevant health services reviewed in 2016-17 represents 100% of the total income generated from the provision of relevant health services by the East London NHS Foundation Trust for 2016-17.

East London – at the vanguard of integrated care

During 2016/17, the Trust has continued to work with partners to develop more integrated health and care services that place service users and carers at the centre and promotes life as well as health outcomes. across all of the boroughs in which we provide services, we are working with service users and carers, GP's, hospitals, other community and mental health providers, and councils and the voluntary sector to identify how best to organise services around people and communities: joining up primary and secondary care, health and social care, mental and physical health care. We are also working across two Sustainability and Transformation Plan areas, North East London and Bedfordshire Luton and Milton Keynes, both of which have designing and delivering integrated accountable care services as priorities. Whilst each borough is designing services around the specific needs of their populations, there are a number of similar features in the design of new integrated services across boroughs, and as we provide services in a number of boroughs we are working to both ensure we share learning and that mental health is kept at the heart of the thinking.

In Tower Hamlets, moving into its third year as a multi-specialty community provider vanguard, we have worked with the GP Care Group, Barts Health NHS Trust and the Council to deliver the best performance on emergency admissions to acute hospital of all of the vanguards, keeping more people at home more effectively. Our integrated care mental health nurses working as part of locality based multi-disciplinary teams, consultant and occupational therapists working in care homes have provided support to service users with complex mental and physical health needs and to the district and care home nurses supporting them. Our psychiatric liaison services have provided a comprehensive mental health and drug and alcohol service to the Royal London Hospital, delivering a statistically significant reduction in the length of time people with mental health problems stay in hospital over the course of this year.

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

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

In Newham we continue to work with GPs, Barts Health NHS Trust and the Council to deliver high quality community and mental health services for people with complex needs, through improved MDT working with practices and rapid response for people in need of more urgent support in their own home.

Across all of the boroughs in which we work, in response to the context of the STP's, we are beginning to consider how we can develop the contractual infrastructure and financial flows that appropriately incentivise integrated care delivery.

Bedfordshire and Luton – continued service development to meet local needs

Improvements to Inpatient Services

In year 2, we have continued to enhance our in-patient services, now providing single-sex accommodation to all acute in-patient services. A stabilised leadership structure is in place and improved staffing is reducing use of bank and agency staff. Bedfordshire in-patients will no longer be provided in Weller Wing, Bedford, a building identified by the CQC as inappropriate.

By the end of March 2017, we will have closed Townsend Court, a unit for older people with dementia and this will be reopened as an adult acute in-patient service for women. For Bedfordshire and Luton, older people's in-patient services will now be provided at Poplars (functional illness) in Houghton Regis, or Fountains Court (organic/functional illness) in Bedford.

We are consulting on the rehabilitation service based in London Road, Luton, with a proposal to move from a bed based model of Rehabilitation to an enhanced non bed based community support model.

Community Mental Health Services

Transformation of our Community Mental Health Services is well underway. Within Luton the teams have increased to four CMHTs, incorporating the Assertive Outreach Team and Primary Care Link workers bridging the interface between Primary and Secondary care services are established and are being received positively. Similar work has commenced in Bedfordshire. Teams are engaged in developing new ways of working to improve the outcomes for people accessing the service and operational policies and procedures are being reviewed to support the governance of the new services.

Liaison Psychiatry Service Expansion

The Liaison Psychiatry Service at Luton and Dunstable Hospital has been expanded to provide 24-hour care to patients. A 24 hour liaison psychiatry service came into being on 1 November 2015 providing specialist care for patients aged 16 or older. The service now provides a maximum 2 hour waiting time for Urgent referrals and the outcome of the bid to extend the service to achieve Core 24 principles, 1 hour max waiting time is expected shortly.

Integrated care

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

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

Other service developments

A review of the proposed model for Specialist Learning Disability service has been completed and the service now operates through a single point of access, as one specialist team for people in Luton and Bedfordshire.

As part of a pilot we have been providing a Street Triage service with Bedfordshire Police and the Ambulance service. This is currently being reviewed, the hours of operation may be extended as a result of the review and due to the positive feedback so far, it is expected that the model will continue to be delivered next year.

Bedfordshire Academy

The Recovery College was launched in May 2016 and continues to grow, providing a range of workshops/learning opportunities across Bedfordshire and Luton. Links with Bedfordshire University have been established, improving nurse learning experiences and good recruitment opportunities for nurses in our local services.

Break the Stigma Campaign

The Break the Stigma Campaign has made great progress in year 2, reaching into Schools and Colleges as well as working within communities and wider services, as well as receiving extensive media coverage.

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 2016/17, 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 **three** national clinical audits (POMH 7e & 11c and AEIP), and **one** national confidential enquiry (NCISH) were reviewed by the provider in 2016/17. The Trust develops specific action plans for each audit report which are managed and coordinated through either the Quality or Medicines Committees.

During that period the Trust participated in **100%** (four out of four) of national clinical audits and **100%** of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that East London NHS Foundation Trust participated in during 2016/17 are as follows:

Description of National Audit	Submitted to
National Confidential Inquiry (NCISH) 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
Early Intervention in Psychosis Audit (AEIP)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB

	NCEPOD
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	NCEPOD Ground Floor Abbey House 74-76 St John Street London EC1M 4DZ
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Teams	Submissions	Teams	Submissions
POMH 1d & 3d: Prescribing high does and combined antipsychotic *Data collection still underway (March), report due July 2017	38	484	TBC teams still in data cleansing	TBC submissions still in data cleansing
POMH 7e Monitoring of patients prescribed lithium	8	21	829	5182
POMH 11c Prescribing antipsychotic medication for people with dementia	11	185	508	10199
POMH 16a Rapid Tranquillisation *Report due June 2017	7	36	300	2000

The reports of **seventeen** local clinical audits were reviewed by the provider in 2016/17 and East London NHS Foundation Trust intends to implement the recommendations to improve the quality of healthcare provided.

The Trust has a clear process to support learning and improvement from clinical audit:

- Once teams have discussed their audit results, they should complete the audit action tracker. This consists of identifying why gaps in performance are occurring and determining actions to address this. The completion of these plans should be carried out by the relevant team manager.
- Progress against action trackers is reported on a monthly basis and will be discussed at local management meetings. Progress against actions will also be reported by directorate audit leads on a quarterly basis to the Quality Committee.
- Learning from the audit action process will also be shared with relevant committees and across the trust.
- Audit leads should complete the Quarterly Audit summary, which is shared with relevant committees and forms the basis for the Trustwide annual audit report.

Directorate engagement with organisational audit and compliance with this process is reported to and discussed on a quarterly basis at Quality Committee, and reported directly to the executive directors at quarterly Quality reviews with each directorate leadership team.

Audit Priority	Lead Committee	Directorate
CPA and Risk Assessment Audit	Quality Committee / CPA Group	All mental health
Record Keeping Audit	Quality Committee / Health Records Development Group	All
Medication Audits – Controlled Drugs, Prescribing, Administration and Rapid Tranquilisation	Quality Committee / Medicines Committee	All

Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments, and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units
Accessible Information Standard	Quality Committee	All
Restrictive Interventions Audit	Quality Committee	All inpatient units
Mental Health Act (including Consent to Treatment)	Quality Committee / Mental Health Act Committee	All
10 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All
Community Treatment Orders	Quality Committee / Mental Health Act Committee	All community teams

Auditing for Improvement

This year the Quality Outcomes and Experience Team have carried out a major reshaping of the Trust's audit process to create a system that enables maximum focus on improvement by equipping them with quick access to clear data, and a robust system for planning and tracking actions.

Early in the year, the Trust moved to reporting audits entirely by means of time series analysis to enable services to track their progress over time on each standard. In addition, this quarter saw Luton and Bedfordshire become fully aligned to the ELFT audit programme with the launch of their directorate audit and participation in Infection Control and Service User-observed Hand Hygiene audits.

Following this, in Q2, the Trust developed and rolled out a new system for tracking change ideas emerging out of audit findings with the goal of ensuring that the Trust's Clinical Audit programme is built for continuous improvement. Each directorate appointed an audit lead and was given local ownership over an "Audit Action Tracker". Directorates are now responsible for populating and following up actions emerging out of audit findings, and uptake of this process is reported to Trust Quality Committee every quarter.
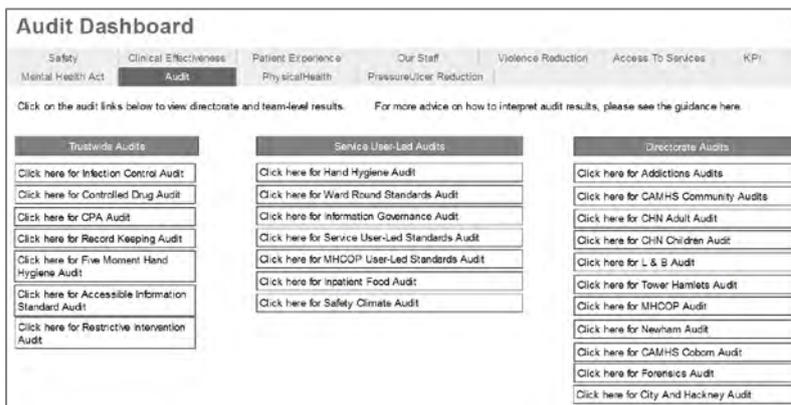
Audit Dashboard

Complementing this, significant work took place to bring audit reporting online into the new "Quality and Performance Dashboards", alongside other data such as patient experience feedback. These represent a significant step forward for transparent audit data at ELFT, providing quicker access to results, displaying all audit standards in time-series charts and offering team-level data for the first time.

In addition to the automation of data, the Quality Outcomes and Experience Team has developed a network of audit leads covering the whole Trust to promote and embed consistent clinical audit practice across the Trust. The main benefit of this effort has been to drive up the number of change actions arising out of audit results and to improve awareness of areas of low compliance. All directorates have participated in change planning based on audit findings this year. This is evidence of increased engagement with clinical audit as a result of the innovations made this year.

To close the loop between smart data and a comprehensive network of audit leads, the Trust has also just introduced "Audit Summary Reports" to provide dedicated feedback to each directorate to inform their discussions about audit. These Summary Reports condense a

Case Study: How ELFT CAMHS use audit to improve services

CAMHS' proactive audit process involves interrogating their data regularly and testing change plans to drive down non-compliance. A team of audit leads meets regularly to plan their response to audit data, linking closely with the central audit team for support around data display, interpretation and action tracking. CAMHS collects audit data via informatics on a monthly basis which allows for more data points and the ability to see changes more quickly.

During the year, CAMHS teams made a number of changes to their processes to improve compliance with standards. They began laminating treatment standards for clinicians, standards were included in induction packs, and caselists were distributed among clinicians with gaps highlighted. Around this time compliance with risk assessment completion began to jump up markedly leading initially to a trend, then a shift in a positive direction.

The drive towards greater compliance with core record keeping standards also revealed some thornier underlying problems which were contributing to lower results. It was felt that these issues would benefit from the more concerted focus of a QI project. For example, the directorate plans QI projects around reducing inactive caseloads and reducing the number of patients with no next appointment.

CAMHS directorates that have now reached a position of strong compliance are continuing to devise change plans to sustain this level. Despite compliance approaching 90%, City & Hackney services introduced a reminder checklist in the new patient folder at the assessment clinic. By maintaining momentum on core standards, CAMHS have sustained the gains they made earlier in the year.

large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.
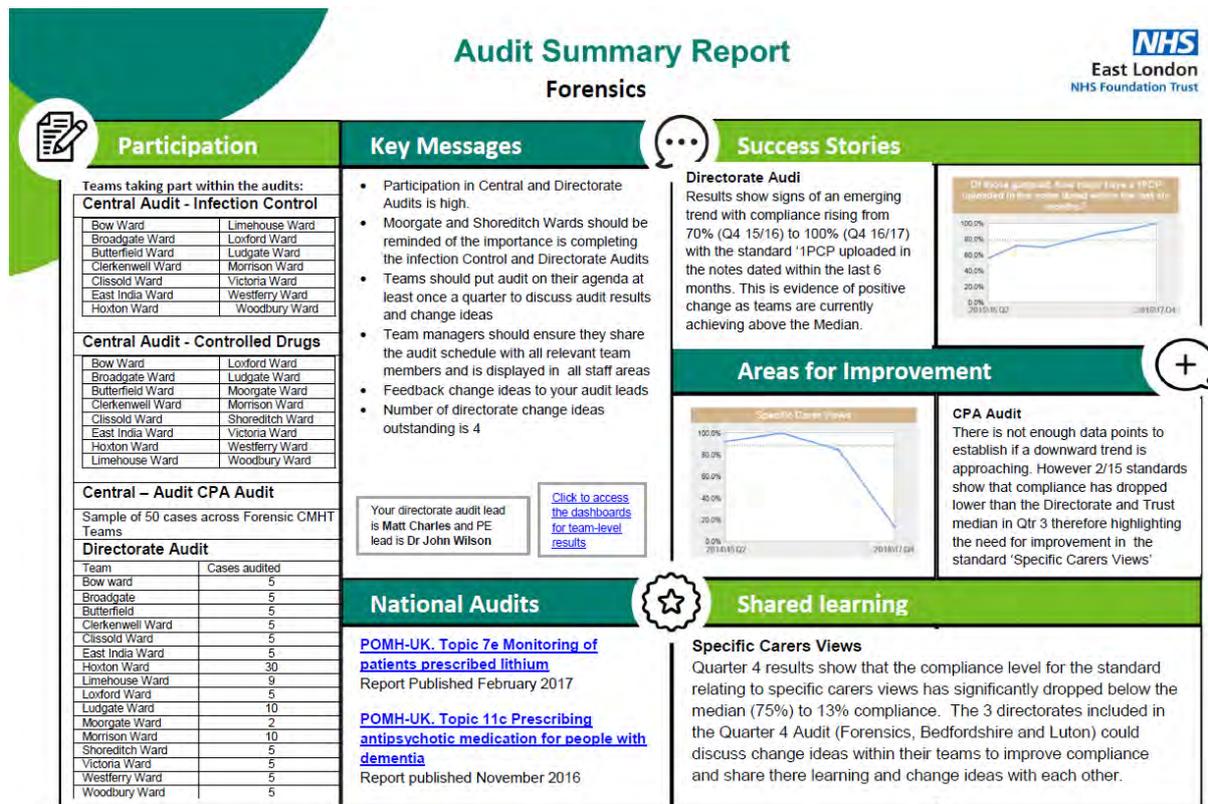
Service Users and Audit

The Trust continues to pioneer service user leadership of clinical audits with its Service User-Led Standards Audit (SULSA) programme. This year a consultation exercise took place across a wide range of Service User groups, carers forums, focus groups to review and revise the Service User-led Audit Standards. New standards were drawn up under the headings of a new "Knowledge and Information" Audit and a "Respect and Understanding" Audit. In quarter 4 these were piloted in City & Hackney, Newham and Tower Hamlets inpatient wards and they will be extended to Luton and Bedfordshire in Q1 2017/18.
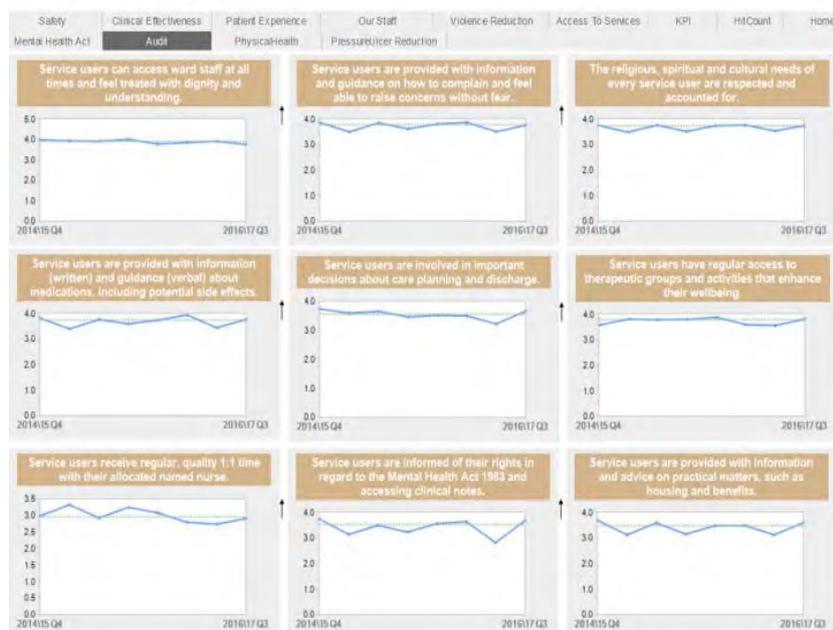
New Service User-Led Standards:

Knowledge and Information

1. Was the information you have about your medication useful?
2. Where did you get your information from?
3. Last time your medication was changed were you able to see the pharmacist about it if you wanted to?
4. Were you given a welcome pack? Was it helpful?
5. Do you know what your rights are?
6. Do you understand your rights?
7. Did you know that you can request to see your medical records?
8. Help maintaining employment
9. Contact with a benefits advisor
10. Contact with an Occupational Therapist
11. Access to the internet

Respect and Understanding

1. How often do you get to have a meaningful conversation with a staff member?
2. Do you feel respected by staff on the ward?
3. Do you feel respected by the other service users?
4. Are your family/carers respected by staff?
5. Do you feel encouraged personally?
6. Do you feel encouraged to engage with your health & wellbeing?
7. Do you find it easy to understand staff?

As well as complementing the clinical audit programme with additional insight about standards on our wards, the SULSA programme also acts as a work readiness programme for the auditors themselves. Auditors are recruited, trained and supervised throughout their time working for the Trust and they report a number of benefits in their own recovery and development as well as making a contribution to improving quality at the Trust. For example, during 2016/17, Bedfordshire and Luton services successfully collaborated with the Recovery College to roll out the Service User-Led Standards Audit and training programme. A number of Service User auditors have since been recruited and audits are now taking place regularly within the adult inpatient wards.

External Accreditations

The Trust has gained national accreditation for the quality of services provided in many wards and teams.

Accreditation scheme	Location	Services Accredited
AIMS AT CCQI — ACCREDITATION FOR ASSESSMENT AND TRIAGE MENTAL HEALTH WARDS	City & Hackney	Gardner Ward
		Ruth Seifert Ward
	Newham	Emerald Ward (Excellent)
		Ruby Ward (Excellent)
		Sapphire Ward (Excellent)
		Topaz Ward
	Tower Hamlets	Brick Lane Ward
		Roman Ward (Excellent)

	Region	Service
CAMHS (Quality Network for Inpatient CAMHS)	East London	Coborn Centre for Child and Adolescent Mental Health
QNLD (Quality Network for Inpatient Learning Disability Services)	Bedfordshire	The Coppice (Excellent)
PERINATAL (Quality Network for Perinatal Mental Health Services)	East London	East London NHS Foundation Trust Perinatal Services
Quality Network for Older Adults Mental Health Services	East London	Columbia Ward (Excellent)
AIMS PICU (Accreditation for Psychiatric Intensive Care Units)	Newham	Crystal PICU
FORENSIC (Quality Network for Forensic Mental Health Services)	East London	John Howard Centre\n\nWolfson House
ACOMHS (Accreditation for Community Mental Health Services)	City & Hackney	South Hackney Recovery Team
CAMHS (Quality Network for Community CAMHS)	City & Hackney	City & Hackney Child and Family Consultation Service
	Newham	Newham CAMHS Community Team
	Tower Hamlets	Tower Hamlets CAMHS Community Team
HTAS (Home Treatment Accreditation Scheme)	City & Hackney	City & Hackney Home Treatment Team
	Tower Hamlets	Tower Hamlets Home Treatment Team
ECTAS (ECT Accreditation Service)	East London	Tower Hamlets Centre for Mental Health

	City & Hackney	City & Hackney Memory Service
	Newham	Newham Diagnostic Memory Clinic
	Tower Hamlets	Tower Hamlets Diagnostic Memory Clinic
	Luton & Bedfordshire	Luton Memory Assessment Clinic Bedford Memory Assessment Service Mid-Bedfordshire Memory Assessment Service South Bedfordshire Memory Clinic
	Newham	Newham Liaison Psychiatry Team
	Tower Hamlets	Tower Hamlets Department of Psychological Medicine (RAID Team)

Following a period of service development and stabilisation Luton and Bedfordshire in-patient wards will be applying for AIMS accreditation during 2017/18.

2.5 Research and Innovation

Fostering a research culture

In 2016 the Service User and Carer Research group developed the first service user led research project and successfully applied for a grant from Queen Mary University, Centre for Public Engagement. The project, called PRIDE, is led by Paul Binfield (People Participation Lead), Domenico Giacco (Researcher from the Unit for Social & Community Psychiatry) and Frank Röhricht (AMD Research & Innovation); it will investigate the impact of people participation work on service user recovery and the project is a unique step forward as the research topic was chosen by service users and the award is utilised to provide training on research methodology to service users, so that they can participate as research assistants.

The HORIZON research scanning advisory group is now well established and new senior clinicians joined the team in 2016.

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

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

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

Following the introduction of the new CPA process and template a group of clinicians is getting involved with a large scale service evaluation that ELFT is about to undertake in partnership with Professor Alan Simpson's team from City University.

Implementation of locally derived research findings into clinical practice

Following the successful implementation of DIALOG as the trust-wide PROM (Patient Reported Outcomes Measure), "DIALOG-plus" (providing all care coordinators with solution-focused therapy skills) has been tested in local QI projects. At the same time a multidisciplinary working group developed a new CPA template and corresponding clinical processes that utilise the evidence based approach of DIALOG+ for service user engagement and care planning as the main building block.

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

Innovations and Service Development

The Arts & Wellbeing Group is now collaborating with a team from Charite University Hospital in Berlin (Psychiatrist and Architect) with a view to initiate innovative service redesign projects for inpatient and community team environments. In May 2017 a joined workshop will be facilitated with the team from Berlin and the staff on Joshua ward in City & Hackney with a view to launch a pilot project.

This is followed by a one-day conference on "Architecture & Mental Health" on Friday 19th May, organised in partnership with the Royal College of Psychiatrists Arts special interest group.

A new working group has started to gather ideas for new models of primary care pathways, aiming to test innovations that integrate mental health care into generic medical primary health care. New ideas will be piloted both in Community Health Newham and the Newham Transitional Practices managed by ELFT.

There are now two projects under way to explore telehealth technologies as opportunities for innovative health care interventions and support systems. A QI project in Tower Hamlets and a research project in Newham are testing innovations in information sharing and gathering as well as recovery care support systems using technology such as the Florence text messaging service.

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

Aligning research and QI strategy, ELFT is now exploring ways to maximise synergies between the two approaches to care quality improvement and service development. See: https://qi.elft.nhs.uk/bringing-research-and-qi-together/

Other

ELFT recently reviewed its processes and policies for different types of data collection. Guidance for clinicians has been developed, outlining the different practical and ethical implications between data collection in the context of audit, service evaluation and research. The guidance and the new Service Evaluation / Development Protocol Template can be accessed through ELFTs website: https://www.elft.nhs.uk/Research/Conducting-Research

A research project developed and implemented by the Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health Services) was shortlisted for the 2016 HSJ Research Impact award: Using Dialog+ to Improve Patient Outcomes in Community Mental Health Services.

The Trust has been shortlisted for the HSJ Value in Healthcare Award, in the category for 'Improving the value of primary care services', in recognition of a research project for a primary care treatment package that aims to meet the unmet health needs of patients with medially unexplained symptoms.

Participation in clinical research

The number of patients receiving relevant health services provided by East London NHS Foundation Trust in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee is in excess of 900.

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

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

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

2.6 Goals Agreed with Commissioners for 2016/17

Use of the CQUIN Payment Framework

£6.68million (1.9%) of East London NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between ELFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. This compares with £6.06million (1.7%) for the 2015/16 period.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available by contacting the Trust Secretary.

These CQUINs were agreed between the Trust and our local Clinical Commissioning Groups (CCGs): Tower Hamlets, City and Hackney, Newham, Luton and Bedfordshire, for delivery of Adult and Older Adult Mental Health Services, Children's Services and Community Health Services in Newham and IAPT in Newham. We also agreed CQUINs for our provision of specialist services, which includes forensic services, mother and baby services and inpatient CAMHS (Tier 4).

The table below summarises the Trust's position on delivery of 2016/17 CQUIN targets. Further details of the agreed goals for 2016/17 are available on request from the Trust Secretary.

Goal #	Goal	Description of Goal	Performance
National CCG Goals			
1a	**Introduction of health and wellbeing initiatives (Option B)**	Implementation of Health and Wellbeing initiatives (as agreed in their signed off plan) and actively promoted these services to staff to encourage uptake of initiatives.	**Achieved***
1b	**Healthy food for NHS staff, visitors and patients**	Providers will be expected to achieve a step-change in the health of the food offered on their premises in 2016/17, including: a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)[1]. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and d. Ensuring that healthy options are available at any point including for those staff working night shifts.	**Achieved**
1c	**Improving the uptake of flu vaccinations for frontline**	75% of frontline health care workers have taken up flu vaccinations	**Achieved***

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[1] The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives. https://www.gov.uk/government/publications/the-nutrient-profiling-model

	clinical staff		Achieved*
2a	**Cardio metabolic assessment and treatment for patients with psychoses**	a. To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams.	**Achieved***
2b	**Communication with General Practitioners**	b. 90% of patients should have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed.	**Achieved***
Goals for East London CCGs (Tower Hamlets, City and Hackney and Newham)			
3a	**Training Mental health staff in smoking cessation**	a. Provider to implement a comprehensive programme of training in smoking cessation for staff so that at least a third of professional staff have been trained in a recognised brief intervention protocol.	**Achieved***
3b	**Recording of patients smoking status**	b. Nicotine smoking status of service users recorded in at least 75% of electronic patient records.	**Achieved**
3c	**Care planning for smoking cessation**	15% of service users who identify themselves as smokers and have accepted an offer of an intervention	**Achieved**
4a	**Complete package of lifestyle care for all initiations of antipsychotics to improve physical health**	Provider to improve the identification of lifestyle care needs of patients and work with existing other providers, for example, in facilitating external providers use of ELFT services.	**Achieved**
5a	**Improve the levels of staff trained to use the Lester Tool**	Improve the levels of staff trained to use the Lester Tool	**Achieved***
6a	**Implement smoke free wards across the trust**	Implement smoke free wards across the trust – Two Year CQUIN	**Achieved**
7a	**Reducing staff smoking**	Assist a reduction of the percentage of staff that smoke	**Achieved***
8a	**Development of Home Treatment Teams – Newham**	Delivery against a programme of metrics agreed in Quarter 1 to support the development of HTT access and core standards.	**Achieved***
9a	**Being organised as part of the THIPP – Tower Hamlets**	Achieving THIPP delivery standards.	**Achieved***
10	**Access and Waiting Time to Early Intervention in Psychosis (City & Hackney)**	Expanding EIS to establish a relevant group programme for those aged over 35.	**Achieved***
Goals for Community Health Services Newham			
N2	**Quality improvement across Adult community services – Falls prevention and Preventing Harm from**	100% of cohort patients who have a multi factorial risk assessment completed	**Achieved***

	Falls for people on the EPCT caseload	50% of harm prevented from falls in house bound patients (defined by admission in Q3 and Q4 to hospital due to a fall) against the baseline	
N3	**Integrated Care – Improving quality of End of Life Care**	• % of patients identified by ELFT as at End of life with a care plan on EMIS • ELFT staff to undertake mortality audit within each cluster with primary care colleagues (minimum 20 patients per cluster) • Each of the 6 nursing homes to have a named EoL lead who attends nursing home monthly MDTs to discuss care for EoL patients home • ELFT EoL co ordinators to support palliative care MDTs in primary care by discussing patients known to the service (may be combined with H&SC MDTs) • ELFT to develop ongoing action plan for EoL care for 2017/18 with CCG	**Achieved***
N4a	**Increasing the uptake and quality of Health Checks provided for people with a Learning Disability in Newham**	• Current take up numbers (Compare previous 2015-16 CEG Quarter) • Update current programmes delivered (Divided into Individual & Groups) • Visibility: Sample of Practices	**Achieved***
N4b	**Increased number of health action plans developed for people with a learning disability who have had an annual health check**	Increase in numbers of those with a Health Action based on on a baseline assessment from 2015/16.	**Achieved***
N5	**Quality improvement across Adult community services – Extended Primary Care Teams- Dressings Clinic Service**	Delivery of dressing clinical service redesign programme, including service specification, training plan, stakeholder engagement.	**Achieved***
Goals for Newham IAPT Service			
	Development of Non GP referral routes and marketing	Development of a marketing and communication programme and delivery of that programme.	**Achieved***
Goals for Luton CCG			
L3	**Adult Community - Therapy Provision in the CRHT (Crisis Resolution Home Team)**	Development and roll out of psychosocial intervention training programme for crisis resolution and home treatment staff.	**Achieved***
L4	**Establishment of Peer Support Network in Luton**	Recruitment, training and commencement of work for 5 peer support workers and identification of future peer support workers.	**Achieved***
L5	**Primary Care Link Consultant Input**	22 practices visited by a MH consultant each quarter and 15 practices to have been visited by a primary care link worker and progress on numbers of meetings with GPs, service review involving stakeholders, patient feedback and GP survey results.	**Achieved***
Goals for Bedfordshire CCG			
3	**Primary Care Mental Health Workers – piloting a step down model from CMHTs**	Delivery of step down clinics in primary care for an identified group of service users	**Achieved***

	to Primary Care		
4	**Improving the quality of referrals to the Memory Assessment Services (MAS) and increasing the ability of primary care to screen people diagnosed with a Mild Cognitive Impairment (MCI) for dementia 12 Part Achieved (Mth 9)months after the or Part Achieved (Mth 9 diginal diagnosis**	Baseline audit and re-audit of quality of referrals to the Memory Assessment Service. Develop referral standards, deliver training. Re-audit the proportion of service users assessed by MAS who have a diagnosis outcome of MCI.	**Achieved***
5	**Support for children who are demonstrating age inappropriate Sexualised behaviour**	Develop a baseline of numbers of children in CAMHS for child sexualized behavior. Identify any gaps in the management of their behavior and recommend treatment options. Provide report on suitable pathway and treatment options and what training should be offered to external organisations.	**Achieved***
Goals for NHS England Specialised Services			
MH2 (2 yr CQUIN)	**Recovery Colleges for Medium and Low Secure Patients**	Proportion of target patient group enrolled and participating in courses.	**Achieved***
MH3 (2yr CQUIN)	**Reducing Restrictive Practices within Adult Low and Medium Secure Services**	Implementation and evaluation of changes in practice to reduce restrictive practices.	**Achieved***
MH4	**Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer**	Action plan and progress report to monitor improvements in family/carer experience.	**Achieved***
MH7	**Perinatal Involvement and Support for Partners/Significant Others**	Services will have developed systems to record and evidence: 1) The emotional, practical and informational support offered to all partners and significant others with the mothers consent. 2) The types of interventions offered from the following: Group I – All partners & significant others should be: • Seen within 1 week of admission by a senior clinician to discuss the mother's condition • Offered the opportunity to attend ward reviews and significant meetings • Informed that requests for additional discussions are welcomed • Informed of the joint activities that are available • Directed to the range of written and electronic information available. Group II – Partners/significant others should be offered at least one of the following documented in care plan • Partner support sessions • Family sessions	**Achieved***

		• Couple sessions Group III – at least one of the following: • Parent-infant activities e.g. massage, rhyme time, music sessions etc • Practical parenting advice/support with nursery nurse, health visitor etc Group IV – Offered access to at least one of the following: • Written/video narratives of experience and recovery of perinatal patients • Meeting recovered patients (e.g. service/family days, charities)	
Local Scheme	**Repatriation of London Adult Secure and CAMHS Patients**	A dedicated plan for all patients to be developed, that demonstrates all patients who can be repatriated back and those that will require a more considered option for local management. Rollout of business case with additional capacity, in line with the plans shared clinically for each of the patients on the list that have been clinically agreed.	**Achieved***
OBS	**Providers required to complete an OBS compliance Audit and a robust Exit Plan for the mobilization of the new CHIService hubs.**	Submission of an audit of OBS Compliance and Exit Plan.	**Achieved**

* data available to end of month 9 for these indicators, they are on track to be achieved at the time of writing and the year-end position will be available by June 2016.

2.7   What Others Say about the Trust

Care Quality Commission inspection

East London NHS Foundation Trust (ELFT) is required to register with the Care Quality Commission and its current registration status is 'Outstanding'.

ELFT has no conditions on registration and the Care Quality Commission has not taken enforcement action against ELFT during 2016/17.

The Trust received the following ratings following inspection:

Key Question	Safe	Effective	Caring	Responsive	Well-Led
Trust Rating	Good	Good	Outstanding	Outstanding	Outstanding

The CQC inspection report is naturally positive. Crucially, the introduction concludes:

> *"Although we have rated the trust outstanding overall, our inspection has identified a number of areas in core services rated good or outstanding where further improvement can be made. We expect the trust to continue its journey of continuous improvement and we will work with the trust to agree an action plan based on the findings of our inspection."*

The report identifies 5 'must do' actions that the Trust is required to undertake to ensure that it continues to comply with the regulations set out in the Health and Social Care Act (2008):

1. The trust must ensure that risk assessments for the use of electronic devices relate to individual patient care plans and reflect the views of the patient and that all risk assessments for each patient are easily accessible to the staff that need to use them.

2. The trust must make changes to the alarm systems on the learning disability ward to support the needs of patients especially those with an autism spectrum disorder. This should include considering how the use of flashing and noisy alarms could be reduced.

3. The trust must ensure that as most patients using the service had challenging behaviours that they have care plans reflecting a positive behaviour support approach.

4. The trust must ensure that waiting times for patients referred to memory clinics to attend a first appointment and to receive a diagnosis continue to be improved especially across the Bedfordshire services.

5. The trust must ensure all patient records are maintained appropriately. This is to ensure that patients have the necessary assessments, that assessments have been reviewed at appropriate timescales, that records of physical health observations are available and care plans in place. This is to ensure that district nurses in particular, deliver the appropriate care or recognise when the patients' needs are changing and if it is necessary to involve another care professional such as a tissue viability nurse.

The Trust has formulated a detailed action plan that sets out how it will address these issues. Progress is regularly tracked and reported on. These must do actions have naturally been prioritised, but all the issues identified by the inspection have been reviewed and the themes identified to help inform planning and prioritisation, namely:

1. Record keeping and the electronic patient record system

2. Use and recording of physical restraint

3. Evidencing the provision of information of legal rights to detained patients

4. Recording of consent, capacity and best interest decisions

5. Maintenance of equipment and medical devices

The report identifies further actions that the Trust should undertake to improve the services it provides. Our action plan sets out its response to all those actions required or suggested by the Care Quality Commission.

Special Reviews

East London NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

In response to the Southern Health report into the investigation of patient deaths, the Trust obtained comparison data from Mazars that benchmarked the Trust against similar organisations nationally, providing assurance as to its reporting and investigation processes.

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 2016/17 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 31st December 2016 which are shown below:

	Inpatient Mental Health	Community Mental Health	Community CAMHS	CHN	Addiction Services
Patient's valid NHS number (including Bedfordshire Luton)	98.5%	100%	100.0%	99.3%	100%
Patient's valid General Medical Practice Code (including Bedfordshire Luton)	92.7%	98.0%	99.0%	86.7%	99.1%

Internal audit of data quality provided 'partial assurance', and as such a robust action plan for improvement has been put in place to address the 5 recommendations made in the report.

2.8.1 Information Governance Toolkit attainment levels

The Trust achieved a score of 74% against a target of 83%. This was against a compliance rating of 74% in the previous year. The failure to achieve the target figure can be linked to difficulties in recruitment and the subsequent use of agency staff. The Trust now has substantive staff in post and has an action plan to strengthen weak areas in training, contract clauses and information asset management.

2.8.2 Clinical coding error rate

East London NHS Foundation Trust was recently audited for Clinical Coding by Maxwell Stanley Consulting. 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 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:

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2012/13	94.00%	83.65%	N/A	N/A	0
2013/14	98.00%	96.24%	N/A	N/A	0
2014/15	96.00%	89.58%	N/A	N/A	0
2015/16	94.00%	89.50%	N/A	N/A	0
2016/17	100.00%	93.75%	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.

East London NHS Foundation Trust was not subject to the Payment By Results clinical coding audit during 2016/17.

PART 3 – Review of Quality Performance 2016/17

3.1 Review of performance for 2016/17

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 a range of 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 2016/17.

3.1.1 Quality Indicators for 2016/17

NHS Improvement Assurance
East London NHS Foundation Trust has a range of NHS Improvement (NHSI) targets on which we report throughout the year. The targets outlined below are tested by external auditors 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 below 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.

NHSI Target	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 2016/17	95%	7.5%	95%
Q1	96.0%	1.9%	100%
Q2	96.7%	1.2%	100%
Q3	95.9%	1.1%	100%
Q4	97.3%	0.9%	100%
2016/17	97.2% 1773/1825	1.4% 3808/280135	100% 3795/3796
England Average Q3 From Unify2 - MHPrvCom	96.7%	national comparison data is not available	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
*** NHS England Q3 is most recent published National figures – No 2016/17 whole year available.

The Trust has successfully reached all NHSI targets for 2016/17. The data presented above is in line with national averages, for example, national CPA inpatient discharges followed up within 7 days data are all above the 95% target for Quarters 1 to 4 respectively.

It should be noted, to calculate the figure for 7 Day follow-up, the Trust excludes Older Adult, Forensic and Rehabilitation services due to the clinical nature of the patient population and the structure of the services.

The table above also shows an improvement in all areas from 2015/16, where DTOC has improved from 2.8% and gatekeeping has improved to 99%.

The average occupancy rate for Mental Health beds in England open overnight was 89.7% in Quarter 3 2016/17 compared with 88.6% in Quarter 3 2015/16. East London occupancy was 85.5% for Quarter 3 2016/17 and 89.1% for Quarter 3 2015/16. The National Occupancy for 15/16 was 89.3% whereas ELFT for 15/16 was 83.3%. Target Occupancy is 85%, showing the Trust is moving towards safer occupancy levels.

The table below details each of the Trust's NHSI/Monitor Indicators for the last two reporting periods.

Monitor Target	Target 2016/17	National Q3 (most recent)	Actual 2016/17 (Q3)	Actual 2016/17 (Q4)	Actual 2016/17	
Mental Health Patients occupying beds with delayed transfer of care - Adult & Older Adult (Only CAMHS excluded)	7.5%	N/A	1.1%	0.9%	1.4%	improved
Admissions made via Crisis Resolution Teams	95.0%	98.7%	100%	99.7%	100%	Slight decrease
Number of adult CPA patients meeting with care-coordinator in past 12 months	95.0%	N/A	94.0%	97.3%	97.3%	improved
Access to healthcare for people with a learning disability – report compliance to CQC	Self-Assessment Completion	N/A	19	19	19	same
Completeness of Mental Health Service Data Set (MHSDS) – PART ONE	97.0%	N/A	100%	100%	100%	same
Completeness of Mental Health Service Data Set (MHSDS)– PART TWO	50.0%	N/A	86.0%	87.0%	87.0%	improved
Reduction in Clostridium Difficile - reported instances	0	N/A	0	0	0	same
Meeting commitment to serve new psychosis cases by early intervention teams' measure.	50%	80.2% (Feb 2017)	90%	92%	89%	improved
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	N/A	92.8%	96.4%	86.56%	improved

Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	N/A	99.4%	99.7%	97.86%	improved
NHSI Targets - Community Information Data Set (CIDS - Data Completeness) snapshot at end of period						
Community Referral to treatment information	50%	N/A	100.0%	100%	100%	No change
Referral information	50%	N/A	72.1%	73.6%	73.6%	improved
Activity information	50%	N/A	88.0%	89.1%	89.1%	improved

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

Readmissions to CAMHS In-patient services	2015/16	2016/17
Age 0 – 15yrs	0	1 (3.03%)
Age 16 and over	4 (4.82%)	2 ((3.70%)
Total	**4 (3.36%)**	**3 (3.45%)**

Care Programme Approach (CPA) – (clinical effectiveness)

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 are seen every month by their care coordinator but the number of care plan in date are below target at 91.4%, a slight improvement on 2015/16.

However, the proportion of service users on CPA is below the level we would hope to achieve. Increasing contact time is one of the Trust's priorities for the year ahead. The Trust is also implementing new ways of working using a more recovery focused approach and has started to roll out DIALOG+ / eCPA in March 2017. This will include closer collaborative working with service users and carers, and include a formal review of CPA patients every twelve months.

Indicator (snapshot at end of period)	Target	Actual Performance 2015/16	Actual Performance 2016/17

CPA patients – care plans in date (documents 12 months old)	95%	85.1%	91.4%
CPA patients – care plans in date (documents 6 months old)	N/A	76.9%	78.7%
% CPA patients seen per month – face to face only	85%	88.7%	83.8%

Trust figures for CPA are now increasing for both 6 month and 12 month reviews as Luton & Bedfordshire services have focussed on getting reviews in place as they embed the use of RiO and are now monitoring reviews regularly. Luton and Bedfordshire continue to monitor CPA cases seen in month where teams are not meeting the 85% target.

Patient Safety

The Patient Safety is one element of the Trust's Quality and Safety Dashboard, the means by which it monitors each of the elements of service quality.

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 total number of patient safety incidents, including the percentage of such incidents that resulted in severe harm or death	2016/17	2015/16	2014/15
• Total incidents reported	9260	8981	8774
• Incidents identified as 'patient safety incidents' (as per NPSA definition)	5893	4043	4119
• Of which resulted in severe harm or death	153 (2.6%)	143 (3.5%)	82 (1.9%)

The Trust continues to work 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.

Improving Safety: Training Compliance

The following information is included to highlight the role in effective staff training in areas critical to health and safety contributes to improved safety and quality of service.

Safeguarding Children Level 1

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,324	3,198	96.4%
2015/16	988	956	96.8%
2016/17	999	878	87.89%

'Safeguarding Adults' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,449	2,523	73.2%
2015/16	4,521	3,953	87.4%
2016/17	4,559	4,125	90.48%

'Health and Safety' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	3,464	2,685	77.5%
2015/16	4,530	4,182	92.3%
2016/17	4,565	4,254	93.19%

'Manual Handling' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	2,711	2,202	81.2%
2015/16	3,677	3,401	92.5%
2016/17	3,806	3,506	92.12

'Fire Safety (including fire marshal)' training compliance

Total	Number of staff	Number of staff attended	% compliance
2014/15	2,393	1,640	68.5%
2015/16	1,301	913	70.2%
2016/17	4,691	3,618	77.13%

Medicines Safety
Incident data

	Prescribing error	Dispensing error	Administration error	Medication availability	Other	Total
2015/16	65	128	225	29	35	482
2016/17	145	54	487	17	13	716

Training Compliance

All 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. The Trust continues to maximise its use of on-line learning, and the follow up of non-compliance in order to bring completion of training up to 100%.

	% compliance
Total	84.94%

Medicines Reconciliation (clinical effectiveness)

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 has previously been 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.

Directorate	2015/16 Complete (%)	2016/17 Complete (%)
City and Hackney	96.7%	93% (1077/1155)
MHCOP	99.0%	95% (242/256)
Newham	98.6 %	96% (1401/1460)
Tower Hamlets	98.1%	96% (1061/1103)
Forensics	100%	76% (47/62)
Trust Total	**98.5%**	**95% (3828/4036)**

Upon analysis of the results for the Forensics directorate, it was found that many of the patients for whom the target appeared to have been breached did in reality have a medicines reconciliation completed, but that the documentation accompanying the medicines reconciliation had been tagged incorrectly and so was not detected by the automated data reporting system. Work is underway to correct the documentation where necessary and to provide refresher training to pharmacy staff about the need to accurately label documents on the electronic patient record.

Duty of Candour

Regulation 20: Duty of Candour came into operation in November 2014 to promote honesty, openness and transparency throughout the NHS. Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust.

Its purpose is to create a culture of openness and transparency between healthcare providers and patients about their care and treatment, including when it goes wrong. The process entails recognising when an incident has occurred which has caused the patient harm, notifying the patient and stating the known facts as to what has happened, keeping them informed as an investigation progresses, and most importantly, giving the patient a meaningful apology. For non-compliance there are fixed penalties of up to £4,000 that can be imposed by the Care Quality Commission and fines of up to £50,000 that can be imposed by magistrates.

The Trust is undertaking a Quality Improvement Project on Compliance with the Duty of Candour, the aim of which is to be fully compliant with the statutory Duty of Candour for 80% of cases to which it applies by 30 June 2016.

The Trust utilises the Datix Risk Management system for the reporting of incidents. Any member of the Trust has the ability to report an incident and will detail as much information as possible when they do so. The Governance Team monitors incidents where a Duty of Candour requirement exists, which includes a review of the severity of the incident against set criteria which is updated daily by the Governance Team.

In response to the internal audit report additional assurance has been built in to the duty of candour process. All incidents are screened by the Chief Medical Officer for potential duty of candour thresholds, additional fields have been added to Datix, the Trust's incident reporting system to ensure decisions are captured and there has generally been awareness raising throughout the Trust, both globally and at directorate level.

3.1.2 Positive stories from across the Trust

Quality Improvement – Violence Reduction April 2016 – March 2017 (patient experience)

Building on work started in Tower Hamlets in 2012, we have continued to focus on reducing violence on our inpatient wards, using a Quality Improvement approach. This year the original test site in Tower Hamlets, the Tower Hamlets Violence Reduction Collaborative, continued to focus on holding the gains achieved in 2015, of 40% across the unit and 60% across the acute wards.

New Quality Improvement learning collaboratives were launched in City and Hackney adult inpatient unit in early 2016 and Newham adult inpatient unit, using the change ideas that were effective in Tower Hamlets. Major change has already been seen on a number of wards, as outlined below. Forensics has also launched its own violence reduction collaborative, drawing on learning from adult inpatient wards, but recognising the differences of the Forensic inpatient environment.

Results from this work include:

Tower Hamlets 6 inpatient wards have reduced violence across all 6 wards by 40% and restraints per 1000 occupied bed days across all 6 wards by 60%. There has been a 57% reduction in violence per 1000 occupied bed days across the acute wards only. There has been a 77% reduction in restraints per 1000 occupied bed days across the acute wards. As the first test ward on this project, Globe Ward in Tower Hamlets has achieved greater reductions, and has now sustained an 88% reduction over the past 4 years. Roman Ward, has achieved a 72% reduction in violent incidents, dropping from 42 in 2014 to 14 in 2015.

Violence has reduced by 42% across the acute wards in City and Hackney and there are early signs of reduction on Bevan PICU. Gardner Ward and Joshua Ward in City and Hackney have sustained reductions of around 66% since May and September 2016 respectively

Topaz Ward and Emerald Wards in Newham have seen early signs of reduction in the region of 60%.

Comments by staff, service users and patient liaison workers across the 3 units about the impact of this work include:

- *"4 months ago I was really scared to come to work, but it's getting better"*
- *"I think there is a shift. Before we started this, no one talked about it. Now we are bringing it up, which says 'it is not ok' "*
- *"We're no longer fire-fighting all the time… "*
- *"I'm just really pleased that it's permeating out and patients are feeling able to broach the subject"*
- *"The team feels more confident and are having better discussions around issues that may arise. The team are talking about risk and making decisions - something that would never have happened 18 months ago"*
- *'I find them (huddles) an essential part of the shift; a space for us all to communicate and highlight risks to keep us safe'*
- *"There's a better therapeutic environment and patient satisfaction. You can feel the lowered levels of stress for staff and patients. There's a much closer working relationship and respect between disciplines now and I think this has been a driving force"*
- *"Well, what can I say, the team are fantastic! Thank you for helping all the patients here. You save lives and give us a second and third chance"*

If you would like to learn more about this, work please find papers and blogs published in the past year:

Rethinking Expectations: Reducing Violence in Mental Health Using QI
By Andy Cruickshank, Associate Director of Nursing for QI and Improvement Advisor, ELFT | Friday, August 12, 2016
http://www.ihi.org/communities/blogs/_layouts/15/ihi/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=291

"Violence was the elephant in the room" – Empowering Staff to Face Hard Truths and Lead Change
By Jen Taylor-Watt, QI Lead and Improvement Advisor, ELFT | Thursday, February 16, 2017
http://www.ihi.org/communities/blogs/_layouts/15/ihi/community/blog/itemview.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=364

Reducing physical violence and developing a safety culture across wards in East London
By Jen Taylor-Watt, Andy Cruickshank, James Innes, Brian Brome, Amar Shah | British Journal of Mental Health Nursing January/February 2017 Vol 6 No 1
https://qi.elft.nhs.uk/wp-content/uploads/2017/02/Violence-reduction-at-ELFT.pdf

Positive feedback from the CQC - Service User Involvement at ELFT (patient experience)

Our CQC inspection report highlights the great work going on across the Trust to involve service users, and their carers, in their care and in the development and improvement of services. It is evident that this was a key contributor to the outstanding rating we received. We are particularly proud that by putting the service user and carer values at the heart of day-to-day working, our People Participation Team has been able to support:

- Training, supporting and facilitating service users and carers to sit on staff interview panels
- Training staff in a range of topics like care planning, compassion, recovery and engagement
- Helped develop a new CPA process which has a greater focus on Recovery
- Our Back On Track project (with Docklands Light Railway) won a UK National Rail Award
- Training all Job Centre Staff in our East London boroughs in Mental Health Awareness
- Continuing to improve the input from service users/carers in our quality improvement programme
- Expanded the team to include a CAMHS People Participation Lead
- New interview process for consultant psychiatrists (formal and informal panels)
- First ever People Participation awards to celebrate the contributions of service users and carers
- Started an academic research project to measure the potential impact of people participation on recovery
- Have been working tirelessly to improve the impacts of stigma in our services, ourselves and our communities

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

Service Transformation - Luton and Bedfordshire CAMHS (clinical effectiveness and patient experience)

Huge strides have been made during 2016/17 in developing CAMHS services across Luton and Bedfordshire to better meet the needs of the local population.

Leadership

The clinical leadership and management structure is now embedded across all teams to ensure the service is clinically led and managerially supported.

Access to services

The new model has now become embedded within everyday practice following the implementation of the single point of entry and the daily triage of all new referrals. The service has developed a Clinician of the Day (COD) rota which all clinical staff contribute towards. In addition to screening all referrals for risk the COD acts as a single point of contact for all new or urgent business coming into CAMHS, such as new referrals, urgent enquiries about future/possible referrals and urgent queries about cases where the allocated clinician is not available. They also gather addition information from referrers and/or families when it is unclear whether the referral is appropriate for CAMHS. This model and the development of new services has improved access and reduced waiting times for people referred to our services.

Crisis Services

The local transformation plans continue to progress with momentum and we are pleased to confirm that we have now appointed 5.00 of the 6.00 wte funded posts for the countywide CAMHS Crisis service covering Luton and Bedfordshire.

The service is staffed with Registered Mental Health Nurses who are skilled to provide rapid face to face mental health crisis assessment to any young person in mental health crisis at the local acute NHS Trusts (L&D and/or Bedford hospital) between 09.00 – 21.00 weekdays and 10.00 – 14.00 hours at weekends. It is hoped to increase the weekends to 16.00 hrs once all the staff are in place.

Once assessment has been completed the outcome will determine appropriate signposting to relevant services on the presenting clinical needs and risk; which may include in-patient admission, therapeutic interventions from any of the local CMAHS teams for further treatment options or other mental health services if appropriate.

The staff are also able to offer telephone advise to potential referrers on the management of cases presenting with potential risks which may trigger a possible referral into the services – such cases have been diverted from local A&E departments, and offered an assessment in the CAMHS clinic or home environment. This has helped to reduce numbers of young people being admitted onto paediatric wards

Community Eating Disorder Services

The countywide Community Eating Disorder service (CEDS) are currently working in line with the National Eating Disorder targets for assessment of 5 days for urgent cases and 28 days for routine cases. The COD will assess daily and if the presenting problem is eating disorder will forward the referrals to the Eating Disorder team to ensure any unnecessary delays are eliminated.

Staffing into the team is almost complete and it is hoped that the Consultant Psychiatrist and Dietician will be appointed in Q4.

The team have had various team away days to plan priorities for the service and agree a training plan. In keeping with NICE guidance, the team have recently completed training for Dialectic Behavioural Therapy (DBT) in Family Therapy for the management of Anorexia Nervosa at the Maudsley NHS Trust.

Early Help/School Programme

The targeted CAMHS workers are both now embedded in each of the Early Help teams within BBC and CBC and are providing integrated support to children, young people and their families.
The key objective is to offer advice, support, consultation and training as well as directing case work, with the intention of early intervention and prevention. Intervention at an early stage aims to prevent escalation, therefore reducing the need for statutory or further interventions later in life. This can involve intervening both at an early age and an early stage of a presenting difficulty.
The Early Help CAMHS staff have negotiated strong links with both the Local Authorities, in order to bridge the gap between health and social care, and work closely with a range of statutory services, voluntary organisations, and schools.

In addition to direct clinical work which is predominantly undertaken at home or in the school, the Early Help CAMHs workers will provide consultation and training to local authority staff within the Early Help Teams. Consultation will consist of case discussion and exploration of current difficulties as presented by the worker. The training is led by a needs analysis based upon feedback from workers with regards to broadening an understanding of child and adolescent mental health. The training will also aim to equip staff with strategies and interventions where necessary in order to respond to early presentations of mental health difficulties that emerge within the Early Help arena.

Health promotion - Flu fighter campaign (patient safety)

In 2017 East London NHS Foundation Trust (ELFT) became one of the most improved trusts in the country increasing its uptake among staff of the flu vaccine from 21 per cent the year before to 67 per cent.

More than 3,000 staff were protected (up from 1,000 the previous year!) following an ambitious campaign engaging staff across more than 100 sites ranging from Bedford and Luton to east London. A survey carried out the previous year showed the extent of the challenge. Staff were cynical about the merits of the flu jab and were sceptical of its relevance, especially in mental health.

The decision was taken to have a bespoke campaign tested with staff that tackled the myths around the vaccine and ensured it was as easy as possible for staff to get the jab.

The previous year's survey of ELFT staff showed the top three reasons for refusal were:
- The vaccine doesn't fully protect
- Flu isn't a serious illness
- Events should take their course

It was decided that the myth busting campaign, which ran for four weeks prior to the vaccinations starting, would relay four key messages:

- All patients are at risk
- Flu is a serious illness
- You're better protected with the flu jab
- You can't catch flu from the vaccine

Each week, over four weeks, a different theme was used for the myth-buster campaign with posters and flyers sent to all sites, a specially dedicated intranet page featuring frequently asked questions, and a letter was sent to the home of all staff from the chief executive asking for their support. A new story appeared on the staff intranet almost every day including an interview with the chief pharmacist to emphasise that the 'science behind the jab does work' and that the main cause of staff illness were colds and flu and the impact that had on colleagues struggling to provide cover.

Vaccinations began with an intensive two week campaign with clinics at more than 50 sites. This was supplemented with 121 specially identified peer vaccinators available on request in every team.

The entire campaign ran from September 2016 to March 2017. ELFT ensured the Trust's success was celebrated and those we'd rely on for next year's campaign, especially the peer vaccinators, were thanked. An extensive survey has already been launched with staff to find out what worked well and what didn't so we can start already preparing for next winter.

In the meantime, ELFT's patients are better protected, myths have been busted changing the culture of the organisation to make it easier in future years to encourage staff to be vaccinated and the Trust looks set to realise £660,000 of CQUIN incentive money to invest in frontline services.

3.2 Patient Feedback

3.2.1 Patient reported experience measures (PREMs)

Central to the Trust's Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Trust employs a range of approaches to collect this information, using a variety of methods and measures. The primary measure is the Friends and Family Test (FFT) which is collected alongside appropriate Patient Reported Experience Measures (PREM) from all inpatient and community services across East London, Bedfordshire and Luton. All FFT data is then submitted to and published on the NHS England website. The Trust continues to exceed the average 'mental health recommend' response across the country during 2016/17.

All data is collected using electronic devices such as 'tablets' or kiosks, however, it is also possible for service users and carers to complete feedback questions via the Trust website. All questions are available in easy-read versions to ensure that all people are able to provide feedback. During 2016/17, 85% of teams across the trust collect patient feedback electronically, with 100% of teams inputting the data electronically.

The FFT and PREM data is available to view by both clinical and operational staff via the development of real-time patient experience dashboards in the Trust. Illustrated below is an example Directorate dashboard. The dashboards are an innovative idea used by staff to monitor feedback and identify changes to improve the quality of the service and can be broken down to Trust, Directorate and Team-level data. The dashboards also display all qualitative feedback (comments) received and reports are printed and displayed in communal areas within each service. In addition, Directorates are also provided with supporting 'summary reports' which condense large amounts of data into the key highlights including where to: celebrate success, focus improvement action and share learning.
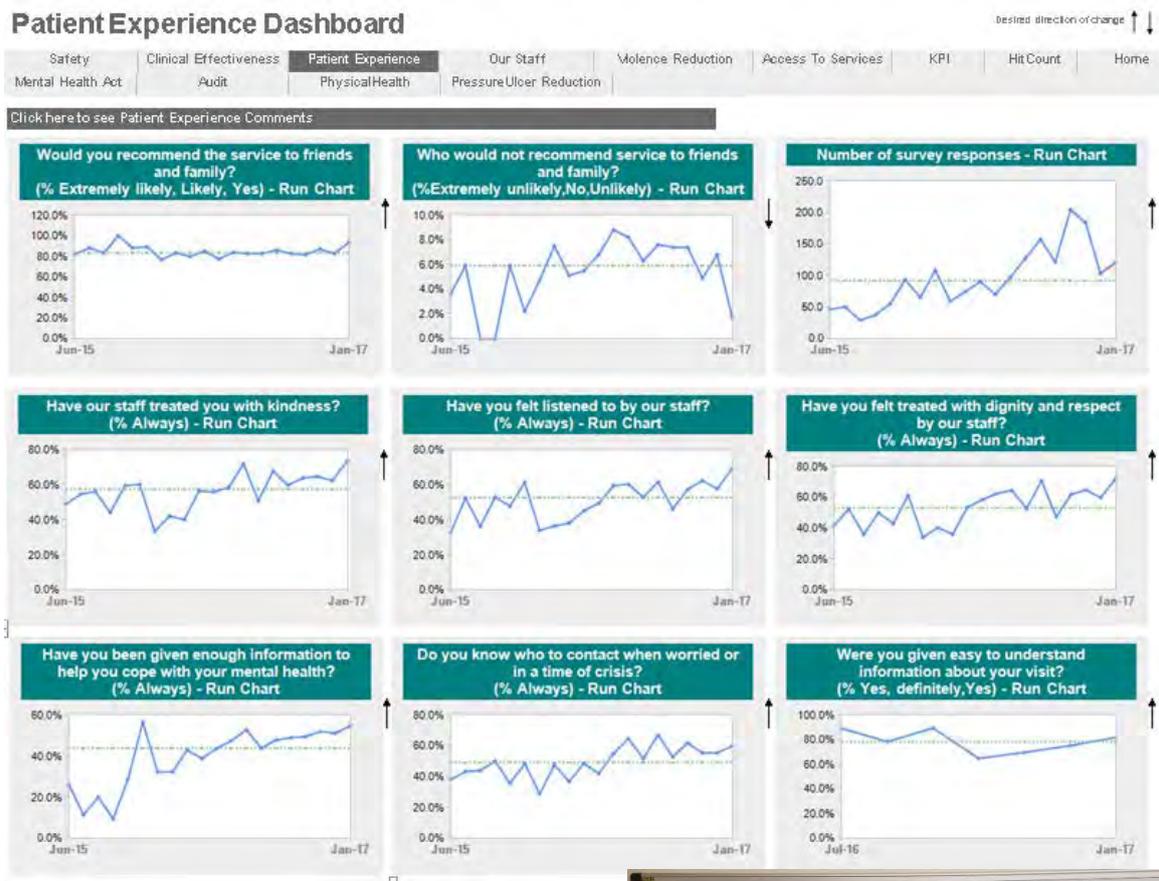
In addition, it is vital services are acting on feedback and during 2016/17 the Trust implemented the 'You Said We Did' board campaign across the Trust to provide an opportunity for services to demonstrate actions arising from service user comments and showcase the changes made in response to this. Furthermore, 'Patient Experience Action Trackers' were formally introduced within services to monitor and document any changes identified from feedback received.

Also, a series of supporting videos were created to provide an accessible 'step-by-step' guide to collecting, reviewing and taking actions based on their patient experience feedback, which has led to the Trust being successfully shortlisted for two Patient Experience Network National Award categories including 'Measuring, Reporting and Acting' and 'FFT and Patient Insight for Improvement'.
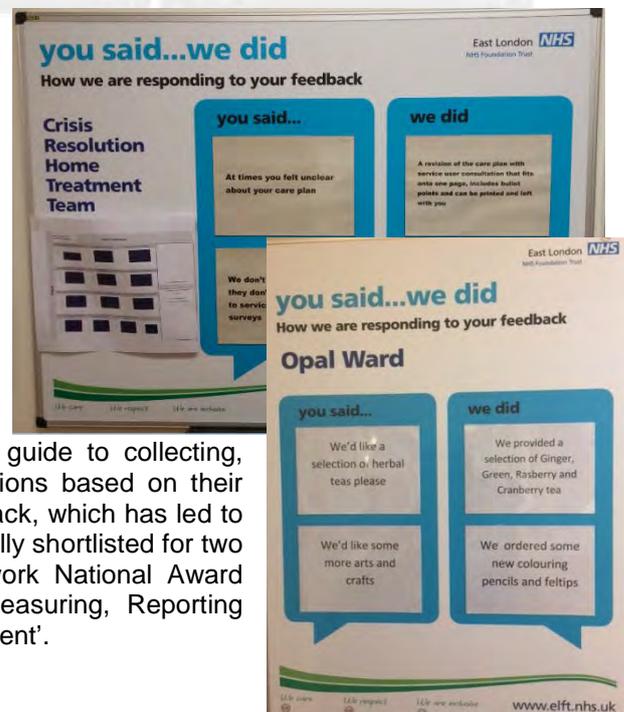
Alongside this, a review of all comments was under taken throughout the year and a large number commented on what was good about their visit. A number of themes emerged from the data with the majority of service users stating that they had a positive experience of care, a sample are highlighted below:

"Everything is fantastic"

"Nothing is too much trouble; I have always been offered time and advice in equal measures when needed. The amount of care dignity and kindness shown to my father in law by all staff has surpassed my expectations in every way. I go home and know he is truly being cared for and for me that us priceless…THANK YOU ALL"

"The level of care here is amazing and everyone is the same, I've not come across anyone here who has not shown a genuine kindness"

Further to the automation of data, a network of patient experience leads have been identified within each Directorate to promote and embed consistent patient experience practice across the Trust. The main benefit of this effort has been to drive up the number of change actions arising out of patient experience feedback and to further embed changes across the services.

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

In addition to patient experience data, services across Community Health Newham (CHN) collect patient reported outcome measure (PROMs) data which includes collation of the national EQ-5D tool. All services collect the data via tablet devices, touchscreens and via the trust website. Results from PROMs are circulated to teams and monitored by the CHN Quality Assurance Group. In addition, a number of CHN services have added bespoke questions to the PROM tool, in order to tailor the information obtained. The PROM questions are also displayed on the Trusts real-time patient experience dashboard.

An example of the Community Health Newham PREM & PROM summary dashboard
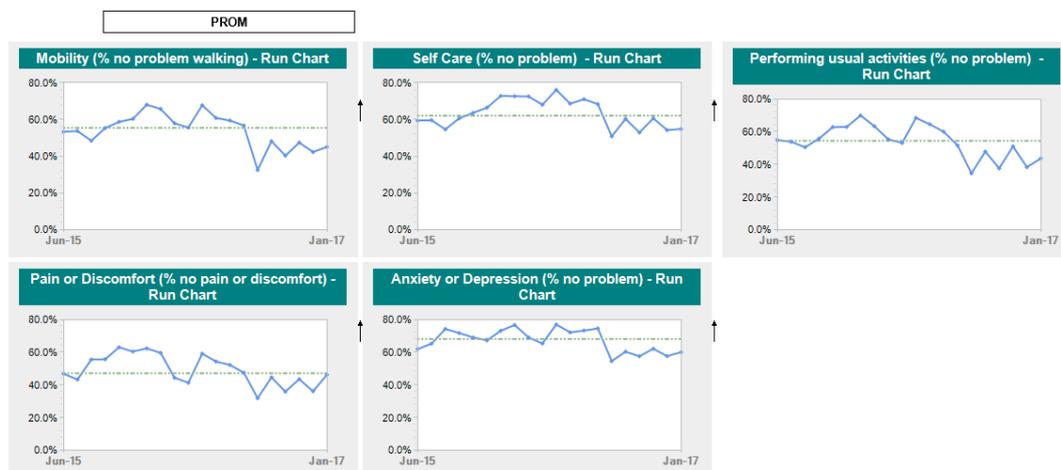
CQC – Survey of people's experiences of community mental health services (2016)

The Trust also participates in the CQC National Community Mental Health Patient Survey. Although the response rate for this is relatively low, the feedback is often very positive. At the start of 2016, questionnaires were posted to 850 people who received community mental health services.

Responses were received from 180 service users.   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.

CQC summary table of ELFT data compared to all other trust and data from the previous year

Patient survey	Patient responses	Compared with other trusts	Change since (2015/16)	
Health and social care workers	**7.8**/10	**About the same**	+	0.2
Organising Care	**8.6**/10	**About the same**	-	0.1
Planning Care	**7.1**/10	**About the same**	-	0.1
Reviewing Care	**7.4**/10	**About the same**	-	0.3
Changes in who people see	**7.4**/10	**Better**	+	0.3
Crisis Care	**6.5**/10	**About the same**	-	0.4
Treatments	**7.5**/10	**About the same**		-
Support and wellbeing	**5.3**/10	**About the same**	-	0.4
Overall views of care and services	**7.2**/10	**About the same**	-	0.2

[2] *Detailed data are available on the CQC website:* http://www.cqc.org.uk/provider/RWK/survey/6

ELFT service user ratings are similar to last year across most domains. The areas where ratings have reduced, ELFT scores are still 'about the same' as most other mental health trust scores. The Trust ratings are 'about the same' as national averages in eight of the nine domains and 'better' in one. The overall rating (6.9) is slightly up since last year's score.

3.2.2 Complaints & Patient Advice and Liaison Service's Annual Report 2016/17

East London NHS Foundation Trust is a learning organisation that is committed to listening to the views of its services users, their carers and families and continually improving the quality of care and services we provide.

Concerns and complaints were 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 2016 and 31 March 2017, PALS received 786 contacts. This is currently a slight proportionate increase on last year (730 contacts for the entire year). The service assisted on 445 occasions when individuals had concerns and sought resolution compared to 385 for the entire 2015/16 year. This is a proportionate increase on the number of contacts.

Individuals who contacted PALS for assistance in resolving concerns, most commonly raised issues relating to Communication (11%) Clinical management of mental health (7%) and access: Appointment issues (Late/DNA/Cancellation) (6%).   In 56% of cases, PALS were able to resolve the issue to the satisfaction of the individual. Of the remaining cases, 47% of issues were either passed to the local teams to undertake further work with the service users, or the Trust considered there was nothing further that could be done to resolve the issues. In 5% of cases, concerns could not be resolved informally and were escalated for formal investigation under the Trust's complaints

procedure. In 9% of cases where concerns were raised remained unresolved or resolved from the Trust point of view only.

During the same period, the Trust received 402 complaints. This is a proportionate increase compared to the whole previous year 2015/16, when 298 formal and 7 informal complaints were received. Four complaints were referred to the ombudsman, one was withdrawn, one remains under ongoing investigation, one was partially upheld, and one of those was upheld.

The Trust aimed to acknowledge 90% of complaints within 3 working days and 82% of complaints received were acknowledged within this timeframe. The Trust aimed to respond to a minimum of 85% of complaints within 25 working days or an agreed extension. At the time of writing, the Trust has replied to 52% of complaints within this timescale, with 55 of the formal complaints still remain actively open (13%) and under investigation with an agreed plan made with the complainant.

The majority of complaints are made by service users who account for 240 (60%) of the formal complainants. 118 (29%) complaints were made by relatives and / or carers, or friends or advocates on behalf of service users the Trust has seen an increase since last year on this type of contact. The Trust received 4 contacts from the MPs directly raising issues on behalf of his constituents all of which required an investigation and a formal response.

As a learning organisation, there continues to be an emphasis on ensuring that we learn from complaints and that recommended changes to our systems and practice, are implemented. This is all the more important given that many of the complaints which are investigated reveal shortcomings in the delivery of care or in our services. Of the cases which have been investigated and closed to date, 36% were either upheld in part or fully upheld following a full investigation into the complaint.

As a result of lessons learned from complaints, the following actions have been taken to improve services for patients:

Community Health Newham

MSK
- Waiting list - now greatly reduced, due to increased staffing, re-allocation of GP clusters to more evenly distribute caseload amongst staffing/resources. So now able to prioritise and see urgent referrals in timely way.
- Team to continue to prioritise recruitment, speedy advertising of vacancies as soon as they arise.
- Team to continue to educate referrers on providing full information on referral to enable triage/prioritisation.

EPCT and VW
- Service has included information leaflets in the home notes
- Fact sheet for staff on recording keeping (face to face and non-face to face contact)
- At team meetings staff discuss ways in which they can help relieve some of the anxieties around catheter care and wound care for service users and family/carer through conversation and information leaflets
- Roll out of Positive Patient Experience Training – external provider with training objectives around first impressions, managing patient expectations, cultural awareness and verbal/nonverbal commination.

Vicarage Lane Health Centre
- Service has submitted a bid for screens to be installed at the reception areas across all CHN sites
- Health Safety and Security group integrated to invite GP services at Vicarage Lane

Foot Health
- The team now offers a walk in clinic once a week
- Service is working closely with Barts Health Transport Company to improve the service they provide for service users particularly around waiting times

MHCOP - Leadenhall Ward and Columbia Ward

- Managing Property Board set up to monitor incidents / process
- Training for staff away day
- Spot check carried out by counter fraud team
- CCTV to be set up on all ward areas
- Roll out of EHCC Patient Property Policy in MHCOP services

Bedfordshire and Luton

- Communication with service users' needs to improve in the following areas: receiving copies of care plans, discharge summaries, medication reviews, diagnosis, letters following appointments and when transferring between services
- Communication between the services and other external agencies G.P's particularly around discharge arrangements.
- In-patient teams to improve communications with the respiratory team to better manage respiratory issues on the ward. Training on physical health parameters to be offered to ward staff
- Improved communications with carers. This includes speedy responses when patient property goes missing or is lost   Improved processes for recording patient property on the ward
- Risk management process around collecting chronology and family history and involvement in managing risk
- Appointment of People Participation Leads will ensure increased engagement and support
- Lessons Learned Group now established
- The launch of Q1 Projects for Bedfordshire 16/17. Feedback from complaints will be included for consideration of local projects
- Review of the local complaints process to minimise the risk of re-opened complaints and improve response times. Completion of action plans requested if recommendations/learning is identified in a complaint response. More frequent complaints training for Bedfordshire and Luton staff is required
- Operational guidance for staff on the handling of complaints is required to support the Trust's complaints policy

3.3 STAFF FEEDBACK

3.3.1 ELFT 2016 NHS Staff Survey

Over 2,070 employees took part in the 2016 NHS Staff Survey resulting in an improved response rate of 45% as compared to 35% in 2015.

The 2016 NHS Staff Survey results are encouraging with staff reporting high scores of staff reporting good communication with senior management, quality of non-mandatory training, learning or development, staff recommending the organisation as a place to work or receive treatment

Our overall staff engagement score remains high with a summary score of 3.95, well above the national average when compared with trusts of a similar type which is at 3.80. The results also indicate that staff engagement amongst BME staff is at 4.02 which is higher than amongst staff from White ethnic backgrounds.

The Trust has achieved the best scores for 10 key findings amongst Trusts of a similar type in the entire country. These include the following:

- Staff recommendation of the organisation as a place to work or receive treatment
- Staff satisfaction with the quality of work and care they are able to deliver
- Staff agreeing that their role makes a difference to patients/service users
- Recognition and value of staff by managers and the organisation
- Staff reporting good communication between senior management and staff
- Staff able to contribute towards improvements at work
- Quality of non-mandatory training, learning or development
- Staff satisfaction with resourcing and support
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Effective use of patient/service user feedback

The results also highlights areas where further improvement is required and they include: staff experiencing discrimination at work, staff experiencing physical violence from patients, relatives or public, staff working extra hours and staff believing that the organisation provides equal opportunities for career progression or promotion. The HR Team along with the individual Directorates have already started working on delivering actions for a few of these areas in order to bring about an improvement.

Overall indicator of staff engagement for East London NHS Foundation Trust

The figure below shows how East London NHS Foundation Trust compares with other combined mental health / learning disability and community 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 3.95 was above (better than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)

Scale summary score

	Score
Trust score 2016	3.95
Trust score 2015	3.93
National 2016 average for combined MH/LD and community trusts	3.80

1 — Poorly engaged staff   5 — Highly engaged staff
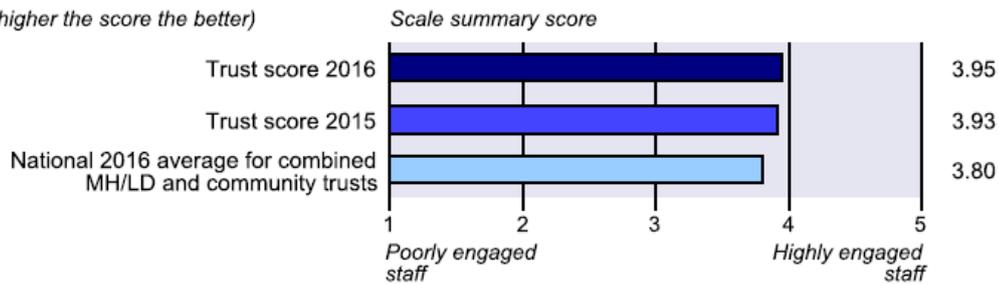
The below table shows how the Trust compares with other mental health/learning disability trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2015 survey.

	Change since 2015 survey	Ranking, compared with all combined MH/LD and community trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(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.)*	• No change	✓ Above (better than) average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(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.)*	• No change	✓ Above (better than) average

Summary of 2016 Key Findings for East London NHS Foundation Trust

Top and Bottom Ranking Scores

TOP FIVE RANKING SCORES

✓ **KF6. Percentage of staff reporting good communication between senior management and staff**

(the higher the score the better)

Percentage score

	Score
Trust score 2016	47%
National 2016 average for combined MH/LD and community trusts	35%

0   25   50   75   100
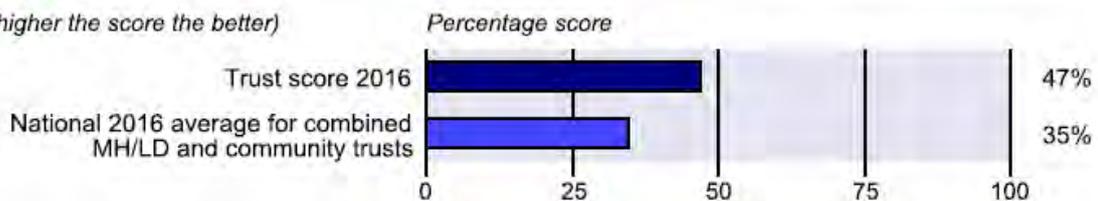
✓ KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)

Scale summary score

	Score
Trust score 2016	4.17
National 2016 average for combined MH/LD and community trusts	4.08

1 — Low-quality training ... 5 — High-quality training
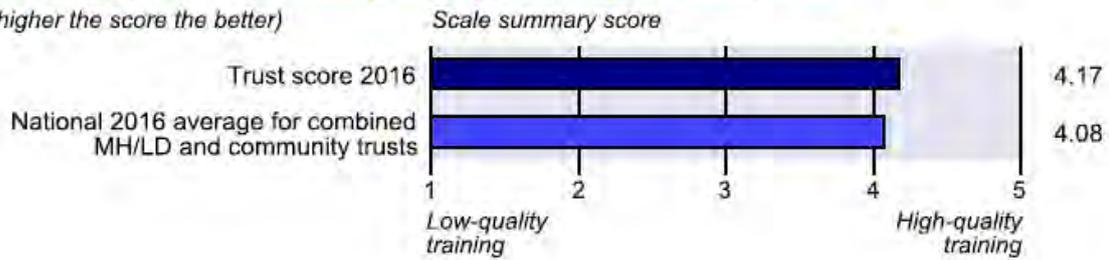
✓ KF1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)

Scale summary score

	Score
Trust score 2016	3.93
National 2016 average for combined MH/LD and community trusts	3.71

1 — Unlikely to recommend ... 5 — Likely to recommend
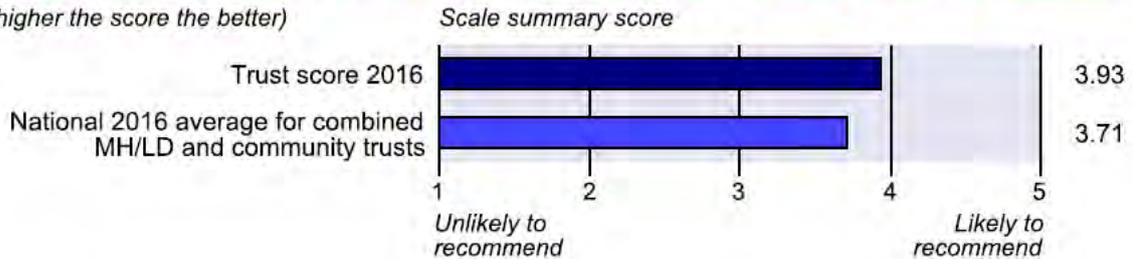
✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)

Percentage score

	Score
Trust score 2016	79%
National 2016 average for combined MH/LD and community trusts	74%

0 ... 100
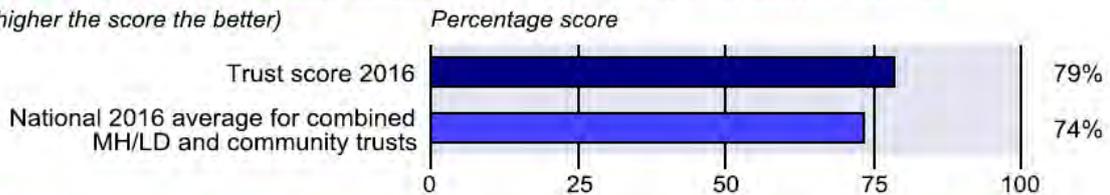
✓ KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)

Scale summary score

	Score
Trust score 2016	4.07
National 2016 average for combined MH/LD and community trusts	3.89

1 — Unsatisfactory delivery of work / care ... 5 — Highly satisfactory delivery of work / care
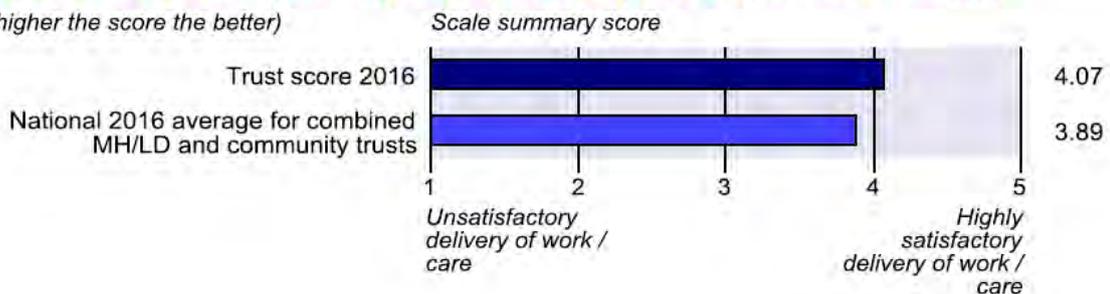
These data highlight the five Key Findings for which East London NHS Foundation Trust compares least favourably with other mental health/learning disability trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)　　Percentage score

Trust score 2016	24%
National 2016 average for combined MH/LD and community trusts	15%

0　　25　　50　　75　　100
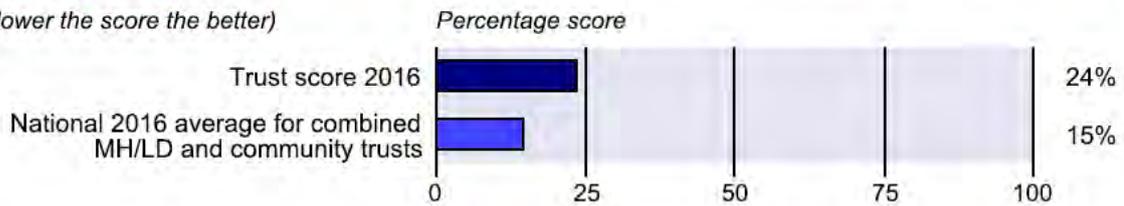
! KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)　　Percentage score

Trust score 2016	20%
National 2016 average for combined MH/LD and community trusts	11%

0　　25　　50　　75　　100
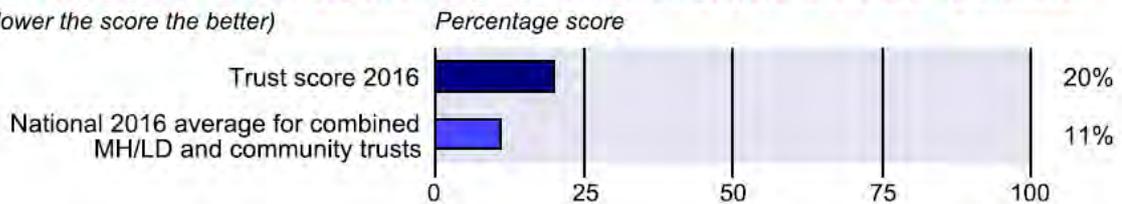
! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)　　Percentage score

Trust score 2016	4%
National 2016 average for combined MH/LD and community trusts	2%

0　　25　　50　　75　　100
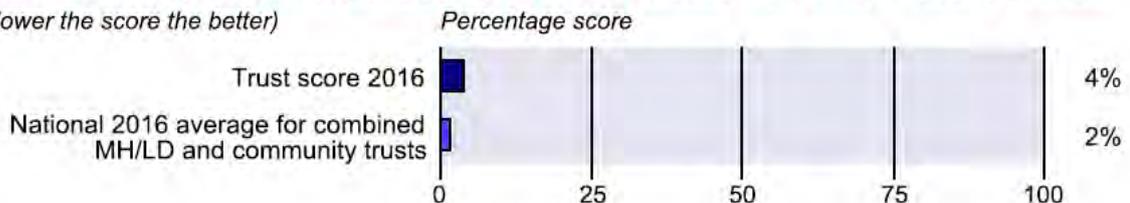
! KF16. Percentage of staff working extra hours

(the lower the score the better)　　Percentage score

Trust score 2016	75%
National 2016 average for combined MH/LD and community trusts	71%

0　　25　　50　　75　　100
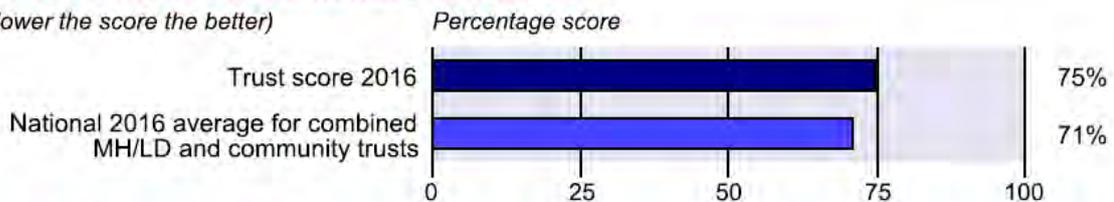
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)　　Percentage score

Trust score 2016	78%
National 2016 average for combined MH/LD and community trusts	88%

0　　25　　50　　75　　100
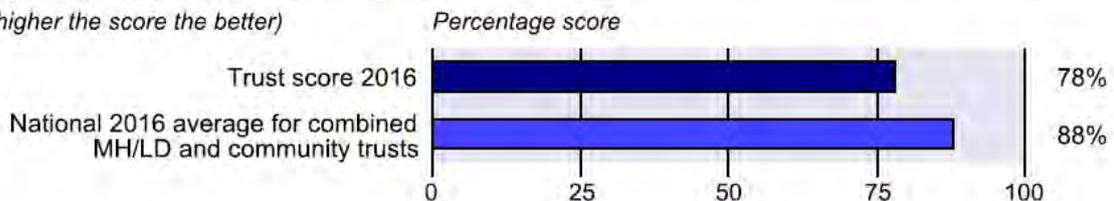
Key Finding 26

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better) — Percentage score

	Percentage	
Trust score 2016	24%	=
Trust score 2015	25%	
National 2016 average for combined MH/LD and community trusts	21%	▼
Best 2016 score for combined MH/LD and community trusts	15%	
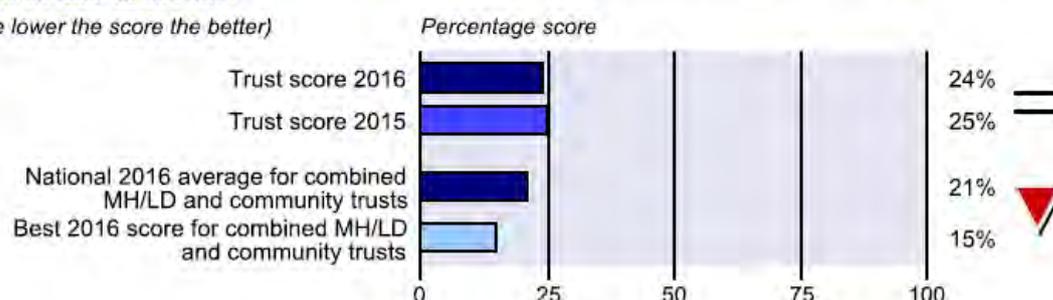
The internal Bullying and Harassment Advisory service is promoted extensively on the Trust intranet. There are plans to review the current service and assess if a recruitment drive is required to further increase the pool of Advisors to ensure that there is a presence across all sites.

As an additional resource, Trust employees can contact the free Employee Assistance Programme helpline in case they want to access confidential care service and free counselling sessions.

Largest Local Changes since the 2015 Survey

The following finding indicates where the trust has improved most since the 2015 survey. However, it is to be noted that when compared with other combined mental health/learning disability and community Trusts in England, the score is worse than average.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF11. Percentage of staff appraised in last 12 months

(the higher the score the better) — Percentage score

	Percentage
Trust score 2016	88%
Trust score 2015	83%
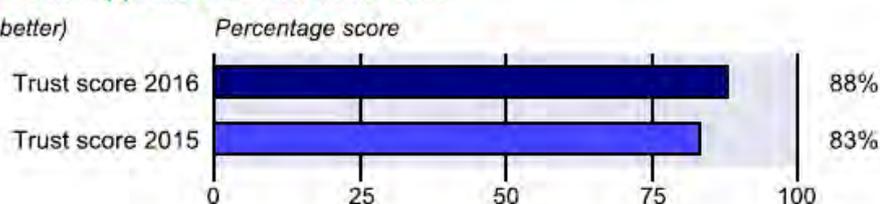
This feedback is extremely important in helping shape the actions we will take in the future to create a work environment that is not only productive but also rewarding for all our employees. Whilst the overall results indicate that the Trust's performance on various key factors is very positive, there are certain areas where the Trust can further improve.

We have started worked closely with a cross section of corporate and clinical staff to discuss the priorities that we should focus on in the coming year. We are currently collating a Trust-wide action plan which addresses the key tasks under each of these areas. Whilst the majority of the actions will be delivered in the forthcoming year, some of the actions are long term objectives. There will be an overlap of priorities that will be delivered locally in each of the Directorates and across the entire organisation.

We will have a dedicated area on the intranet for the NHS Staff Survey where you will find the Trust-wide action plan for 2016/17. This page will be updated on a regular basis and will include links to all related topics. You will be able to give your comments on the web page.

3.3.2 Feedback from NHS Staff Friends and Family Test 2016/17

The Trust will roll out the fourth quarter of the 2016/17 NHS Staff Friends and Family Test (FFT) in the end of February 2017. The Trust carries out the survey for Quarters 1, 2 and 4 and the results from the NHS Staff Survey provides the results for the Quarter 3.

The survey includes two mandatory questions along with a few local questions. 33% of our workforce across all directorates were randomly selected to take part in this survey:

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

FFT Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4 %
Recommend	74%	75%	70%	N/A
Not Recommend	12%	10%	11%	N/A

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

FFT Survey	Quarter 1 %	Quarter 2 %	Quarter 3 %	Quarter 4%
Extremely Likely	79%	80%	71%	N/A
Extremely Unlikely	6%	5%	9%	N/A

Additional Local Questions

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

83%
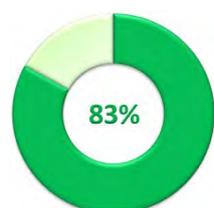
% staff believed that there was **effective team working** in their area of work

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

72%

80%

% staff feeling that their **work was valued** by colleagues and their line manager
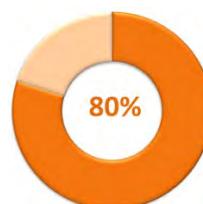
% staff agreeing that they were **treated fairly** by their colleagues and managers at work

81%

The Trust maintained its generally high scores. The Trust's score for the overall staff engagement indicator was 3.95 across combined mental health/learning disability and community trusts in England. The national results for all NHS Trusts are currently not available and we will only be able to compare our Trust's results with the others once the national results for all the Trusts are released. The Trust's ranking over the least three years is therefore as follows:

Year:	National ranking:
2014	1st=
2015	4th=
2016	N/A

The graph below shows the scores in relation to other directorates (and compared to the national average and lowest score nationally):

Overall Staff Engagement Scores - ELFT
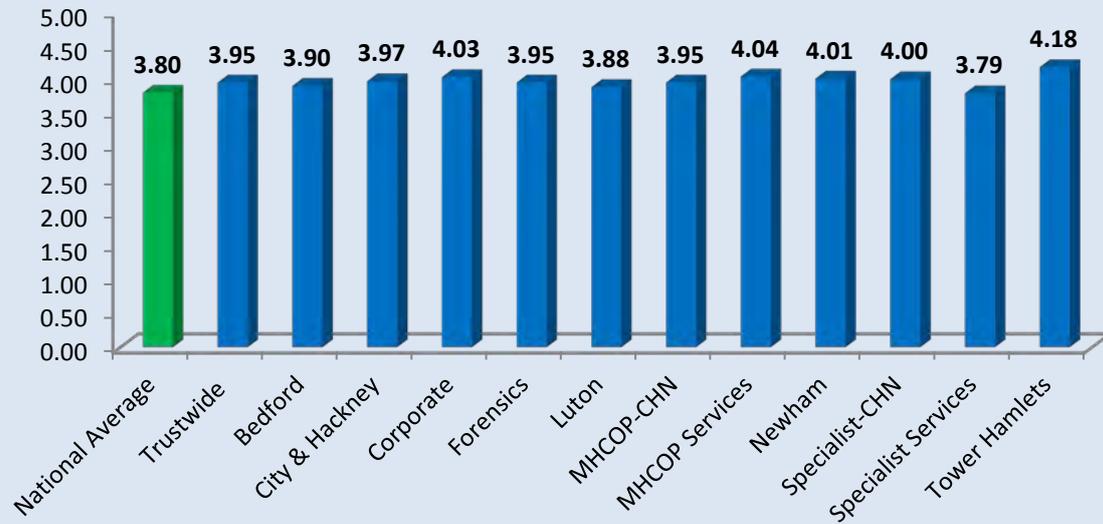
The table below shows the levels of engagement in Luton & Bedfordshire which are well above the national average, and have slightly increased since 2015 (as shown below) This is positive given the short time that the Trust took over the services in Bedfordshire and Luton in April 2015 and the amount of organisational change that the services are undergoing.

	2015	2016
Bedfordshire	3.88	3.90
Luton	3.85	3.88

Scores are also broken down by profession, which also shows variation, although all groups are above the national average. The Trust-wide action plans will incorporate strategies to address concerns affecting various staff groups.
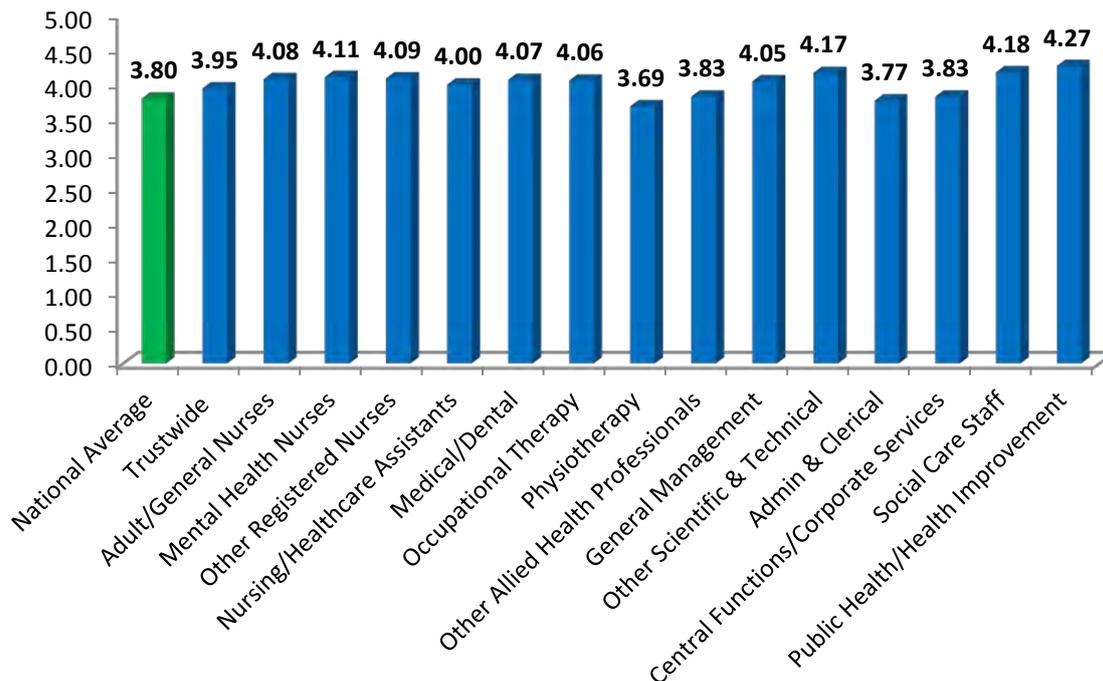
The Trust's approach to improvement

The Trust's approach to improving staff experience and engagement can be summarised as follows:

- Improvement action to focus on a small number issues most relevant to staff satisfaction, rather than a "deficit model" approach of trying to improve all indicators that are low and/or below the national average.
- To link with existing work streams/quality improvement project where appropriate, in order to avoid duplication of effort and maximise impact
- Wide dissemination and consideration of results, so that improvement can also be planned and owned at a local level (directorate and sub-directorate, professional group and equalities).

The 2016 results have been recently published by the NHS Staff Survey Coordination Centre and the results have been discussed at the Trust Board. The summary of the results will be circulated to all staff and discussed at the various Trust meetings including Service Delivery Board, Directorate Management Teams, professional groups and the Joint Staff Committee. Presentations will also be made to the staff equalities networks and other relevant forums.

Improvement plan

As stated above, the 2016 results will be widely distributed, and each directorate and professional group have been asked to consider the results and develop an improvement plan, in line with the framework set out above. This work is being monitored by the Service Delivery Board.

A Trust-wide improvement plan was developed last year, and has been refreshed. This is a detailed project plan that pulls together many areas of work relevant to staff experience, and links to the Quality Improvement programme and other related work streams. The plan seeks to balance the need to continue improvement in areas that are most relevant to staff experience, regardless of whether the Trust's score is above or below the national average.

3.4   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.

3.5 Statements of Clinical Commissioning Groups (CCGs)

3.5.1 Joint Statement of NHS Newham, NHS Tower Hamlets, and NHS City and Hackney CCGs

NHS City and Hackney, NHS Tower Hamlets and NHS Newham Clinical Commissioning Groups (CCGs) are responsible for the commissioning of Mental Health services from East London NHS Foundation Trust (ELFT) as part of a Consortium arrangement. NHS Newham CCG was the sole commissioner for Community services in 2016/2017. The three CCGs work collaboratively with ELFT to ensure that the services they provide meet the contractual requirements for quality and that they are working to continuously improve the quality of care provided across all three CCGs. The Consortium welcome the opportunity to provide this statement on the Trust's 2016/17 Quality Account.

We would first like to congratulate the Trust on their rating of 'outstanding' from the CQC. We recognise this is a significant achievement being only one of two mental health Trusts in the country to achieve this. We feel this rating reflects the Trust's drive to embed quality improvement into everyday business, and reflects the good governance of the Trust. We also note that the Trust has maintained and improved upon their reporting targets to Monitor and recognise this sustained performance, particularly around bed occupancy. We hope that the Trust continue to pursue quality improvement within services, but also ensure that they are assuring quality at all stages of their work to maintain their outstanding performance.

The Trust describes good outcomes during 2016/17 on continuing pressure ulcer reduction and further improvement and scaling up the violence reduction work as well as improved access to learning systems. We note however that the Quality Account did not highlight the outcomes of the work completed around reducing cardiovascular risk for people with severe mental illness through supporting physical health work during 2016/17. Commissioners acknowledge the good work that the Trust has undertaken to become one of the most improved Trusts for the uptake of the flu vaccine and the work that went into the campaign around this. We also congratulate the Trust on its staff engagement score and national and local position with the NHS staff survey. Particularly, with regards to staff ability to contribute to improvements at work; however, the consortium are concerned about the results surrounding physical violence experienced by staff and experiences of discrimination and inequality surrounding career progression and are pleased that this is being taken forward as a priority for 2017/18.

We are aware that in setting the five strategic priorities for 2017/2018 the Trust has consulted with a range of stakeholders. In addition to these strategic priorities the CCGs expect to be fully engaged with the Trust in reviewing and commenting upon the Trust Cash Releasing Efficiency Savings (CRES) Plans for Mental and Community Health services for 2017/2018.

ELFT's priorities for 2017/2018 include: continued work on reducing inpatient violence; improving access to community services; improving joy in work; recovery-focused community mental health services; and improving value for money. We agree that these

priorities will support the necessary focus required to build on the good work already underway, whilst spreading to other areas of the service across all boroughs. We look forward to working with the Trust in 2017/18 to achieve these priorities. In addition to these key areas of focus for the consortia through 2017/18 will be: embedding quality outcomes into the redesign of adult community healthcare services; ensuring that the quality of care is always prioritised through any planned changes to services; and working with all sectors of the health economy to support improvements in the hospital discharge process. It would be useful to understand, over the coming year, how the 2017/2018 quality priority to reduce harm by 30% each year will be measured.

We continue to endorse the Trust's approach to Quality Improvement (QI) and continue to support their work in this area. Consortium members are pleased that the Trust has worked collaboratively to include them in training events and national workshops. The Consortium would have liked to have seen what QI projects the Trust intend to roll out in 2017/2018 in order to support the strategic priorities and evidence of how QI projects undertaken in 2016/2017 had driven quality improvements within the Quality Account.

We confirm that we have reviewed the information contained within the Quality Account and checked this against data sources where this is available to us as part of existing quality and performance monitoring discussions and that it is accurate in relation to the services provided. We welcome the 2017/2018 Quality Account and look forward to working in an open and transparent way with the Trust to improve the quality of Mental Health and Community Services across East London.

NHS Newham, NHS City and Hackney and NHS Tower Hamlets Clinical Commissioning Groups.

Dr Prakash Chandra   Steve Gilvin
Chair Newham CCG   Chief Officer Newham CCG
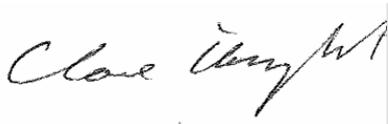
Dr Clare Highton   Paul Haigh
Chair City and Hackney CCG   Chief Officer City and Hackney
CCG   CCG

Sir Sam Everington   Jane Milligan
Chair Tower Hamlets CCG   Chief Officer Tower Hamlets
CCG   CCG

3.5.2 Statement from Bedfordshire Clinical Commissioning Group to ELFT Quality Account 2016/17

Bedfordshire Clinical Commissioning Group (BCCG) acknowledges the receipt of East London NHS Foundation Trust (ELFT) Quality Accounts 2016/17, which has been shared for comment. BCCG recognise that Newham CCG has been identified as the coordinating commissioner for all commissioner comments, however due to the population size covered, BCCG wanted the opportunity to respond to these accounts. The Quality Account was shared with BCCGs Non- Executive Director (lead for patient safety), Executive Directors, Performance, and Quality teams and systematically reviewed by key members of the CCG's Integrated Commissioning and Quality Committee (ICQC), as part of developing our statement.

We have reviewed the information provided within the Quality Account and cross referenced data with information that is submitted to BCCG as part of the Trust's contractual obligation. We have confirmed consistency of data from both sources of information.

ELFT is required to include in their Quality Accounts the Trusts' performance against National quality indicators. The accounts demonstrate this data has been included.

BCCG is encouraged by The CEOs statement of the Trusts Quality Strategy/ plan for providing the highest quality mental health and community care in England for patients by 2020. We are aware of the ongoing Quality Improvement (QI) programme of work throughout ELFT and recognise some of the local progress on this and how it has the ability to impact on organisational change and delivery of patient outcomes.

Reflecting on 16/17 priorities for Bedfordshire service users, BCCG is aware of how these priorities will have aligned in part to provision in Bedfordshire e.g. physical health monitoring and cardiovascular risk assessment which has been further developed via CQUIN plus specific work on programmes regarding physical activity and reducing weight for services users across Inpatients, early intervention and community mental health teams .The Trusts county wide introduction of patient management IT system RiO has led to improvement in service provision across all services and final roll out continues to be enhanced.

BCCG recognises the Trusts significant CQC rating and continues to work with the Trust on maintaining assurances of safe services. Specifically ELFT and BCCG have focussed on learning from and reporting of SI's, to improve reporting processes and continue to assure learning and safe provision of service. In addition the ongoing QI work in Bedfordshire has demonstrated some key areas of service improvement for our service users.

Additional areas of service improvement in mental health services in Bedfordshire have been the development of Street Triage. Developed with additional stakeholders Street Triage has received national attention and recognition. Other areas of improvement
include, the advances in recovery academy providing a range of workshops/learning opportunities across Bedfordshire and Luton and the "Break the Stigma" campaign with local

service user involvement. BCCG also recognise the accreditation of memory assessment services across Bedfordshire.

BCCG appreciates the level of estate and service provision changes that were required following CQC recommendation from previous provider's assessment to provide safe inpatient accommodation and also to reduce the number of Out of Area bed placements. ELFT has supported the transition of inpatient bed bases across Bedfordshire throughout 2016/17 to support the delivery of optimal therapeutic service user environments. We have worked closely with ELFT on impact assessment and assurance of safe provision and understanding service user experiences. ELFT have been active in supporting CCG led quality visits to all of these units and to community mental health teams over the last year. BCCG will continue to work with ELFT to continue to assure positive experience of these service changes. The identified broad priorities for ELFT in 17/18 are supported by BCCG.

- Reduce harm by 30% each year, by tackling the 'big safety issues
- Right care, right place, right time

It is evident within the Quality Account that there is a strong focus on quality assurance and quality control. This constitutes a strong theme in the proposed delivery and improvement of services at ELFT and supports the range of ongoing actions that will form a key part of BCCGs assurance monitoring in 2017/18.

Bedfordshire Clinical Commissioning Group welcomes the opportunity to comment on this report and looks forward to a new year of working with colleagues at ELFT to monitor the continued Quality and Safety of patients in Bedfordshire.

Matthew Tait

Accountable Officer
Bedfordshire Clinical Commissioning Group

better care, better value, better health

3.5.3 Statement from Luton Clinical Commissioning Group to East London NHS Foundation Trust Quality Account 2016/17

Luton Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the 2016/17 Quality Account* for East London NHS Foundation Trust (ELFT).

The Quality Account was shared with Non-Executive Directors (lead for patient safety), Executive Directors, Performance, and Quality Teams and systematically reviewed by key members of the CCG's Patient Safety and Quality Committee, and will be forwarded for the attention of the CCG Board..

LCCG have worked closely with the Trust during 2016-2017, gaining assurance on the delivery of the safe, effective and caring services. In line with the NHS (Quality Accounts) Regulations 2011, Luton CCG have reviewed the information contained within the ELFT annual account and checked this against data sources, where this is available to us, as part of our existing monitoring process.

Luton CCG would like to take this further opportunity to congratulate ELFT on the highly successful CQC inspection in 2016 leading to an overall rating of 'Outstanding'. Where minor areas for improvements have been noted the CCG commits to working closely to support and acknowledge all positive changes.

We are pleased to acknowledge the work undertaken by ELFT in 2016/17 as they continue with a programme of refurbishment to improve the environment for both clients and staff using their premises, we have had the privilege to visit many of the sites during quality inspection visits. Luton CCG acknowledge an improvement in the quality and timeliness of Serious Incident Investigation Reports, and are able to identify high quality action plans for improvement from the majority of the departments. Luton CCG acknowledges the Trust's candour, openness, transparency and positive response to both Luton CCGs concerns and those of the service users and families.

Within the year 2016-2017 ELFT has expanded liaison psychiatry working closely with Luton and Dunstable Foundation Trust Hospital to provide a 24hr service and is working towards a model of support for clients attending emergency departments with psychiatric presentation. The CCG looks forward to continued expansion of this service in 2016/17 and successful achievement of the Quality Initiative driving this work.

Luton CCG commends ELFT on the high level of staff participation in their Quality Improvement Facilitation which is evidenced through formal reports and verbal accounts from individual employees and teams. The CCG will be pleased to receive accounts on peer

review of their services in the coming year. In addition to peer review the CCG anticipates increased collation of evidence demonstrating the positive experience of service user's families and friends. The level of staff commitment and satisfaction with ELFT as employers is borne out by the positive 'Overall Staff Engagement Score' which is above the national average.

LCCG recognise the work that has been undertaken to achieve the 2016-2017 CQUINs and believe that ELFT will achieve all their mandated milestones, however at the time of writing this review is ongoing (partly due to National Audit results not being available).

We welcome the Trust's ongoing commitment to participation widely in national and local audits and note the high levels of achievement; we will continue to support the Trust where necessary to ensure that their services use the outcomes of these audits to further influence quality improvements.

LCCG would like to see some actions stemming from the Quality Priorities highlighted for 2017/18 in relation to Luton and are sure this will be forthcoming through the Quality Reporting and Meeting process. Luton CCG will continue to work with and support the Trust in driving forward their 2017/18 initiatives and improvements to ensure high quality healthcare and outcomes for the people of Luton.

Colin Thompson Accountable Officer
Luton Clinical Commissioning Group

3.6 Statement from Healthwatch Tower Hamlets and Hackney

We thank the Trust for giving us the opportunity to comment on this Quality Account and note the Care Quality Commission's rating of the Trust as Outstanding and the Health Service Journal's award of provider of the year in 2016. We are fortunate to have such an aspirational Trust that is achieving year on year quality improvements. We are also fortunate that these achievements have not made them complacent and they continue to identify and address weaknesses where they occur.

Through engaging staff in solving local problems the quality improvement programme has led to some impressive achievements across a wide range of services. We would like to see similar examples in the future where users and carers are equally as involved, alongside staff and management, in driving service improvement.

We would encourage the Trust, in their core values on page seven, to not only 'listen' but to 'listen and engage' patients, carers and service users. This would give clear recognition to existing good practice within the Trust in relation to service users leading both audits and research work and would underpin an increase in user led quality improvement programmes.

The Trust demonstrates a strong commitment to gathering user experience and utilising it to challenge and improve service quality. We are pleased that they continue to place improved patient and carer experience under the two broad aims for quality improvement. The use of film to promote patient experience gathering tools takes an innovative approach to spreading learning quickly across the Trust. It is important however to recognise that not all users will use digital technology to provide feedback. Not everyone is on the internet or has a computer and will either need paper copies or assistance to utilise public venues such as libraries or clinics. It is also important for the Trust to highlight some of the 'You said, We did' examples in the Quality Account reporting so that users can clearly see that they are having an impact.

We did not see any clear data indicating that the gathering of patient feedback or the quality improvement programme has led to an improvement in patient experience. We would have liked to have seen data from the friends and family test with response rates and outcomes for 2016/17 alongside progress from last year and targets for 2017/18. Being able to split data between inpatient and community services would be useful.

The CQC National Community Mental Health Patient Survey results do not indicate a marked improvement in the patient experience and we are particularly concerned about the poor patient response to support and wellbeing. There also seems to be an increase in complaints and issues raised with the Patient Advice and Liaison Service. It would be good

to see this information triangulated with the Trust's own data and feedback from other sources such as local Healthwatch.

It is reassuring that the Trust has exceeded all national NHS Improvement targets. We welcome the closer collaborative working with patients and carers which is a target for this year through the implementation of DIALOG+ / eCPA. Will this allow greater user involvement and demonstrate how the Care Plan Approach is leading to improvements?

We are somewhat concerned with the increase in medicine incidents (on page 36), with incidents increasing by 234. Is there a specific reason for this increase in reporting?

The staff survey results highlight areas where further improvement is required including: staff experiencing discrimination at work; staff experiencing physical violence from patients, relatives or public; staff working extra hours; and staff believing that the organisation provides equal opportunities for career progression or promotion (page 48). Some of these issues have been raised by Healthwatch in the past and we have had little response to our requests for further information on how these are being tackled.

We are very pleased to see that a service user led research programme has been initiated which was something that members suggested a number of years ago.

As the Trust is increasingly working with other NHS and local authority providers to deliver person centred care we expect that they will continue to champion mental health concerns and the need to provide equal weight to mental health alongside physical health through a whole person approach.

Hackney

Healthwatch Hackney would like to see a more open approach in relation to participation in the investigation of Serious Incidents, incidents which are not classified as SI but are subject to Route Cause Analysis, Preventing Future Deaths Notices. We would like to be invited to ELFT meetings where final draft reports are discussed so that we can comment on the investigation and any recommendation made and to see evidence of enduring improvements in services as a result of actions agreed by the investigation committee.

Healthwatch Hackney would like to see a more open approach in relation our participation in the investigation of complaints. We would like to be invited to ELFT meetings where final draft of complaints responses are discussed so that we can comment on the investigation and any recommendation made and to see evidence of enduring improvements in services as a result of actions agreed by the investigation committee.

In relation to complaints, Serious Incidents, incidents which are not classified as SI but are subject to Route Cause Analysis and Preventing Future Deaths Notices, we would like evidence on a continuous basis of effective communication with patients and families about the investigation outcomes, exercise of the Duty of Candour and an effective process of reassurance for patients and families that demonstrable and enduring improvements have been made to services as a result of complaints and other investigations.

In Hackney we would like it noted the Trust in house transport service run from the Homerton Hospital shows a clear commitment to patient support and engagement. The Trust should investigate extending this model to its services beyond Hackney.

Dianne Barham

Chief Executive
Healthwatch Tower Hamlets

3.7 Statement from Tower Hamlets Overview and Scrutiny Sub-Committee

Thank you for sending your Quality Account for 2016/17 to members of the London Borough of Tower Hamlets Health Scrutiny Sub-Committee. Members of the Sub-Committee have been very interested in the work of East London Foundation NHS Trust (ELFT) and the progress that your Trust has made this year.

Our comments outlined below specifically address the scrutiny activities that the Sub-Committee has carried out that relate to ELFT. These are:

- A presentation by East London NHS Foundation Trust on its response to the Care Quality Commission (CQC) inspection of the Trust.

- A joint presentation by ELFT and Tower Hamlets CCG on access to care for people with a mental health problem.

In September 2016 a significant inspection report was produced by the Care Quality Commission (CQC) on ELFT. The Sub-Committee heard that the inspection included a visit to 86 services and discussions with over 300 patients, 52 carers and over 700 members of staff. The Sub-Committee was delighted to hear that ELFT was rated as 'outstanding' and would like to congratulate the Trust for this achievement.

The Sub-Committee was pleased to see that the report highlighted the work undertaken to involve service users, and their carers, in the delivery and improvement of services. However, the Sub-Committee feels service user representation could be improved on the Governing Body of the Trust. Moreover the Sub-Committee would like to see ELFT build on the good work detailed in the CQC report by making better links with primary care to help improve the physical health of patients with mental health conditions. We look forward to hearing about how these recommendations are taken forward in 2017/18.

The Sub-Committee noted that the CQC inspection identified a number of areas which 'required improvement', these are:

- community health services for adults and forensic inpatient wards in the area of safety,
- wards for people with learning disabilities or autism in the area of effective care,
- community based mental health services for adults of working age in the area of responsive care.

We look forward to hearing about how improvements to these areas are delivered in 2017/18.

As part of the Sub-Committee's review of 'Access to Health and Social Care in Tower Hamlets' we received a presentation from ELFT and the CCG on access to care for people with a mental health condition. The presentation provided an overview of the main barriers people face in accessing services and the plans in place to improve mental health provision from both a commissioning and delivery perspective. The Sub-Committee was informed that the main barriers include a lack of awareness about mental health within the population, stigma (especially amongst specific communities), the fragmentation of provision, mistrust of services, excessive waiting times, transition at 18 and issues for carers/partners of those with mental health problems in accessing support. The Sub-Committee was encouraged by the plans in place to address these barriers through developing a population based

approach to mental health and tackling the wider determinants. The Sub-Committee was pleased to see that an emphasis has been placed on improving links with General Practice and improving urgent and community care pathways. The Sub-Committee is also pleased with the aim to integrate physical and mental healthcare and prompting whole person care commissioning, as we would like to ensure peoples mental as well as physical health is treated equally.

The Sub-Committee recommended that early intervention is required for the student population, in particular the 18 – 35 age groups, as mental health problems within this age group are increasing. Furthermore, given the increase in the student population experiencing mental health problems and considering the pressures they face, more work needs to be undertaken to achieve the '5 Year Forward View' objective of reducing suicides by 10%. The Sub-Committee also recommended that the choice of mental health interventions offered in primary care is reviewed to ensure that there are alternatives to CBT and that patients have choice in the treatment pathways they take. Finally the Sub-Committee want the interface between local mental health services and the Criminal Justice System be considered to ensure pathways for support and interventions are clear.

The Sub-Committee would also like the Quality Account to address how the Trust is looking at future resource levels given that the local population is projected to increase rapidly in the next few years.

The report is an accurate description of the Trust's performance and we would like to thank the engagement team and senior officers for their positive engagement with scrutiny and their ongoing commitment for close partnership working with Tower Hamlets council. We look forward to continuing to work with you during 2017/18.

Councillor Clare Harrisson
Chair, Health Scrutiny Sub-Committee
London Borough of Tower Hamlets

3.8 Central Bedfordshire comment on the East London Foundation Trust Quality Account 2016/17

At the Social Care Health and Housing Overview and Scrutiny Committee meeting held on Monday 15 May 2017, the Committee considered the East London Foundation Trust Quality Account 2016/17.

Members thanked the Director present and were reassured that the Trust had provided good quality services with the right interventions in place and had listened and responded to patients' needs and the views of their staff.

3.9 An Explanation of any Changes Made

There were no changes made as a result of the stakeholders' comments.

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 Director of Corporate Affairs, 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.elft.nhs.uk/)
- NHS Choices website (http://www.nhs.uk/Pages/HomePage.aspx)

3.11 2016/17 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. NHS Improvement 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 2016/17 and supporting guidance;

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - Board minutes for the period 1 April 2016 – 25 May 2017
    - Papers relating to Quality reported to the Board over the period 1 April 2016 – 25 May 2017
    - Complaints, incidents and PALS six-monthly report September 2016 and bi-monthly reporting to the Board
    - Mental Health Community Survey 2016 service users survey, issued in September 2016
    - National NHS staff survey 2016, issued in February 2017
    - Care Quality Commission Inspection Report dated September 2016
    - The Head of Internal Audit's annual opinion of the trust's control environment, dated May 2017
    - Feedback from governors dated 19 May 2016, 25 February 2017, 3 and 5 March 2017
    - Statement from Healthwatch Tower Hamlets and Hackney received on 22 May 2017
    - Statement from Tower Hamlets Overview and Scrutiny Sub-Committee received on 18 May 2017
    - Statement from Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee dated 15 May 2017
    - Joint Statement from NHS Newham, NHS Tower Hamlets, and NHS City and Hackney Clinical Commissioning Groups (CCGs) received 25 May 2017
    - Statement from Bedfordshire CCG received on 15 May 2017
    - Statement from Luton CCG received on 18 May 2017

- 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 NHS Improvement's annual reporting manual 2016/17 (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

Marie Gabriel, Chair

Date: 30th May 2017
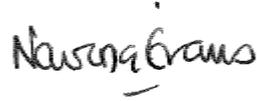
Dr Navina Evans, Chief Executive Officer

Date: 30th May 2017

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.

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 2017 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the 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 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 NHS Improvement.

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* and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2016/17* ('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 *Detailed Requirements for external assurance for quality reports for foundation trusts 2016/17.*

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 1 April 2016 – 25 May 2017;

- Papers relating to Quality reported to the Board over the period 1 April 2016 – 25 May 2017;

- Complaints, incidents and PALS six-monthly report September 2016 and bi-monthly reporting to the Board;

- Mental Health Community Survey 2016 service users survey, issued in September 2016;

- National NHS staff survey 2016, issued in February 2017;

- Care Quality Commission Inspection Report dated September 2016;

- The Head of Internal Audit's annual opinion of the trust's control environment, dated May 2017;

- Feedback from governors dated 19 May 2016, 25 February 2017, 3 and 5 March 2017;

- Statement from Healthwatch Tower Hamlets and Hackney received on 22 May 2017;

- Statement from Tower Hamlets Overview and Scrutiny Sub-Committee received on 18 May 2017;

- Statement from Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee dated 15 May 2017;

- Joint Statement from NHS Newham, NHS Tower Hamlets, and NHS City and Hackney Clinical Commissioning Groups (CCGs) received 25 May 2017;

- Statement from Bedfordshire CCG received on 15 May 2017;

- Statement from Luton CCG received on 18 May 2017;

- any other information included in our review.

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 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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 indicator;

- 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; and

- 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.

Limitations

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* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was 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 2017:

- 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 and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicator in the Quality Report subject to limited assurance has 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
Chartered Accountants
15 Canada Square
London
E14 5GL

30 May 2017

SECTION 4

AUDITED ANNUAL ACCOUNTS

KPMG

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 2017 set out on pages 9 to 53. In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2017 and of the Trust's income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Department of Health's Group Accounting Manual 2016/17.

Overview	
Materiality: Financial statements as a whole	£6m (2015/16:£5m) 1.7% (2015/16: 1.4%) of total income from operations

Risks of material misstatement	vs 2015/16
Recurring risks	Completeness, existence and valuation of land and building ◀▶
	Completeness, existence and accuracy of NHS and non NHS income and valuation of NHS and non NHS receivables and accrued income ◀▶

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, in decreasing order of audit significance, were as follows[(unchanged from 2015/16)]:

	The risk	Our response
Property, plant and equipment (£232.8 million; 2015/16: £228.0m) Other land and building £219.9 million (2015/16 £217.5 million) *Refer to pages 15 - 17 (accounting policies) and pages 38-40 (financial disclosures).*	**Completeness, existence and valuation of land and buildings:** Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with an equivalent asset. When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic. For non specialised assets, where there is generally an active market, these are usually valued at open market value. Valuation is completed by an external expert engaged by the Trust using construction indices and so accurate records of the current estate are required. Full valuations are completed every five years, with interim desktop valuations completed in interim periods. Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, are appropriate and correctly applied. East London NHS Foundation Trust had a full valuation undertaken by Montagu Evans at the 31 March 2013, and a desktop valuation performed annually since, including at the 31 March 2017. This has resulted in a £2.4 million increase in the value of the land and buildings balance from 31 March 2016.	Our procedures included: — **Test of existence:** We inspected the existence of land and buildings assets through sample testing of the asset register to both physical asset existence as well as underlying books and records; — **Consideration of the Trust's valuer:** We critically assessed the competency, capability, objectivity and independence of the Trust's external valuer and considered the terms of engagement of, and the instructions issued, to the valuer for consistency with the Trust's accounting policies for the valuation of land and buildings and that they were in line with industry practice. — **Consideration of valuation:** We agreed that the information provided to the valuer, including details of in-year capital expenditure on land and buildings, was complete, relevant and accurate. We critically assessed and understood the basis of the assumptions used in preparing the desktop valuation of the Trust's land and buildings. We checked that the revaluations have been recognised in the financial statements, comply with the requirements of the DH GAM and agreed the appropriateness of any amendments made by management to the information received from the valuer before incorporation into the financial statements; — **Impairment review:** We considered how management and the valuer had assessed the need for an impairment across its asset base either due to loss of value or reduction in future benefits that would be achieved; and — **Additions to assets:** For a sample of assets added during the year we confirmed that an appropriate valuation basis had been adopted and it was appropriate to capitalise them..
NHS and non-NHS income and receivables Patient care income (£341.9 million; 2015/16: £335.1 million) Receivables: (£14.9 million; 2015/16: £13.2 million) *Refer to page 14 (accounting policy) and page 23 (financial disclosures).*	**Completeness, existence and accuracy of patient care NHS and non NHS income and valuation of NHS and non NHS receivables and accrued income** Of the Trust's reported total income, £312.2 million (2015/16, £311.0 million) came from commissioners (Clinical Commissioning Groups (CCGs) and NHS England). The majority of this income is contracted on an annual basis, however an element is based on achieving targets, and if the targets are not achieved the level of income is reduced. An agreement of balances exercise is undertaken between all NHS bodies to agree the value of transactions during the year and the amounts owed at the year end. 'Mismatch' reports are available setting out discrepancies between the submitted balances from each party and variances over £250,000 are required to be reported to the National Audit Office to inform the audit of the Department of Health consolidated accounts. The Trust reported total income of £29.7 million (2015/16: £24.1 million) from other commissioners of patient care. Much of this income is contracted from non-NHS bodies such as Local Authorities under contracts that confirm when income will be received; on delivery, milestones, or periodically.	Our procedures included: — **Contract agreement:** For the six largest commissioners by value of the Trust, we verified signed contracts were in place. — **Income Billing:** We agreed invoices had been issued in line with the contracts signed with the six largest commissioners and a sample of other commissioners, obtaining explanations for key contract variations. — **Agreement of receivables:** We challenged the approach to impairing receivables and confirmed that they are in line with the Trust's accounting policies, and that the judgement for the level of impairment is appropriate. — **Agreement of balances:** We compared the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared to the values disclosed within the financial statements. Where there were mismatches over £250,000 we challenged management's assessment of the level of income they were entitled to and the receipts that could be collected; — **Non NHS income:** We tested a sample of non NHS income and obtained and confirmed explanations for significant variances with the prior year.

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3. Our application of materiality and an overview of the scope of our audit

The materiality for the financial statements was set at £6 million (2015/16: £5 million), determined with reference to a benchmark of income from operations (of which it represents approximately 1.7%). 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 £250,000 (2015/16: £250,000), in addition to other identified misstatements that warrant reporting on qualitative grounds.

Total income from operations
£359.4 m (2015/16: £350.9 m)

Materiality

£6 m
Whole financial statements materiality (2015/16: £5 m)

£250,000
Misstatements reported to the Audit Committee (2015/16: £250,000)

- ■ Total income from operations
- ■ Materiality
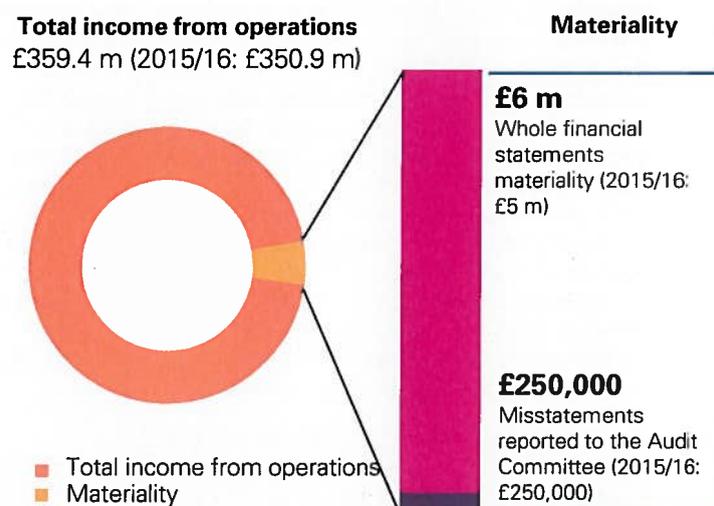
4. Our opinion on other matters prescribed by the Code of Audit Practice is unmodified

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 2016/17; and

— the information given in the Annual 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

We are required to report to you if, based on the knowledge we acquired during our audit, we have identified 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 financial statements taken as a whole is fair, balanced and understandable; or

— the Audit Committee's commentary on page 40 of the Annual Report does not appropriately address matters communicated by us to the Audit Committee.

Under the Code of Audit Practice 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 2016/17, 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.

— the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

In addition we are required to report to you if:

— any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.

— any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in respect of the above responsibilities.

6. We have completed our audit

We certify that we have completed the audit of the accounts of East London NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Scope and responsibilities

As described more fully in the Chief Executive's Responsibilities as Accounting Officer on page 3 the accounting officer is responsible for the preparation of financial statements that 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. A description of the scope of an audit of financial statements is provided on our website at 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 Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

.

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.

Neil Thomas for and on behalf of KPMG LLP
Chartered Accountants and Statutory Auditor
15 Canada Square, Canary Wharf, London, E14 5GL

30 May 2017

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East London NHS Foundation Trust

Audited Annual Accounts
for the year ended 31 March 2017

Audited Annual Accounts
for the year ended 31 March 2017

East London **NHS**
NHS Foundation Trust

FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2017, 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:
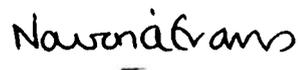
Navina Evans

Dr Navina Evans
Chief Executive Officer

Date: 30 May 2017

ANNUAL GOVERNANCE STATEMENT 2016/17

1 Scope of responsibility

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

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

2 The purpose of the system of internal control

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

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

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

3 Capacity to handle risk

The Trust has a Risk Management Strategy and operational policies approved by the Trust Board. Leadership is given to the risk management process through a number of measures, including designation of Executive and Non-Executive Directors to key committees within the Trust's Healthcare Governance Framework structure.

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

The Director of Corporate Affairs has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Assistant Director of Assurance, who leads and manages the Trust's Assurance Department. All directors have responsibility to identify and manage risk within their specific areas of control, in line with the management and accountability arrangements in the Trust. Directorates have identified leads for risk management.

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

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

4 The risk and control framework
Key elements of the Risk Management Strategy

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

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board on a quarterly basis, and red rated risks are reported to each meeting.

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

Embedding risk management in the activity of the organisation

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

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

ANNUAL GOVERNANCE STATEMENT 2016/17 (continued)

4 The risk and control framework (continued)
During 2016/17 our focus remained on the Luton and Bedfordshire integration risks and controls which was one of our priority areas. The Quality Assurance Committee and the Board received updates at every meeting.

Involvement of public stakeholders
Risks to public stakeholders are managed through formal review processes with the Independent Regulator (NHS Improvement) and the local commissioners through joint actions on specific issues such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health & Overview Scrutiny Committees. The Council of Governors represents the interests of members and has a role to hold the Board of Directors to account for the performance of the Trust.

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

The Trust underwent a two-week announced inspection by the CQC in June 2016 and was rated Outstanding.

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

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

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

Foundation Trust governance
As an NHS Foundation Trust, the Trust is required by its licence to apply relevant principles, systems and standards of good corporate governance. In order to discharge this responsibility, the Trust has a clear and effective board and committee structure, which is regularly reviewed. Responsibilities of the board and committees are set out in formal terms of reference, and responsibilities of directors and staff are set out in job descriptions. There are clear reporting lines and accountabilities throughout the organisation.

The Board receives regular reports that allow it to assess compliance with the Trust's licence, i.e. the Board receives monthly finance reports and quarterly performance & compliance reports. Individual reports address elements of risk, such as monthly reports on bed occupancy. This enables the Board to have clear oversight over the Trust's performance.

As part of its submission of the 2016/17 Operational Plan, the Trust submitted to NHS Improvement a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above, and through regular review of governance developments as part of the Board development programme.

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

Performance review meetings assess each directorate's performance across a full range of financial and quality metrics which, in turn, forms the basis of the monthly performance and compliance report to the Service Delivery Board.

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

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

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

ANNUAL GOVERNANCE STATEMENT 2016/17 (continued)

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Trust has a nominated Caldicott Guardian (Chief Medical Officer), who is also the executive director lead for Information Governance, and is supported by key staff within the Information Management & Technology Directorate and directorate leads. Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Trust Board receives reports on compliance with the Information Governance Toolkit.

There was one information governance incident during 2016/17, which was also included in our 2015/16 statement because it occurred in the beginning of April 2016. Learning was shared across the Trust to ensure it will not re-occur.

6 Annual Quality Report

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

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

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2017/18, and performance against quality indicators for 2016/17. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

The Trust has a Quality Strategy which has been approved by the Trust Board. The quality priorities for 2017/18 have been developed in conjunction with senior clinicians and managers, the Council of Governors and user groups. They form part of the Trust's operational plan for 2017/18 which has been prepared in line with NHS Improvement requirements, and agreed by the Trust Board.

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

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

7 Review of effectiveness

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

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

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

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2016/17 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

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

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

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

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

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

ANNUAL GOVERNANCE STATEMENT 2016/17 (continued)

7 Review of effectiveness (continued)

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

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

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

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

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

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

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

Internal Control Issues

During 2016/17, the Trust's Internal Auditors have not given any 'no assurance' reports. They issued four reports where they provided 'partial assurance' over the design and application of the controls in place to manage the identified risks:

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

In relation to the findings of the audit on temporary staffing, all management actions were followed up closely and further intensified efforts were put in place, including weekly meetings with relevant areas.

In relation to the findings of the audit on Medical Job Planning, all management actions have been implemented.

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

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

ANNUAL GOVERNANCE STATEMENT 2016/17 (continued)

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

- Failure to transform district nursing services in order to meet the needs of the local health services and wider community;
- The Trust may not maintain financial viability if: a) The short-term impact and potential lack of achievability of CRES requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as STF funding; and
- The Trust may not maintain financial viability if: b) The long term impact and potential lack of achievability of CRES requirements over the next 5 years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.

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

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

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

8 Conclusion
The Trust has an adequate and effective system of internal control, and the specific internal control issues detailed above are being addressed through robust action plans.

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

Signed:

Navina Evans

Dr Navina Evans
Chief Executive Officer

Date: 30 May 2017

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 NHS Improvement.

Under the NHS Act 2006, NHS Improvement 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 NHS Improvement, 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 NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.

Signed:

Dr Navina Evans
Chief Executive Officer

Date: 30 May 2017

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Statement of Comprehensive Income
for the year ended 31 March 2017

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

The notes on pages 14 to 53 form part of these accounts.

Audited Annual Accounts
for the year ended 31 March 2017

East London **NHS**
NHS Foundation Trust

Statement of Financial Position
as at 31 March 2017

	Note	31 March 2017 £000	31 March 2016 £000
Non-current assets			
Intangible assets	14	626	582
Property, plant and equipment	15	232,855	228,018
Investment property	16	242	230
Total non-current assets		233,723	228,830
Current assets			
Inventories	17	230	306
Trade and other receivables	18	19,145	15,477
Cash and cash equivalents	20	52,287	52,172
Total current assets		71,662	67,955
Current liabilities			
Trade and other payables	22	(43,787)	(45,722)
Borrowings	24	(399)	(362)
Provisions	26	(7,970)	(5,199)
Other liabilities	23	(3,147)	(2,166)
Total current liabilities		(55,303)	(53,449)
Total assets less current liabilities		250,082	243,336
Non-current liabilities			
Borrowings	24	(19,279)	(19,678)
Provisions	26	(236)	(258)
Other liabilities	23	(1,891)	(751)
Total non-current liabilities		(21,406)	(20,687)
Total assets employed		228,676	222,648
Financed by			
Public dividend capital		77,341	77,271
Revaluation reserve		68,464	68,449
Retained earnings		82,871	76,928
Total taxpayers' equity		228,676	222,648

The notes on pages 14 to 53 form part of these accounts.

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Dr Navina Evans
Chief Executive Officer

Date: 30 May 2017

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Audited Annual Accounts
for the year ended 31 March 2017

East London **NHS**

NHS Foundation Trust

Statement of Changes in Equity for the year ended 31 March 2017

	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 2016 - brought forward	77,271	68,449				76,928	222,648
Surplus/(deficit) for the year						5,303	5,303
Impairments		(5,138)					(5,138)
Revaluations		6,823					6,823
Remeasurements of the defined net benefit pension scheme liability/asset							
Public dividend capital received	70						70
Transfer of excess depreciation over historic cost depreciation		(1,670)				1,670	-
Taxpayers' equity at 31 March 2017	77,341	68,464	-	-	-	82,871	228,676

Audited Annual Accounts
for the year ended 31 March 2017

East London **NHS**
NHS Foundation Trust

Statement of Changes in Equity for the year ended 31 March 2016

	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 2015 - brought forward	77,271	43,239				50,494	171,004
Surplus/(deficit) for the year						41,441	41,441
Transfers by absorption: transfers between reserves		14,739				(14,739)	-
Impairments		(16,631)					(16,631)
Revaluations		27,376					27,376
Remeasurements of the defined net benefit pension scheme liability/asset						(542)	(542)
Transfer of excess depreciation over historic cost depreciation		(274)				274	-
Taxpayers' equity at 31 March 2016	**77,271**	**68,449**	**-**	**-**	**-**	**76,928**	**222,648**

Audited Annual Accounts
for the year ended 31 March 2017

Statement of Cash Flows
for the year ended 31 March 2017

	Note	2016/17 £000	2015/16 £000
Cash flows from operating activities			
Operating surplus/(deficit)		13,015	12,516
Non-cash income and expense:			
Depreciation and amortisation	5	6,642	5,887
Impairments and reversals of impairments		(654)	4,833
Non-cash donations/grants credited to income	4	-	(155)
Non-cash movements in on-SoFP pension liability	25.2	110	209
(Increase)/decrease in receivables and other assets		(3,256)	1,386
(Increase)/decrease in inventories		76	(115)
Increase/(decrease) in payables and other liabilities		(352)	1,324
Increase/(decrease) in provisions		2,749	3,358
Other movements in operating cash flows		-	(46)
Net cash generated from/(used in) operating activities		18,330	29,197
Cash flows from investing activities			
Interest received		315	151
Purchase of intangible assets		(371)	(88)
Purchase of property, plant, equipment and investment property		(9,099)	(11,487)
Net cash generated from/(used in) investing activities		(9,155)	(11,424)
Cash flows from financing activities			
Public dividend capital received		70	-
Capital element of PFI, LIFT and other service concession payments		(362)	(328)
Interest paid on PFI, LIFT and other service concession obligations		(2,433)	(2,240)
PDC dividend paid		(6,335)	(5,688)
Net cash generated from/(used in) financing activities		(9,060)	(8,256)
Increase/(decrease) in cash and cash equivalents		115	9,517
Cash and cash equivalents at 1 April		52,172	42,600
Cash and cash equivalents transferred under absorption accounting		-	55
Cash and cash equivalents at 31 March	20	52,287	52,172

Notes to the Accounts

Accounting Policies and Other Information

1 Accounting policies

NHS Improvement 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 2016/17 issued by NHS Improvement. 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, Bedfordshire Pension Fund, NHS Litigation Authority 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's 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 26.

- 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 22.

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

1.4 Expenditure on employee benefits (continued)

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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 2017.

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.

Notes to the Accounts

1.6 Property, plant and equipment (continued)

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.

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 NHS Improvement'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.

Notes to the Accounts

1.6 Property, plant and equipment (continued)

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.

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:

a) it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; and
b) the cost of the asset can be measured reliably; and
c) 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 assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

a) the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
b) the Trust intends to complete the asset and sell or use it;
c) the Trust has the ability to sell or use the asset;
d) 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;
e) adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
f) the Trust can measure reliably the expenses attributable to the asset during development.

Notes to the Accounts

1.7 Intangible assets (continued)

Software

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

Measurement

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

Subsequently intangible assets are measured at 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 CCGs 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)

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.

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.

Notes to the Accounts

1.14 Financial instruments and financial liabilities (continued)

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.

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.

Notes to the Accounts

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 PDC 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.

1.20 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.

1.21 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.

1.22 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	Financial year for which the change first applies
IFRS 9 Financial Instruments	Not yet EU adopted. Expected to be effective from 2018/19
IFRS 15 Revenue from Contracts with Customers	Not yet EU adopted. Expected to be effective from 2018/19
IFRS 16 Leases	Not yet EU adopted. Still subject to HM Treasury consideration
IFRIC 22 Foreign Currency Transactions and Advance Consideration	Not yet EU adopted.

1.23 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.

1.24 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.

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.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2016/17 £000	2015/16 £000
Mental health services		
Cost and volume contract income	8,067	8,373
Block contract income	304,670	303,670
Other clinical income from mandatory services	29,116	23,067
Total income from activities	**341,853**	**335,111**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2016/17 £000	2015/16 £000
CCGs and NHS England	312,188	311,030
Local authorities	21,558	16,617
Department of Health	349	-
NHS foundation trusts	3,162	4,547
NHS trusts	4,166	2,308
NHS other	159	153
Non-NHS: overseas patients (chargeable to patient)	271	457
Total income from activities	**341,853**	**335,111**
Of which:		
Related to continuing operations	341,853	335,111

Note 3.3 Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2016/17 £000	2015/16 £000
Income recognised this year	271	457

Note 4 Other operating income

	2016/17 £000	2015/16 £000
Research and development	1,522	1,871
Education and training	11,186	8,254
Receipt of capital grants and donations	-	155
Rental revenue from operating leases	463	195
Other income	4,425	5,276
Total other operating income	**17,596**	**19,796**
Of which:		
Related to continuing operations	17,596	15,751

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:

	2016/17 £000	2015/16 £000
Income from services designated (or grandfathered) as commissioner requested services	341,853	335,111
Income from services not designated as commissioner requested services	17,596	19,796
Total	**359,449**	**354,907**

The Trust is working with its commissioners to determine the level of commisioner requested services currently provided. Within the 2016/17 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)

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East London **NHS**
NHS Foundation Trust

Note 5 Operating expenses

	2016/17	2015/16
	£000	£000
Services from NHS foundation trusts	6,126	11,004
Services from NHS trusts	4,099	5,315
Services from CCGs and NHS England	72	-
Services from other NHS bodies	8,997	7,021
Purchase of healthcare from non NHS bodies	8,782	7,086
Employee expenses - executive directors	1,320	1,313
Employee expenses - non-executive directors	176	171
Employee expenses - staff	254,759	245,807
Supplies and services - clinical	3,482	3,389
Supplies and services - general	8,809	7,855
Establishment	4,124	4,667
Research and development	1,894	2,060
Transport	2,253	2,081
Premises	15,439	13,553
Increase/(decrease) in provision for impairment of receivables	1,004	(20)
Drug costs	1,485	1,269
Inventories consumed	3,013	2,986
Rentals under operating leases	1,026	1,153
Depreciation on property, plant and equipment	6,315	5,524
Amortisation on intangible assets	327	363
Impairments	(654)	4,833
Audit fees payable to the external auditor		
audit services- statutory audit	59	69
other auditor remuneration (external auditor only)	12	12
Internal audit costs	83	84
Clinical negligence	641	565
Legal fees	820	283
Consultancy costs	2,036	1,473
Training, courses and conferences	1,960	1,916
Patient travel	512	405
Redundancy	583	681
Hospitality	69	81
Insurance	95	107
Other services, eg external payroll	1,136	1,116
Losses, ex gratia & special payments	32	112
Other	5,548	4,012
Total	**346,434**	**338,346**
Of which:		
Related to continuing operations	346,434	338,346

Note 5.1 Other auditor remuneration

Remuneration of £12k (£12k in 2015/16) was paid to the external auditors for audit-related assurance services on the Quality Accounts.

Note 5.2 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £1m (£1m in 2015/16).

Note 6 Impairment of assets

	2016/17 £000	2015/16 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(654)	4,833
Total net impairments charged to operating surplus / deficit	(654)	4,833
Impairments charged to the revaluation reserve	5,138	16,631
Total net impairments	4,484	21,464

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Note 7 Salary and pension entitlements of senior managers

Note 7.1 Remuneration

Name and Title	2016/17			2015/16		
	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			50-55		
Dr Robert Dolan - Chief Executive Officer (to 31 July 2016)	65-70			195-200		
Dr Navina Evans - Chief Executive Officer (from 1 August 2016)	55-60	45-50	20-25	-		
Dr Navina Evans - Chief Operating Officer (to 31 July 2016)	45-50	5-10	10-15	135-140	15-20	35-40
Professor Jonathan Warren - Chief Nurse and Deputy CEO (acted as Chief Operating Officer from 01/01/2017 to 01/03/2017)	135-140			125-130		
Dr Kevin Cleary - Chief Medical Officer	150-155		35-40	150-155		35-40
Mason Fitzgerald - Director of Corporate Affairs	125-130			115-120		
Steven Course - Chief Finance Officer	125-130			115-120		
Mohit Venkataram - Director of Commercial Development and Performance (from 1 November 2016)	50-55					
Paul Calaminus - Chief Operating Officer (from 1 March 2017)	10-15					
Paul James - Acting Chief Operating Officer (from 1 August 2016 to 31 December 2016)	45-50					
Lorraine Sunduza - Acting Chief Nurse (from 1 January 2017 to 31 March 2017)	25-30					
John Wilkins - Managing Director (to 30 September 2016)	75-80			130-135		
Mary Elford - Vice Chair	15-20			15-20		
Nicola Bastin - Senior Independent Non Executive Director (to 31 October 2016)	10-15			15-20		
Jennifer Mary Kay - Senior Independent Non Executive Director	15-20			15-20		
Kingsley Peter - Non Executive Director	15-20			15-20		
Robert Taylor - Non Executive Director	15-20			15-20		
Urmila Banerjee - Non Executive Director	15-20			15-20		
Paul Hendrick - Non Executive Director (from 1 April 2016)	15-20					
Ken Batty - Non Executive Director (from 1 November 2016)	5-10					
Band of highest-paid director	190-195			185-190		
Median total remuneration	33,722.39			34,154.04		
Ratio	5.8			5.7		

Total remuneration paid to directors for the year ended 31 March 2017 (in their capacity as directors) totalled £1,209,599 (£1,065,690 in 2015/16). 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 2017 totalled £141,340 (£113,114 in 2015/16). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was seven (six in 2015/16).

*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

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:

Nawina Evans

Dr Navina Evans

Chief Executive Officer

Date: 30 May 2017

Audited Annual Accounts
for the year ended 31 March 2017

Note 7 Salary and pension entitlements of senior managers (continued)

Note 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 £2,500) £000	Total accrued pension at age 60 at 31 March 2017 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000) £000	Cash Equivalent Transfer value at 31 March 2017 £000	Cash Equivalent Transfer value at 31 March 2016 £000	Real increase in Cash Equivalent Transfer Value £000
Dr Navina Evans - Chief Executive Officer (from 1 August 2016)	12.5 - 15	40 - 42.5	85 - 90	255 - 260	1683	1377	280
Professor Jonathan Warren - Chief Nurse and Deputy CEO (acted as Chief Operating Officer from 01/01/2017 to 01/03/2017)	5 - 7.5	20 - 22.5	50 - 55	155 - 160	942	797	125
Dr Kevin Cleary - Chief Medical Officer	0 - 2.5	2.5 - 5	55 - 60	165 - 170	1130	1072	38
Mason Fitzgerald - Director of Corporate Affairs	2.5 - 5.0	0 - 2.5	15 - 20	40 - 45	247	208	21
Steven Course - Chief Finance Officer	2.5 - 5.0	5 - 7.5	25 - 30	70 - 75	360	308	34
Mohit Venkataram - Director of Commercial Development and Performance (from 1 November 2016)	0 - 2.5	0 - 2.5	20 - 25	55 - 60	361	334	4
Paul Calaminus - Chief Operating Officer (from 1 March 2017)	2.5 - 5.0	0 - 2.5	25 - 30	70 - 75	398	377	0
Paul James - Acting Chief Operating Officer (from 1 August 2016 to 31 December 2016)	2.5 - 5.0	0 - 2.5	85 - 90	0 - 5	0 - 5	1327	0
Lorraine Sunduza - Acting Chief Nurse (from 1 January 2017 to 31 March 2017)	3 - 3.5	5 - 7.5	20 - 25	50 - 55	293	216	16
John Wilkins - Managing Director (to 30 September 2016)	0 - 2.5	5 - 7.5	40 - 45	125 - 130	0 - 5	912	0

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.

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Note 7 Salary and pension entitlements of senior managers (continued)

Note 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 2017 (Table 1) and the number of new engagements in 2016/17 which exceeded £220 per day and lasted longer than six months (Table 2). In 2016/17 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 2017, which exceed £220 per day and that have lasted for longer than six months:

No. of existing engagements as at 31 March 2017:	5
of which...	
No. that have existed for less than one year at time of reporting.	4
No. that have existed for between one and two years at time of reporting.	0
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	1

Table 2: For all new off-payroll engagements, or those that reached six months in duration, in 2016/17, which exceed £220 per day and that have lasted for longer than six months:

No. of new engagements or those that reached six months in duration in 2016/17:	4
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	4
No. for whom assurance has been requested	4
of which...	
No. for whom assurance has been received	4
No. for whom assurance has not been received	0
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.

Note 8 Employee benefits

	Permanent £000	Other £000	2016/17 Total £000	2015/16 Total £000
Salaries and wages	175,154	20,126	195,280	189,437
Social security costs	20,333	-	20,333	16,138
Employer's contributions to NHS pensions	23,127	-	23,127	22,417
Pension cost - other	208	-	208	406
Agency/contract staff	-	17,130	17,130	18,722
Total staff costs	**218,823**	**37,256**	**256,079**	**247,120**

Note 8.1 Average number of employees (WTE basis)

	Permanent Number	Other Number	2016/17 Total Number	2015/16 Total Number
Medical and dental	365	-	365	363
Administration and estates	996	-	996	957
Nursing, midwifery and health visiting staff	2,280	-	2,280	2,288
Scientific, therapeutic and technical staff	998	-	998	939
Agency and contract staff	-	225	225	443
Bank staff	-	481	481	585
Other	5	-	5	4
Total average numbers	**4,643**	**706**	**5,349**	**5,579**

Note 8.2 Retirements due to ill-health

During 2016/17 there were 4 early retirements from the trust agreed on the grounds of ill-health (8 in 2015/16). The estimated additional pension liabilities of these ill-health retirements is £288k (£400k in 2015/16).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8.3 Reporting of compensation schemes - exit packages 2016/17

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Number of other departures agreed Number	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	-	-	1	-
£10,001 - £25,000	7	123	-	7	123
£25,001 - £50,000	2	73	-	2	73
£50,001 - £100,000	3	173	-	3	173
£100,001 - £150,000	2	214	-	2	214
Total	**15**	**583**	**-**	**15**	**583**

There were no other departures during the year.

Note 8.4 Reporting of compensation schemes - exit packages 2015/16

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Number of other departures agreed Number	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	6	-	1	6
£10,001 - £25,000	6	122	-	6	122
£25,001 - £50,000	5	213	-	5	213
£50,001 - £100,000	2	160	-	2	160
£150,001 - £200,000	1	180	-	1	180
Total	**15**	**681**	**-**	**15**	**681**

There were no other departures during the year.

Note 8.5 Directors' remuneration
The aggregate amounts payable to directors were:

	2016/17 £000	2015/16 £000
Salary	1,215	1,066
Employer's pension contributions	141	113
Total	**1,356**	**1,179**

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 two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

Local Government Pension Scheme (LGPS)

The Trust also has a number of employees who are members of a LGPS - the Bedfordshire Pension Fund. The Funds comprising the LGPS are multi-employer schemes, and each employer's share of the underlying assets and liabilities can be identified. Hence a defined benefit approach is followed. The scheme has a full actuarial valuation at intervals not exceeding three years. In between the full actuarial valuations, the assets and liabilities are updated using the principle actuarial assumptions at the balance sheet date. Any material changes in liabilities associated with these claims would be recoverable through the pool, which is negotiated every three years. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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Note 10 Operating leases

Note 10.1 East London NHS Foundation Trust as a lessor

	2016/17 £000	2015/16 £000
Operating lease revenue		
Minimum lease receipts	463	195
Total	463	195

	31 March 2017 £000	31 March 2016 £000
Future minimum lease receipts due:		
- not later than one year	463	260
- later than one year and not later than five years	1,743	1,042
- later than five years	3,453	1,042
Total	5,659	2,344

Note 10.2 East London NHS Foundation Trust as a lessee

	2016/17 £000	2015/16 £000
Operating lease expense		
Minimum lease payments	1,026	1,153
Total	1,026	1,153

	31 March 2017 £000	31 March 2016 £000
Future minimum lease payments due:		
- not later than one year;	1,026	1,153
- later than one year and not later than five years;	2,913	2,149
- later than five years.	746	942
Total	4,685	4,244

Note 11 Finance income

	2016/17 £000	2015/16 £000
Interest on bank accounts	117	150
Interest income on employee pension fund assets	197	171
Total	314	321

Note 12 Finance expenditure

	2016/17 £000	2015/16 £000
Interest expense:		
Interest on employee pension fund obligations	226	217
Main finance costs on PFI and LIFT schemes obligations	2,207	2,240
Total	2,433	2,457

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Note 13.1 Better Payment Practice Code - measure of compliance

	2016/17 Number	2016/17 £000
Total Non-NHS trade invoices paid in the year	51,663	153,126
Total Non-NHS trade invoices paid within target	47,053	150,490
Percentage of Non-NHS trade invoices paid within target	91%	98%
Total NHS trade invoices paid in the year	1,594	32,203
Total NHS trade invoices paid within target	1,454	31,964
Percentage of NHS trade invoices paid within target	91%	99%

	2015/16 Number	2015/16 £000
Total Non-NHS trade invoices paid in the year	49,956	99,831
Total Non-NHS trade invoices paid within target	46,020	97,825
Percentage of Non-NHS trade invoices paid within target	92%	98%
Total NHS trade invoices paid in the year	1,414	22,951
Total NHS trade invoices paid within target	1,354	22,772
Percentage of NHS trade invoices paid within target	96%	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.

Note 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

Note 14.1 Intangible assets - 2016/17

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	2,107	2,107
Additions	371	371
Gross cost at 31 March 2017	2,478	2,478
Amortisation at 1 April 2016 - brought forward	1,525	1,525
Provided during the year	327	327
Amortisation at 31 March 2017	1,852	1,852
Net book value at 31 March 2017	626	626
Net book value at 1 April 2016	582	582
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

Note 14.2 Intangible assets - 2015/16

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2015 - brought forward	1,864	1,864
Additions	243	243
Valuation/gross cost at 31 March 2016	2,107	2,107
Amortisation at 1 April 2015 - brought forward	1,162	1,162
Provided during the year	363	363
Amortisation at 31 March 2016	1,525	1,525
Net book value at 31 March 2016	582	582
Net book value at 1 April 2015	702	702
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	3	

Note 14.3 Intangible assets financing 2016/17

	Software licences £000	Total £000
Net book value at 31 March 2017		
Purchased	575	575
Donated and government grant funded	51	51
NBV total at 31 March 2017	626	626

Note 14.4 Intangible assets financing 2015/16

	Software licences £000	Total £000
Net book value 31 March 2016		
Purchased	479	479
Donated and government grant funded	103	103
NBV total at 31 March 2016	582	582

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Note 15.1 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	32,819	186,413	168	-	5,306	65	11,148	3,109	239,028
Additions	-	3,490	-	1,970	403	28	2,426	496	8,813
Impairments charged to revaluation reserve	(1,406)	(3,732)	-	-	-	-	-	-	(5,138)
Revaluation gains charged to revaluation reserve	479	6,313	31	-	-	-	-	-	6,823
Revaluation Surpluses	(893)	(1,619)	(3)	-	-	-	-	-	(2,515)
Valuation/gross cost at 31 March 2017	30,999	190,865	196	1,970	5,709	93	13,574	3,605	247,011
Accumulated depreciation at 1 April 2016 - brought forward	-	1,742	-	-	2,514	34	5,093	1,627	11,010
Provided during the year	-	3,299	3	-	750	17	1,799	447	6,315
Impairments recognised in operating expenses	959	819	-	-	-	-	-	-	1,778
Reversals of impairments recognised in operating expenses	(66)	(2,366)	-	-	-	-	-	-	(2,432)
Revaluation Surpluses	(893)	(1,619)	(3)	-	-	-	-	-	(2,515)
Accumulated depreciation at 31 March 2017	-	1,875	-	-	3,264	51	6,892	2,074	14,156
Net book value at 31 March 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855
Net book value at 1 April 2016	32,819	184,671	168	-	2,792	31	6,055	1,482	228,018
Useful economic life									
- Minimum useful economic life		60	60		3	5	5	3	
- Maximum useful economic life		60	60		15	5	10	12	

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Note 15.2 Property, plant and equipment - 2015/16

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2015 - brought forward	36,600	134,849	-	872	5,620	82	10,841	5,170	194,034
Transfers by absorption	9,776	26,300	121	-	223	-	-	-	36,420
Additions - purchased/ leased/ grants/ donations	-	8,487	-	-	411	-	2,453	942	12,293
Impairments charged to revaluation reserve	(10,298)	(6,333)	-	-	-	-	-	-	(16,631)
Reclassifications	-	-	-	(872)	-	-	872	-	-
Revaluation gains/(losses) charged to revaluation reserve	2,677	24,650	49	-	-	-	-	-	27,376
Revaluation Surpluses	(5,936)	(1,540)	(2)	-	-	-	-	-	(7,478)
Disposals / derecognition	-	-	-	-	(948)	(17)	(3,018)	(3,003)	(6,986)
Valuation/gross cost at 31 March 2016	32,819	186,413	168	-	5,306	65	11,148	3,109	239,028
Accumulated depreciation at 1 April 2015 - brought forward	-	1,644	-	-	2,714	38	6,342	4,326	15,064
Transfers by absorption	-	-	-	-	53	-	-	-	53
Provided during the year	-	2,741	2	-	695	13	1,769	304	5,524
Impairments recognised in operating expenses	6,117	4,258	-	-	-	-	-	-	10,375
Reversals of impairments recognised in operating income	(181)	(5,361)	-	-	-	-	-	-	(5,542)
Revaluation Surpluses	(5,936)	(1,540)	(2)	-	-	-	-	-	(7,478)
Disposals / derecognition	-	-	-	-	(948)	(17)	(3,018)	(3,003)	(6,986)
Accumulated depreciation at 31 March 2016	-	1,742	-	-	2,514	34	5,093	1,627	11,010
Net book value at 31 March 2016	32,819	184,671	168	-	2,792	31	6,055	1,482	228,018
Net book value at 1 April 2015	36,600	133,205	-	872	2,906	44	4,499	844	178,970
Useful economic life									
- Minimum useful economic life		60	60		3	5	5	3	
- Maximum useful economic life		60	60		15	5	10	12	

Note 15.3 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017									
Owned	30,999	149,743	196	1,970	2,445	42	6,682	1,531	193,608
On-SoFP PFI contracts and other service concession arrangements	-	34,065	-	-	-	-	-	-	34,065
Donated	-	5,182	-	-	-	-	-	-	5,182
NBV total at 31 March 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855

Note 15.4 Property, plant and equipment financing - 2015/16

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2016									
Owned	32,819	143,718	168	-	2,792	31	6,055	1,482	187,065
On-SoFP PFI contracts and other service concession arrangements	-	36,094	-	-	-	-	-	-	36,094
Donated	-	4,859	-	-	-	-	-	-	4,859
NBV total at 31 March 2016	32,819	184,671	168	-	2,792	31	6,055	1,482	228,018

Note 16 Investment property

	31 March 2017 £000	31 March 2016 £000
At 1 April	230	-
Transfers by absorption	-	450
Gain/(loss) from fair value adjustments	12	(220)
At 31 March	242	230

Note 17 Inventories

	31 March 2017 £000	31 March 2016 £000
Drugs	230	306
Total inventories	230	306

The total value of inventories recognised in expenses for the year was £3,013k (£2,986k in 2015/16).

Note 18 Trade and other receivables

	31 March 2017 £000	31 March 2016 £000
Current		
NHS trade receivables	10,379	11,885
Provision for impaired receivables	(3,623)	(2,707)
Prepayments (non-PFI)	2,466	1,110
Accrued income	1,929	178
PDC dividend receivable	414	-
VAT receivable	1,405	1,177
Other receivables	6,175	3,834
Total current trade and other receivables	19,145	15,477

Note 19.1 Provision for impairment of receivables

	2016/17 £000	2015/16 £000
At 1 April brought forward	2,707	4,629
Increase in provision	1,257	872
Amounts utilised	(88)	(1,902)
Unused amounts reversed	(253)	(892)
At 31 March	3,623	2,707

Note 19.2 Analysis of trade receivables

	31 March 2017 £000	31 March 2016 £000
Ageing of impaired trade receivables		
0 - 30 days	130	117
30-60 Days	53	389
60-90 days	136	50
90- 180 days	382	15
Over 180 days	2,923	2,136
Total	3,623	2,707
Ageing of non-impaired trade receivables		
0 - 30 days	9,244	7,580
30-60 Days	824	1,827
60-90 days	169	1,023
90- 180 days	1,881	498
Over 180 days	510	1,817
Total	12,628	12,746

Note 20 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.

	2016/17 £000	2015/16 £000
At 1 April	52,172	42,600
Transfers by absorption	-	55
Net change in year	115	9,517
At 31 March	52,287	52,172
Broken down into:		
Cash at commercial banks and in hand	141	140
Cash with the Government Banking Service	52,146	52,032
Total cash and cash equivalents as in SoFP	52,287	52,172
Total cash and cash equivalents as in SoCF	52,287	52,172

Note 21 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 Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2017 £000	31 March 2016 £000
Bank balances	468	534
Monies on deposit	431	533
Total third party assets	899	1,067

Note 22 Trade and other payables

	31 March 2017 £000	31 March 2016 £000
Current		
NHS trade payables	6,682	10,097
Other trade payables	9,062	8,697
Capital payables	1,630	1,916
Other taxes payable	5,320	4,754
Other payables	3,349	3,483
Accruals	17,744	16,459
PDC dividend payable	-	316
Total current trade and other payables	43,787	45,722

Note 23 Other liabilities

	31 March 2017 £000	31 March 2016 £000
Current		
Other deferred income	3,147	2,166
Total other current liabilities	3,147	2,166
Non-current		
Net pension scheme liability (Bedfordshire Pension Fund)	1,891	751
Total other non-current liabilities	1,891	751

Note 24 Borrowings

	31 March 2017 £000	31 March 2016 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	399	362
Total current borrowings	399	362
Non-current		
Obligations under PFI, LIFT or other service concession contracts	19,279	19,678
Total non-current borrowings	19,279	19,678

Note 25 Employee retirement benefit obligations

The Trust has a number of employees in Luton and Bedfordshire who are members of a Local Government Pension Scheme, the Bedfordshire Pension Fund. A defined benefit approach is followed and has been included in the Accounts as set out in Notes 25.1 & 25.2.

Note 25.1 Amounts recognised in the Statement of Financial Position

	31 March 2017 £000	31 March 2016 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(6,148)	-
Current service cost	(289)	(406)
Interest on pension obligations	(226)	(217)
Member contributions	(77)	(89)
Remeasurements recognised in other comprehensive income	(1,775)	(5,436)
Benefits paid	101	-
Defined benefit obligation as at 31 March	**(8,414)**	**(6,148)**
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	5,397	-
Interest income on plan assets	197	171
Expected return on plan assets (excluding interest income)	745	4,894
Employer contributions	208	243
Member contributions	77	89
Benefits paid	(101)	-
Fair value of plan assets as at 31 March	**6,523**	**5,397**
Net asset/(liability) as at 31 March	**(1,891)**	**(751)**

Note 25.2 Amounts recognised in the Statement of Comprehensive Income

	31 March 2017 £000	31 March 2016 £000
Current service cost	(289)	(406)
Interest on pension obligations (note 12)	(226)	(217)
Interest income on plan assets (note 11)	197	171
Employer contributions	208	243
Total pension cost recognised	**(110)**	**(209)**

Note 25.3 Principal actuarial assumptions

The sensitivity regarding the principle assumptions used to measure the scheme liabilities are set out below.

	2017 % p.a.	2016 % p.a.
Pension increase rate	2.4%	2.2%
Salary increase rate	2.7%	3.2%
Discount rate	2.6%	3.6%

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Note 26 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2016	284	82	5,091	5,457
Arising during the year	-	101	7,845	7,946
Utilised during the year	(24)	(82)	(5,091)	(5,197)
At 31 March 2017	260	101	7,845	8,206
Expected timing of cash flows:				
- not later than one year	24	101	7,845	7,970
- later than one year and not later than five years	96	-	-	96
- later than five years	140	-	-	140
Total	260	101	7,845	8,206

Note 27 Clinical negligence liabilities

At 31 March 2017, £12,341k was included in provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Trust (£11,541k at 31 March 2016).

Note 28 Contingent assets and liabilities

	31 March 2017 £000	31 March 2016 £000
Value of contingent liabilities		
NHS Litigation Authority legal claims	63	76
Net value of contingent liabilities	63	76

Note 29 Contractual capital commitments

	31 March 2017 £000	31 March 2016 £000
Property, plant and equipment	2,903	1,313
Total	2,903	1,313

Note 30 Subsequent events

On 1st April 2017 the Trust entered into a contract and commenced operations with NHS Tower Hamlets CCG to provide Community Health Services to the resident population. The total value of expected income from NHS Tower Hamlets CCG over the 5 year contract is £73,166k.

This contract is an alliance partnership agreement between three local healthcare providers: Tower Hamlets GP Care Group Community Interest Company (CIC), Barts Health NHS Trust and East London NHS Foundation Trust (ELFT).

The partnership will enable local GPs to work much more closely with hospital and community trusts to offer patients more joined up health services across the borough and reduce duplication.

Services within the partnership range from district nurses visiting people at home to speech and language therapists working with children in schools and local health centres, and include a stroke rehab team who support patient rehabilitation in hospital as well as helping people to get well after they have left hospital, and specialist diabetes nurses.

Note 31 On-SoFP PFI, LIFT or other service concession arrangements

Note 31.1 Imputed finance lease obligations

	31 March 2017 £000	31 March 2016 £000
Gross PFI, LIFT or other service concession liabilities	46,580	49,149
Of which liabilities are due		
- 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	33,739	36,308
Finance charges allocated to future periods	(26,902)	(29,109)
Net PFI, LIFT or other service concession arrangement obligation	19,678	20,040
- not later than one year	399	362
- later than one year and not later than five years	2,064	1,867
- later than five years	17,215	17,811

Note 31.2 Payments committed in respect of the service element

	31 March 2017 £000	31 March 2016 £000
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	2,842	2,676
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year	3,383	3,238
- later than one year and not later than five years	15,058	14,441
- later than five years	69,647	73,648
Total	88,088	91,326

Note 31.3 Analysis of amounts payable to service concession operator

	31 March 2017 £000	31 March 2016 £000
Unitary payment payable to service concession operator (total of all schemes)	5,411	5,244
Consisting of:		
- Interest charge	2,207	2,240
- Repayment of finance lease liability	362	328
- Service element	2,842	2,676
Total	5,411	5,244

Note 32 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 CCGs and the way those CCGs 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 genrated funds. The Trust is not, therefore, exposed to significant liquidity risks.

Note 33.1 Financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Total £000
Assets as per SoFP as at 31 March 2017			
Trade and other receivables excluding non financial assets	15,397	-	**15,397**
Cash and cash equivalents at bank and in hand	52,287	-	**52,287**
Total at 31 March 2017	**67,684**	**-**	**67,684**

	Loans and receivables £000	Assets at fair value through the I&E £000	Total £000
Assets as per SoFP as at 31 March 2016			
Trade and other receivables excluding non financial assets	14,189	-	**14,189**
Cash and cash equivalents at bank and in hand	52,172	-	**52,172**
Total at 31 March 2016	**66,361**	**-**	**66,361**

Note 33.2 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2017			
Obligations under PFI, LIFT and other service concession contracts	19,678	-	**19,678**
Trade and other payables excluding non financial liabilities	38,467	-	**38,467**
Total at 31 March 2017	**58,145**	**-**	**58,145**

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2016			
Obligations under PFI, LIFT and other service concession contracts	20,040	-	**20,040**
Trade and other payables excluding non financial liabilities	40,652	-	**40,652**
Total at 31 March 2016	**60,692**	**-**	**60,692**

Note 33.3 Maturity of financial liabilities

	31 March 2017	31 March 2016
	£000	£000
In one year or less	38,467	40,652
In more than one year but not more than two years	399	362
In more than two years but not more than five years	2,064	1,867
In more than five years	17,215	17,811
Total	**58,145**	**60,692**

Note 34 Losses and special payments

	2016/17		2015/16	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Bad debts and claims abandoned - overseas visitors	3	21	-	-
Total losses	**3**	**21**	**-**	**-**
Special payments				
Compensation payments	3	25	11	101
Ex-gratia payments	45	7	39	11
Total special payments	**48**	**32**	**50**	**112**
Total losses and special payments	**51**	**53**	**50**	**112**

Note 35 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.

Ms Mary Elford, Vice Chair, is a Non Executive Director at Health Education England, The Trust received £11,333k income for services provided and expended £2k for services received.

Mohit Venkataram, Director of Commercial Development and Performance, is married to an employee of the Trust's external auditors, KPMG LLP. She has no involvement in the audit. The Trust expended £71k for services received.

The Trust's parent is the Department of Health and has had material dealings with the following NHS bodies:

	Income 2016/17 £000	Expenditure 2016/17 £000	Receivable 2016/17 £000	Payable 2016/17 £000
NHS England	47,860	-	869	38
NHS City & Hackney CCG	47,903	-	2,254	-
NHS Newham CCG	87,282	72	315	72
NHS Tower Hamlets CCG	40,961	-	868	-
Homerton University Hospital NHS Foundation Trust	544	4,048	68	380
Barts Health NHS Trust	1,822	5,699	1,750	4,446
NHS Richmond CCG	3,021	-	12	-
NHS Luton CCG	31,351	-	830	-
NHS Bedfordshire CCG	48,477	-	682	-

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.

Note 36 Transfers by absorption

Mental health services in Luton and Bedfordshire transferred to the Trust from South Essex Partnership NHS Foundation Trust on 1 April 2015. Assets and liabilities relating to the transfer have been recognised in the accounts as a Transfer by Absorption.

	31 March 2017 £000	31 March 2016 £000
Assets and liabilities transferred		
Value of property, plant & equipment transferred	-	37,028
Value of liabilities transferred	-	(254)
Cash (paid)/received to transfer working capital	-	42
Gains/(losses) arising from transfers by absorption	-	36,816

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