NHS
East London
NHS Foundation Trust

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NHS Foundation Trust
Annual Report and Accounts
2018-2019

BEDFORDSHIRE CAMHS SHOWCASE EVENT

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

Contents

FOREWORD FROM MARIE GABRIEL CBE, TRUST CHAIR, AND DR NAVINA EVANS, CHIEF EXECUTIVE

The last 12 months has seen ELFT expand, both in terms of the services we offer but also in terms of a new shared ambition.

We welcomed a number of new teams into ELFT. Bedfordshire Community Health Services joined the Trust on 1 April 2018 meaning that we now provide community health and mental health care in three areas. This will enable us to provide joined-up care more easily as we are all one. We were also pleased to welcome new staff in the Tower Hamlets Talking Therapies Team and City and Hackney's Integrated Community Learning Disabilities Service. And in January 2019, we entered into a unique partnership with Compass Wellbeing CIC, a Tower Hamlets-based social enterprise that delivers health services to the borough.

In addition we have benefitted from a new focus and investment in Children's Mental Health Services, Perinatal Mental Health and in Crisis Services and therefore have been able to develop more responsive services. Barnet Speech and Language Service, the Luton Wellbeing Service and Newham's Wheelchair Service left the ELFT fold. All have moved to new provider organisations and we wish all those involved every success.

The big news for us has been the launch of ELFT's new strategy. Following on from our 'Big Conversation', we have been able to develop an ambitious strategy to improve the health of the communities we serve and take the lead in providing more integrated care. The Trust's vision is to make a positive difference to people's lives and to achieve this by providing the highest quality mental health, primary and community care to our local communities. Achieving this vision means staying true to our values and working together as a team with service users, carers and partners.

The NHS Long Term Plan published in January 2019, mirrors the ambitions we aspire to in ELFT. Work is well underway to provide truly integrated care, improve population health and continuously improve the quality of the care we provide.

There is a renewed focus on improving staff experience and enabling increased and meaningful participation in all aspects of our work by people with lived experience.
One of the ways in which ELFT is working to improve staff experience is through the Quality Improvement Enjoying Work priority area. This has the goal of fostering joyful places to work using quality improvement methods, leadership models, team building exercises and other tools and methods.

ELFT has a passion for listening to our service users and carers. It is this approach that has contributed to our 'Outstanding' CQC rating. We want to take this further. For nearly nine years we have utilised our service user led standards to drive up quality and experience. We are now taking the next natural step as we have developed our new accreditation process, led by our service users and carers alongside our staff.

This programme uses standards designed by our service users which are applicable to all services. This innovation will lead the way to better quality and experience. We are incredibly grateful for the input, enthusiasm and support of all the service users, carers and staff who have contributed to the programme and its development to date.

The new strategy sees a greater emphasis on creating value and reducing waste - to make the best use of our resources. Hand in hand with these developments has been the growth in technological solutions which is moving at a rapid pace and will assist us in this. This is an exciting time for the Trust and we cannot wait to see where this journey takes us.

One of the highlights of the last 12 months was our celebration of the 70th anniversary of the NHS on 5 July 2018. The summer of 2018 also marked the anniversary of arrival of the Windrush generation who played a huge role in establishing the NHS. Recognition of these important milestones was an opportunity for the country to reflect on how far the NHS has come. Staff at ELFT continue this legacy making the NHS the most revered and envied health system in the world, and ensuring that we remain an 'Outstanding' Trust.

Speaking of legacies, we were delighted to pay tribute to our previous Chief Executive Dr Robert Dolan by re-naming ELFT Headquarters in Aldgate. In October 2018 Robert's family, friends and colleagues joined us for the formal opening of Robert Dolan House and the unveiling of a memorial plaque.

We value and appreciate all the people who help the Trust to be the best it can be: our staff, our Governors and the important contribution of service users and People Participation Leads. Thank you.

Marie Gabriel CBE
Chair
East London NHS Foundation Trust

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

Overview of Performance

The Performance Report includes an overview of the East London NHS Foundation Trust (ELFT) and our vision and values. We tell you about our services, where we provide them, the population we serve and how many staff care for our patients and service users. We also highlight our performance, achievements and key risks for the past year. Full details in relation to performance are found in the Quality Report.

About ELFT

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 we integrated with community mental health services in Newham making us a healthcare provider of both mental health and community health services. In June 2013 we expanded our psychological therapies' offering by joining with Richmond Borough Mind to provide the Richmond Well-being Service.

In 2015 we became the provider of mental health, substance misuse, learning disabilities and psychological services for Bedfordshire and Luton. Our latest expansion has been in the field of community health services. We now provide a range of community services to adults in Tower Hamlets (since 1 April 2017) and Bedfordshire (since 1 April 2018).

The Trust was rated 'Outstanding' by the Care Quality Commission in September 2016 and again in April 2018.

Our Services

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 also provide psychological therapy services to the London Borough of Richmond.

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 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 health and community health services.

The Trust operates from over 100 community and in-patient sites, employs over 5,500 permanent staff and has an annual income of just under £429 million.

The main inpatient areas in our localities are:

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

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

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

Bedfordshire
Mental Health Unit
Calnwood Road
Luton LU4 0ET

Oakley Court
Angel Close
Luton LU4 9WT

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

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

Community Health Newham
East Ham Care Centre
Shrewsbury Road
London E7 8QP

Forensic Services
John Howard Centre
12 Kenworthy Road
London E9 5TD

Wolfson House
311-315 Green Lanes
London N4 2ES

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

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

The Trust's postal address is:
Robert Dolan House
9 Alie Street
London E1 8DE

Switchboard Telephone Number: 020 7655 4000
Email: elft.communications@nhs.net
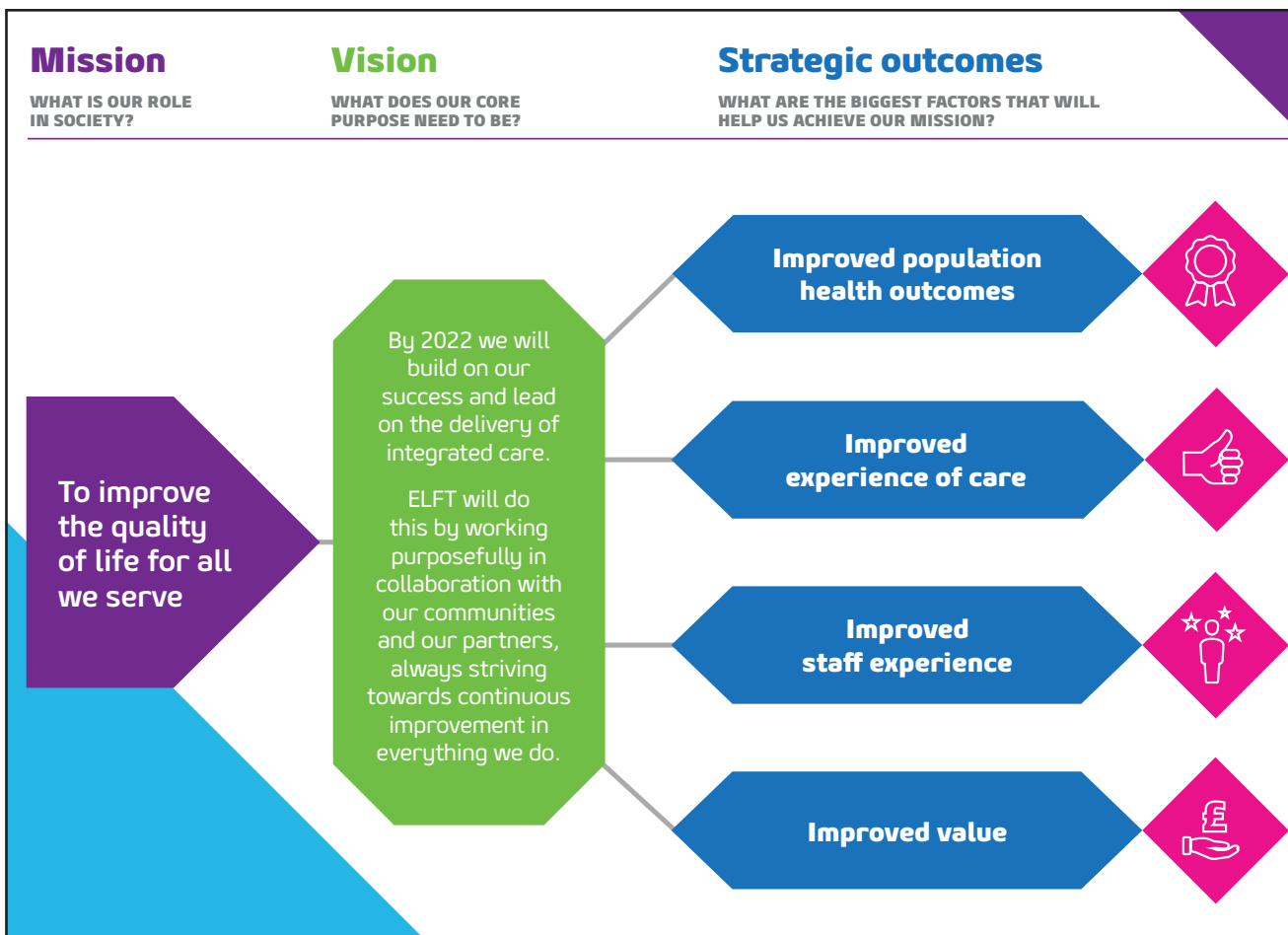Website: www.elft.nhs.uk

What Makes NHS Foundation Trusts Different from NHS Trusts?

NHS Foundation Trusts are not directed by Government so have greater freedom to decide, with their Governors and members, their own strategy and the way services are run. They can also retain their surpluses and borrow to invest in new and improved services for patients and service users; and are accountable to:

- their local communities through their members and Governors
- their commissioners through contracts
- Parliament (each Foundation Trust must lay its Annual Report and Accounts before Parliament
- the CQC (Care Quality Commission) through the regulation of our services
- NHS Improvement (formerly known as Monitor) through its NHS provider licence.

Foundation Trusts can be more responsive to the needs and wishes of their local communities – anyone who lives in the area, works for a Foundation Trust, or has been a patient or service user there, can become a member of the Trust and these members elect the Council of Governors. Members can be involved as little or as much as they like.

Our Mission, Vision and Strategic Priorities

Mission
WHAT IS OUR ROLE IN SOCIETY?

Vision
WHAT DOES OUR CORE PURPOSE NEED TO BE?

Strategic outcomes
WHAT ARE THE BIGGEST FACTORS THAT WILL HELP US ACHIEVE OUR MISSION?

To improve the quality of life for all we serve

By 2022 we will build on our success and lead on the delivery of integrated care.

ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Improved population health outcomes

Improved experience of care

Improved staff experience

Improved value

Our Values

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.

Principle Risks and Uncertainties

The Trust has a comprehensive Risk Management Framework (RMF) in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk. The RMF was subject to a detailed review during 2018. The Trust defines risk as uncertain future events that could influence the achievement of the Trust's objectives.

The Trust's Board Assurance Framework (BAF) provides a structure for the effective and focused management of the principal risks in meeting the Trust's key objectives. It enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks.

All risks included on the BAF have an Executive Director lead and risks are also assigned to the relevant Board committee in line with its terms of reference. These risks and the actions in place to reduce and mitigate the risks are reviewed and monitored by the relevant Board committee.

The BAF is reported to the Trust Board at each of their meetings in public.

There were no red-rated risks on the Trust's BAF as at 31 March 2019.

Going Concern

These accounts have been prepared on a going concern basis. 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, the Trust continues to adopt the going concern basis in preparing the accounts.

Performance Analysis

Our Performance

How the Trust Measures Performance

The Trust delivers a wide range of services commissioned either by different Clinical Commissioning Groups or specialist commissioners. There is therefore a great number and wide variety of mandated, contracted and locally identified key performance indicators (KPIs) that are used to monitor the performance and quality of services.

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

Progress in these areas is monitored by the receipt and scrutiny of the following reports at directorate, executive, committee and Trust Board-level:
- Integrated Quality and Performance Report
- Quality Report
- Finance Report
- Workforce Report
- Specific reports on national survey results and other periodic results.

More detailed analysis of the Trust's performance can be found in the following sections of this report:
- Financial Review
- Our Workforce
- Quality Report for 2018-2019.

Overall Performance of the Trust in 2018-2019

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

Developments and Achievements Across the Trust

Trust Retains 'Outstanding' CQC Rating

The Trust retained its 'Outstanding' rating from the Care Quality Commission after inspectors visited the Trust in March and April 2018. They assessed the quality of three core mental health services:
- Community mental health services for people with learning disabilities or autism
- Wards for people with learning disabilities or autism
- Forensic inpatient/secure wards.

Inspectors also looked specifically at management and leadership to answer the key question: Is the trust well led? The Trust's overall rating remains 'Outstanding'. The CQC has also rated the Trust as Outstanding for being caring, responsive to people's needs and well-led and as 'Good' for being safe and effective. Of note is that forensic services moved from a 'Good' rating to an 'Outstanding' CQC rating.

New Five Year Strategy

On 23 April 2019 the Trust launched its five-year strategy, the culmination of over 100 focus groups with staff, Governors, service users and carers in our 'Big Conversation' where we asked participants to think about what they thought the direction of travel for the Trust should be, our objectives and priorities.

The strategy states that the purpose of the Trust is to 'improve the quality of life for all we serve' and our overarching objective is that by 2022 we will build on our success and lead on the delivery of integrated care. We will do this by working purposefully in collaboration with our communities and partners, always striving towards continuous improvements in everything we do.

These statements will help us to focus on the future and ensure that everything we do connect to these aspirations.

Following on from this work, we have agreed four strategic goals. These are:
- **Improved population health outcomes**
- **Improved experience of care**
- **Improved staff experience**
- **Improved value.**

Opening of Robert Dolan House

On 5 October 2018 over 80 guests attended the renaming of Trust headquarters at Alie Street in Aldgate, East London in honour of Dr Robert Dolan, Chief Executive of the Trust from 2010 to 2016. His family, longstanding friends and colleagues came together to unveil a commemorative plaque and join guests in taking afternoon tea.

Dr Dolan was a highly regarded clinician and leader, and a national figure in the field of forensic mental health services.

Dr Dolan had a total commitment to offering compassionate, high quality care to service users who he always treated with dignity and respect. He is credited with taking the Trust to its 'Outstanding' rating for the quality of its services and for being financially viable.
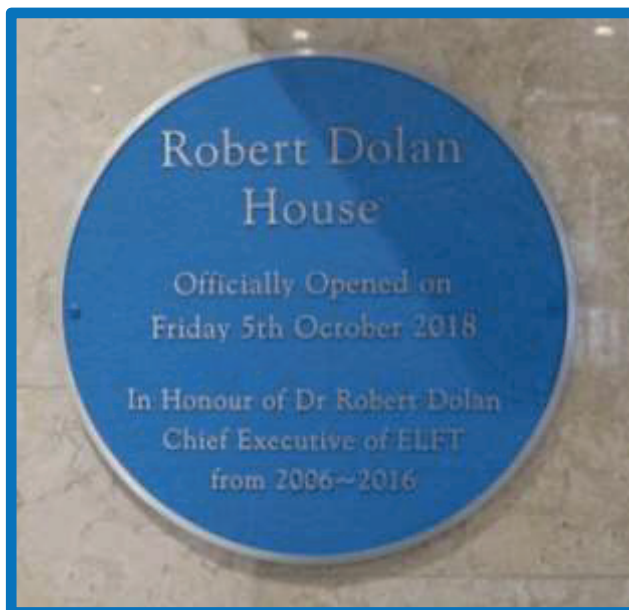
Recognition of our Leadership: CBE for our Chair

The Trust's Chair Marie Gabriel was awarded a CBE in the Queen's Birthday Honours in recognition of her services to the NHS and dedication to promoting equality both nationally and internationally, engendering a culture of working with patients, supporting equality and improving services.

Marie dedicated her award to all NHS staff she has worked with *"Particularly the Windrush generation which included my dad who travelled from St Lucia to start a new life in England. I am immensely proud of my heritage and proud of the contribution the Windrush generation and their descendants have made to a modern, effective and diverse NHS".*

Recognition of our Leadership: Dr Navina Evans Named in Top Influential Leaders Lists

Dr Navina Evans has been recognised as one of the most influential people in health, according to the HSJ. She comes in at 45 in HSJ's 2018 Top 100 Most Influential People in Health which is headed by NHS England's Chief Executive Simon Stevens. She is also one of the highest ranked NHS CEOs in this list which includes everyone from politicians to journalists as well as heads of strategic and regulatory bodies such as NHS Improvement and the CQC.

In the last year, Navina has been appointed as a contributor to the Workforce, Training & Leadership work stream looking at this key area for the NHS nationally and is leading the '*making the NHS the best place to work'* group.

Navina commented that "*This is really an accolade for the work of the whole Trust as we go from strength to strength. The important thing is to never rest on our laurels and continually strive for further improvement for the benefit of our service users and their carers".*

Navina has also been named as the second most influential NHS Chief Executive in the country in the HSJ's 2019 Top 50 Trust Chief Executives for the second year running. Judges praised Navina for her personal example and commitment to patient and staff engagement.

Hello Bedfordshire Community Services (BCHS)

BCHS joined ELFT on 1 April 2018. ELFT is providing community health services in partnership with Cambridgeshire Community Services NHS Trust to provide joined-up care built around the needs of local people bringing together expertise from both organisations. The contract covers a range of adult and children's community health and care services and other specialist services including nutrition and dietetics, podiatry services, wheelchair services, community dental services, as well as drug and alcohol services for children and young people. The total annual value across all commissioners is £39m.

Welcome to Tower Hamlets Talking Therapies

On 1 October 2018 the Trust and Mind in Tower Hamlets in Newham partnered to provide a service to help people experiencing a range of difficulties such as anxiety, low mood, phobias, extreme shyness, anger issues, relationship issues, bereavement, etc. The Tower Hamlets Talking Therapies Service offers counselling, psychological interventions for long-term health conditions and specialist interventions for eating disorders and perinatal interventions in primary care.

People don't have to ask their GP or a health professional to arrange a referral, they can refer themselves by calling 020 8475 8080 or make a self-referral online: www.towerhamletstalkingtherapies.nhs.uk Referral an also be made by local GPs or health professionals.

Integrated Community Learning Disabilities Service Joins ELFT

ELFT now provides learning disabilities (LD) services across the whole Trust with the arrival of the City and Hackney Team. This means that LD services have a stronger voice in the organisation and are no longer a small service in the middle of a big trust. An Away Day has already taken place for the teams to share and learn which attracted 150 staff to consider how they want to move forward to optimise the care provided for this vulnerable group.

Unique New Partnerships Provides Exciting Opportunities

- **Compass Wellbeing CIC:** In November 2018, ELFT entered into a ground-breaking partnership with Compass Wellbeing CIC, the Tower Hamlets-based social enterprise that delivers health services to the borough. The agreement helped to secure the future of Compass and around a dozen jobs as well as maintaining a presence for the not-for-profit community interest organisation in an area in which it has been long established
- **Health Care and Space Newham (HCSN):** A ground-breaking £200m venture between the Trust and the London Borough of Newham was launched in February 2019 and is set to dramatically change the provision of health and social care in the borough by acquiring and building new facilities to deliver integrated health and social care. HSCN partnership will develop facilities that offer GP services alongside a range of community health, social care, out of hospital, and a variety of clinical services. It will also build much-needed housing for sector staff. This is a new development model that will change the way health and social care services are delivered in Newham.

Farewell

The Barnet Speech and Language Therapy Service, the Luton Wellbeing Service and the Newham Wheelchair Service moved to new provider organisations at the end of their contract period. A farewell lunch was arranged for each service to thank them for their service to the and to wish them well.

70th Anniversary of the NHS and Windrush

Staff and service users were centre-stage for celebrations of the 70th anniversary of the founding of the NHS. Two staff represented the Trust at a national celebration at Westminster Abbey. CEO Dr Navina Evans invited staff with the same birthday as the NHS (5 July) to have afternoon tea with her; one member of staff headed to No 10 Downing Street; others participated in park-runs; and all services arranged parties, garden parties or barbecues to mark the occasion. Staff were presented with a small NHS 70 notebook to keep.

In an organisation as diverse as ELFT, NHS70 provided an opportunity to remember those who left their countries to support the setting up of the NHS and made the UK their home.

Brexit Preparations

Along with NHS Trusts across the country, ELFT set up a Brexit Contingency Planning Group to consider the impacts of a 'no deal' Brexit on health care and supply chains in the event of delays at UK borders. The Trust has tracked all its supply chains to ensure that suppliers anticipate having adequate supplies. The Trust will remain in close communication with NHS England. The Trust arranged sessions for EU staff to get legal advice about gaining settled status in order to support and retain staff.

Norfolk and Suffolk Foundation Trust

In January 2019 Marie Gabriel CBE was appointed as Chair of Norfolk and Suffolk NHS Foundation Trust (NSFT). Marie continues in her role as Chair of ELFT. Along with her appointment ELFT is offering a broadened package of support to ensure sustainable quality improvements for patients, service users and their families working with staff, service users and stakeholders.

Investment in Perinatal Services

NHS England pledged £1 million investment in specialist perinatal mental health community services in Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. The term perinatal describes the period during pregnancy and in the year after birth. Women can be affected by a range of mental health problems during that period including anxiety and depression. The additional funding has enabled the Trust to extend a range of interventions and specialist teams in the community.

The new services will enhance capacity, reduce waiting times and broaden provision for women by working with partners in primary care to support earlier diagnosis and preventative interventions. The teams will offer a range of psychiatric and psychological assessments for complex or severe mental health problems during the perinatal period. As well as pre-conception advice for women with a current or past severe mental illness who are planning a pregnancy. Members of the public were asked to help shape a new service supporting expectant and new mothers.

An event to launch the expansion of perinatal services across North East London took place on 27 March 2019 at the London Stadium in Stratford. The event was jointly hosted by the East London Health and Care Partnership, the North East London Foundation Trust (NELFT) and ELFT. The event brought together a wide range of staff from across the region including mental health professionals, midwives, health visitors, GPs, commissioners and women who have used perinatal services to listen to a series of specialist speakers and to hear how increased investment in perinatal services is being used locally.

Violence Reduction on Mental Health Inpatient Wards

The Trust has continued to make significant progress on reducing and managing incidents of violence and aggression on mental health inpatient wards by adopting a range of measures to acknowledge small incidents or observations before they lead to more serious events. The Trust has hosted information days as these results are of interest to the wider health community who are interested in adopting and replicating these measures. You can read about this in more detail in the Quality Report section.

The service plans to build on this work with a focus on improving physical health alongside reducing restrictive practice.

Enhanced Mental Health Crisis Services

We have enhanced our response to crises both in and out of office hours with enhanced crisis and assessment services in all our areas. These have developed in different ways in each area according to the needs of the local population. Out of hours support is also integrated with other organisations such as the police and the voluntary sector.

Improving the Patient Experience

Services for Children and Young People

A series of developments in services for children and young people mean that greater support is available for families at an early stage. The Luton CAMHS Schools Team is one such initiative where a CAMHS practitioner is attached to each school to advise and intervene at an early stage.

In City and Hackney, the CAMHS team have run training sessions for parents on non-violent resistance giving them tools and strategies to manage and guide the behaviour of young people.

The CAMHS service have undertaken in range of initiatives to make services more accessible for young people. Newham CAMHS held an open doors week-long event during Child Mental Health Week where any adult or young person could drop-in to speak to a specialist practitioner, and trial some therapeutic activities.

Film is proving to be a popular medium for young people to share their experiences and be involved in the film-making process. The Trust has hosted screening events to an audience of health, social care and education professionals, commissioners, parents and young people where young people involved were on a panel to talk about the making and impact of these film projects.

Tower Hamlets CAMHS was chosen as one of 25 sites nationally to implement the Government green paper proposals to establish mental health support teams in schools. This follows a successful bid jointly developed by ELFT with partners in the CCG, the local authority and the young people's charity Step Forward. The cash injection means that new expanded teams will be able to respond to the needs of children and young people with mild to moderate mental health needs and provide a link to specialist NHS services when required. The teams will be led by CAMHS and cover a mixed group of schools across the borough.

The Coborn Centre for Adolescent Mental Health was successful in gaining their QNIC re-accreditation. This is the Quality Network for Inpatient CAMHS services overseen by the Royal College of Psychiatrists. The unit which is based in Newham provides inpatient care, psychiatric intensive care, and day care places. It has an on-site classroom so that young people do not miss out educationally if admitted to the unit.

Children's Therapy Teams in Newham renamed themselves SCYPS: Specialist Child and Young Person's Services (pronounced *skips)* to provide a clearer definition of what they collectively offer to families. The team support young people who have additional or complex needs. They have established a social media presence to connect with young people using media they are comfortable with, and have run events and open days to break down barriers.

An extended hours crisis service has been established in East London offering a contact number to speak to a mental health professional as an alternative to attending A&E.

Supporting Parents

CAMHS are delivering a series of parent psycho-education training sessions.
These free evening training events offer parents/carers a range of tools and strategies to help manage and support their child's presenting needs to develop resilience.

CAMHS have developed a people participation programme to put service users and their parents/carers at the heart of what CAMHS do, therefore ensuring that the service is absolutely focused on their needs, specifically:
- Service development
- Training and staff development
- Recruitment.

This programme provide service users and their parents/carers with the opportunity to enhance the service, whilst at the same time improving their CVs by gaining valuable work experience and skills development and promotes independence.

Working closely with CHUMS, a mental health and emotional wellbeing service for children and young people, CAMHS have introduced a front door referrals meeting to ensure all referrals are screened and triaged on the day of receipt then signposted to the most appropriate agency. This ensures a smooth management for referrals into the system working with Tier 2 partners and the local authorities and offers families same-day advice on self-help apps in keeping with the 'IThrive' model.

Student Innovation in Practice Award

Fern Glenister was named as winner of the Student Innovation in Practice Award at the 2018 Student Nursing Times Awards. The 25-year-old was in her third year of a mental health nursing degree with the University of Bedfordshire and was nominated for the award for her work while on a CAMHS placement. She put forward a proposal to give young service users a smooth transition into adult services by providing them with a dedicated transition support worker. With the help of colleagues Fern also ran a support group for young service users called Striving Forward aimed at helping them with their recovery.

Addiction Services Leading the Way

P2R or Pathway to Recovery in Bedfordshire and Reset, the two addiction services provided by ELFT, are exceeding all targets including those focused on immunising service users against blood borne virus and Hepatitis C treatment. P2R was recognised as one of the top performing substance misuse services in the country. The service had a number of Payment by Outcome (PbO) targets relating to key performance indicators including new starts in treatment, those successfully completing treatment, and those receiving vaccinations for Hepatitis B. Its results were in the top tier of performance nationally and, in some categories, put P2R as the top performer.

Forensic Services

As well as being assessed as 'Outstanding' in the recent CQC inspection, the Forensic Service has expanded and enhanced support for the family and friends of inpatients by hosting several popular open days. There has been excellent co-production work with the Recovery College resulting in a very high uptake of courses which has been encouraging. Working with the North London Forensic Consortium, the service has been able to invest significant amounts of money in community services, physical healthcare and sports, other therapies and training.

The service has had its busiest year ever in terms of numbers of assessments undertaken plus the opening of two new services: Aldgate Autism Spectrum Disorder Service and Community Forensic Service pilot.

The service has been involved with a variety of successful QI projects including violence reduction quality control, involvement in national observations QI, reducing restrictive practices and many more.

Learning Disability (LD) Services

ELFT held its first ever Learning Disability Conference for 150 staff. It was held in London and organised by the Trust's LD senior management team. ELFT now has LD services across its patch from East London to Bedfordshire, some of which only came on board in the last three years, with the most recent addition of Hackney Integrated Learning Disability Service.

LD services in Bedfordshire and Luton have also started a STOMP project, part of the national initiative to stop overmedication of people with a learning disability, autism or both. This has led to a Triple Aim project, one of the Trust's quality improvement projects, and is the Trust framework for optimising the way we perform and deliver services by improving the quality of healthcare, improving the health of the population, and achieving value and financial sustainability.

STOMP has been launched to stop the over use of psychotropic medicines, a group of medicines which change how the brain works. Across the country, people with a learning disability, autism or both are more likely to be given these medicines than other people. All four of ELFT's LD services have a STOMP strategy.

Involving People With Learning Disabilities in Doctor's Exams

As part of their training doctors are tested on their practical skills and knowledge by using actors to simulate different medical and psychological presentations. These practical tests include the ability to assess and treat people with intellectual disability which are also simulated by actors. Tower Hamlets Consultant Psychiatrist Dr Ian Hall, Associate Dean and Member of the Examinations Subcommittee at the Royal College of Psychiatrists, had other ideas: why not use actors with an intellectual disability who would be able to play those with an intellectual disability more authentically? Dr Hall designed and piloted an examination station using actors with intellectual disabilities. As well as creating real-life scenarios for the trainee doctors to get their teeth into, the role players also thoroughly enjoyed the experience with one saying "*This is the best day of my year!*".

Sleep Packs

Innovative staff on Lea Ward in Tower Hamlets introduced sleeping packs to help service users get the best rest possible as part of their mental health recovery. Service users on the male inpatient ward received packs which included an eye mask, ear plugs, bag of lavender to put in the pillow case for relaxation and calming herbal teas, as well as tips for a good night's sleep. The items promote healthy sleeping practices and encourage behavioural changes by raising awareness on the importance of sleep for mental health. This quality improvement project was launched last year in response to service users' feedback that they were not sleeping well on wards, part of the reason being disturbance at night due to noise and light, particularly during the routine checks.

First A&E Mental Health Room in the Country

The country's first A&E mental health room opened at The Royal London Hospital in Whitechapel, East London. The award-winning room supports people who attend A&E in distress. The RAID team and A&E staff worked with artist Mike Miles and service users to design and transform a room into a calm place of safety for people experiencing mental health distress. Keeping patients calmer will also mean that staff are less likely to suffer from abuse and violence.

Musical Partnership

Mental health services in Tower Hamlets have fostered a partnership with the charity Music in Hospitals and Care to host a series of concerts for inpatient and community service users. The performances have proved very popular with service users and staff and have featured a diverse range of world music to mark events such as World Mental Health Day, Black History Month, and more.

Street Triage Service

City and Hackney Mental Health Services collaborated with the City of London Police to provide a mental health street triage service to people in the City of London who are vulnerable or displaying mental health issues or distress. The collaboration proved so successful the service has now expanded to provide a seven-night a week service. The Street Triage team featured in a BBC documentary and also won the Team of the Year award at the Trust Staff Awards. The Trust has provided a Street Triage service in Bedfordshire since 2016.

Recovery Focused Participation

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, effective delivery and evaluation of all Trust services.

Our network of service-based Working Together Groups which feed into our People Participation Committee of the Board enable service users, carers, clinicians and other staff to work together in order to:
- shape and initiate policies
- lead or take part in major decisions on service delivery
- facilitate collaborative work and research
- represent the views of the wider community
- hold the Trust to account for participation and care experience
- Provide opportunities for people to develop and contribute to recovery.

The priorities decided by the Trust-wide Working Together Group were incorporated into the Trust's People Participation and Carer Strategies in 2018 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.

People Participation Strategy Priorities 2019-2020

The Trust-wide Working Together Group Away Day held on 21 November 2018 identified the following priorities for April 2019 to 2020:
- Isolation and loneliness: supporting connection to community (outside of health)
- Stigma/discrimination: training for staff/communities
- Supporting healthier lifestyles
- Increase peer support across all areas
- Carers: implement Triangle of Care
- Invest in prevention
- People participation co-production: evidence regarding new service, redesign and consultation.
- Focus on life skills/education and employment
- Simpler and clearer access and transitions.

People Participation Strategy Priorities 2018-2019 Update

Good progress has been made against the priorities agreed at the Trust-wide Working Together Group Away Day for 2018-2019:

1. *Increasing the availability of Peer Support Workers (PSW) across all settings*
   - Associate Director of People Participation has standardised PSW recruitment and it now fits in line with all NHS recruitment
   - Peer Support Mapping across all boroughs to show gaps and areas of progress
   - Head of People Participation chairs Trust-wide Peer Support Steering Group

- PSW in Community Health Services (Continence Service). Community Health Services will extend the PSW to other teams like Diabetes, Cardiac Rehab in Newham and Foot Health in Tower Hamlets
- Explore career development for PSW
- Associate Director of People Participation and Deputy Chief Executive/Chief Operating Officer have had discussions with Borough Directors regarding plans to expand Peer Support

2. *Continuing the culture / process change for a true recovery-focused service*
   - Links have been established with partners, third sector and voluntary organisations, enabling People Participation Leads to attend and promote People Participation and invite and recruit potential candidates for People Participation work
   - Visiting potential patients/carers with mobility issues at their place of residence for People Participation sign up and initial intro meeting
   - Associate Director of People Participation is also Trust Recovery Lead
   - Increasing input into staff training regarding how care plans should look
   - Increasing input into recruitment: hiring the right staff with the right recovery mind-set
   - New consultant psychiatrist informal panels working very well (informal panel of up to five service users / carers before main formal panel)
   - Review process for young people to input into recruitment (times of panels, etc)

3. *Carers Mentoring Programme: training existing carers to support new carers in their roles.*
   - Carer is helping with staff induction with a remit to support new carers to input into induction, learning from their experience
   - Friends and family open days three times a year in Forensics
   - A People Participation Lead is networking externally to carer groups and organisations so that they are represented on the Working Together Group to ensure their voice is heard alongside the voice of service users
   - One of the People Participation Trust-wide priorities for 2019 is to implement Triangle of Care. This would therefore be a piece of work in which Bedford CHS would take part. The self-assessment step of this process would be a great starting point to identify where our strengths and weaknesses are around carer support
   - Proposal put forward by People Participation member to develop a carer's PSW role in some teams
   - Care and support group held by Alzheimer's society has closed due to loss of contract; reviewing to see if People Participation can support its ongoing existence
   - Luton Working Together Group carers' members had a meeting with the Director of Bedfordshire and Luton Mental Health and Wellbeing Services to discuss ideas and issues regarding carers in Luton
   - Corporately addressed via Carers Strategy

4. *Increasing service user and carer options to link to community (employment, activities, education etc.) as part of care planning*
   - The Bridging the Bedford Gap project was nominated and awarded the first place in the Quality Improvement (QI) Award at the National Mental Health Awards in Liverpool on 11 October 2018
   - Planned and delivered a Trust-wide careers event for young people aged 15-25
   - Working with Job Centre Plus regarding staff awareness of mental and physical health

- Working with University of East London, Newham College of Further Education, University of Music and Drama and City University
- Develop more work placements to give people the opportunity to try work and get more experience, build routines, etc
- Close links with third sector organisations such as Carers Centre, Hackney College and Mind, etc
- Discussions with Hackney Town Hall about future employment opportunities for forensic service users
- Work closely with the Bedfordshire and Luton employment service where service users are actively encouraged to get involved in People Participation by the team and vice versa
- Those involved in People Participation activities are able to build up their confidence and skills, with support from People Participation Leads to enable them to progress into other areas including employment – and build community resilience

5. *More emphasis on physical health in relation to mental health – not just measuring and monitoring but offering practical options*
   - Organising the Well-Being Games
   - In partnership with Health and Well-being Coordinator, training more service users to deliver physical health activities, e.g. pilates, basketball and circuit training
   - EQUIP (early intervention in City and Hackney) service user focus group on how to promote better physical health well-being
   - Service user working with Sports Therapist and Health Development Coordinator in designing physical health workshops (Hackney)

6. *Continue and increase work to challenge stigma*
   - Planning for World Mental Health Day October events, focussed on stigma
   - Raising stigma as a topic into current staff training
   - Break the Stigma (Luton and Bedfordshire) continues to raise awareness and conversations across communities
   - People Participation and service users co-produce and deliver Challenging Stigma course for the Recovery College
   - Co-delivered mental health awareness and stigma training to operators on the DLR
   - Mental health awareness training and challenging stigma training delivered to East London Business Alliance

7. *Make transitions between services more effective, informed and fluid (e.g. Child and Adolescent Mental Health Services to Adult Services)*
   - Consultation with service users / parents about transitions between CAMHS and Adult Services.
   - The film *Behind the Mask* was made with Luton CAMHS service users as part of the Moving Minds Film Project with Into Films and was one of three films shortlisted in the ICAP Charity Day category for best film. The film tells the story of a young person struggling with anxiety and highlights the triggers and struggles she faces on a daily basis.
   - Linked CAMHS leads with service community leads in Hackney to map transition pathways

8. *Ward Rounds – Make them useful for the service user – feel listened to, enough time and user friendly*

- Patient Liaison Workers pass information about ward round standards. Also make referrals to Mind Advocacy if necessary (Hackney)
- A People Participation Lead raised with the senior managers and clinicians and this was also discussed at the therapies collaboration away day
- Clinical psychologist from Rosebank Ward has forwarded the People Participation Lead their user-focussed ward round protocols to feed into the central work.
- Service users to be involved in Rosebank Ward's staff induction including ward round standards.
- Reviewing Respect agenda next month and how it should continue in forensics so it is meaningful. Feedback to follow. Community User Involvement Group, once started, will reflect stigma in the community and strategies to tackle it.

People Participation Highlights

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

- **Police Mental Health Awareness Training:** The People Participation Team have provided bespoke mental health training to the Police (Metropolitan and Beds/Luton) to enhance their understanding from the individual's point of view and give them strategies and tips to manage the situations they are called to.

  Mental Health Awareness training is also provided ongoing to the East London Business Alliance and various University partners

- **PRIDE Research:** This has been published in *Research, Involvement and Engagement* journal. It looks at the benefits and positive impact of service user involvement on individual recovery (led by service user researchers). Service users were trained as researchers and led the project. Key findings include:
  - Improvement in self-confidence and motivation
  - Having a voice and improving services
  - Better coping mechanisms, facing and overcoming fears
  - Sense of achievement, feeling valued.

- **Hosting Visits and Sharing our People Participation Model:** The Trust's current position means that we have hosted visits by other Trusts and organisations to see how we work. We also link with other Trusts and organisations to support our learning.

  The Trust's people participation work has been shared with numerous Trusts in England. Norfolk and Suffolk NHS Foundation Trust and Sussex Partnership Trust has replicated the ELFT model and other Trusts are reconfiguring their work around our people participation way of working.

  The Trust also been invited to speak about People Participation at NHS England events and at various partner Trusts. A presentation was given to the Institute for Healthcare Improvement (IHI) conference in Orlando, USA to over 6000 delegates on the ELFT model. Work with colleagues from Australia, Brazil, Sweden and the USA is ongoing regarding the co-production of health care service delivery.

People Participation Awards

The Trust's annual People Participation Awards ceremony took place at the Mile End Park Art Pavilion on 30 August 2018. Nearly one hundred guests were in attendance. There were eight categories of awards with over sixty individuals and groups shortlisted in total. Chair Marie Gabriel CBE gave a warm welcome reminding everyone that *"It is our service users, carers and volunteers and the contribution they make to the Trust that makes it a success. It is their hard work and willingness to share their skills, knowledge and insight that means the Trust can continually strive to provide the highest quality services possible".*

Engendering Independence

City and Hackney's Community Rehabilitation Service established a reablement project for service users in the City of London to support them to move on to more independent living.

Safer Services for Women

Work undertaken in Newham found that sexual harassment and abuse of women by service users and colleagues was more common than assumed with many reporting unwanted attention and negative and sexist attitudes. In response to this, the Newham management team has established a work stream on safer services for women service users and staff. They have developed a number of new initiatives for staff and patients which, if effective, will be rolled out across the whole trust.

Restructure of Approved Mental Health Professional Service

A restructure has been completed of the AMHP Service (Approved Mental Health Professional) provided by the Trust on behalf of Bedford Borough Council, Central Bedfordshire Council and Luton Borough Council. Changes included development of a joint referral form and referral pathway to provide a clearer, more effective and responsive service.

Getting People Back into Work

Individual Placement and Support (IPS) Service supports people with severe mental health difficulties into employment. It involves intensive individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. The partnership between ELFT and the Working Well IPS Service in Tower Hamlets has proved so successful they achieved Centre of Excellence status. The number of employment specialists in Bedfordshire and Luton has expanded so that there is now one in every adult CMHT (Community Mental Health Team).

Bedfordshire Community Health Services (BCHS)

A new-look Single Point of Access for Adults (SPoA) was designed and launched by the Trust's Bedfordshire Community Health Services (BCHS) team. The SPoA went live in October and replaced the One Call service provided for the Trust by East of England Ambulance Service (EEAST); however, telephone contact details remain exactly the same. The move brought the coordination centre service 'in house' which now provides a faster and more effective service by enabling enquiry and referral details to be added directly to the data system used by Trust staff. Feedback from partner organisations and users and carers has been very positive and we are extending the range of the service that the SPoA covers.

A service transformation project for BCHS continues to progress. Projects include developing a Primary Care at Home (PCH) model, frailty pathway, single stroke service and building a robust framework to support service user and carer involvement. The service redesign will also include new career pathways for nursing and therapy staff, easier patient access and enhanced palliative services. The first stage of the transformation project, a staff consultation process, has been completed.

Tower Hamlets District Nursing and Community Services

Following a redesign of the Tower Hamlets district nursing and community therapy services, the Extended Primary Care teams (EPCT) are well established across the borough. These are aligned to primary care networks in Tower Hamlets and are successfully working in a multidisciplinary manner with GP and other health and social care colleagues. To augment the redesign programme, in collaboration with staff, a comprehensive organisational development plan is being implemented, with the aim of engaging all staff in promoting sustainable change and on-going practice improvement across the EPCT.

Community Services Peer Support

Learning from the experience of colleagues in mental health services, community services are implementing a peer support programme. This is being piloted in the continence service in Tower Hamlets and to-date is delivering positive results including suggestions on how the service might be delivered more widely in the community. In line with this outreach sessions are now taking place in a local mosque. The aim is to extend this programme to other services following an evaluation.

Volunteer Report

A new Volunteer Coordinator was recruited in May 2018. The Volunteer Programme stalled for a short period before the new Volunteer Coordinator started and now is building momentum.

The roles we have to offer are quite unique to the Trust as we offer more distinctive rather than generic roles, such as Dance Movement Psychotherapy Group; Step-up Volunteer helping with an active wellbeing gym programme with Tower Hamlets Learning Disability Team; and Volunteer Librarian. Most of the roles are in mental health services; however, we are working towards increasing roles in community health and learning disability services.

Current volunteers are a mix of men and women from the general public, current and past service users and ELFT staff; however, young people are underrepresented. Most of the people who volunteer want to gain experience in health, in particular in the NHS, and the Trust is considered as a means to employment.

Our recruitment and training of volunteers is 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.

Our three-day compulsory training programme has been reduced to one-day face to face induction training with a degree of flexibility to accommodate volunteer time commitments. Volunteers are now also required to complete online mandatory courses in Safeguarding

Level 2 and Data Security (Information Governance). Training has been run in the evenings and offered at the weekend. Volunteers will be able to complete QI training and participate in projects after giving a time commitment. Volunteers can also take part in additional workshops that are not compulsory but develop additional skills and knowledge. Volunteers will also be able to access online training course via NHS England for free. These training opportunities add value and are seen as an incentive when advertising roles externally.

The Volunteer Policy was updated and the NHS's 70th birthday celebrations were used as a milestone 'to increase volunteering and social action by young people in health and care by supporting the development of new opportunities people under 18 years old can apply to volunteer roles where applicable' – NHS England for volunteering for under 18s. There has been a focus during 2018/2019 on extending Trust volunteer activities to Bedford, Central Bedfordshire and Luton.

There are currently a limited number of volunteer roles although there is interest from service users and staff who keen to increase service users involvement. The Volunteer Coordinator has therefore been holding a taster course, Introduction to Volunteering training, for service users with the Learning Disability Team in Tower Hamlets and Newham Mental Health Services.

To increase the reach of the roles we have partnered with Homerton Trust who re-direct any enquiries in terms of volunteering in mental health to ELFT; the Volunteer Coordinator contact details are on their website. Roles are advertised on the Trust's website plus on NHS jobs, Charity Jobs, Volunteer Centres, Universities, 'Do It' as well as through social media.

The volunteers consist of new recruits and some long term volunteers. There is a small cohort volunteering for six years who have helped set up and run a service with Newham Mental Health Centre for Out of Hours OT support. This is solely run by volunteers with staff on hand when necessary. They run social activities with service users from the wards two evenings a week in the conference centre away from the wards. We plan to put this service forward for the Parliamentary Awards 2019 due to the work and commitment the volunteers have undertaken over the years.

Improving Population Health

Equipping Staff to Spot Modern Day Slavery and Abuse

In January 2019 the ELFT Safeguarding Team hosted a conference to help Trust staff identify potential victims of modern slavery and exploitation. The conference set out how modern slavery works, who can be a victim, what methods of control can be used on a victim, what questions to ask potential victims and when to call for help.

The organisers stressed that health professionals were well placed to spot the signs as they deal with vulnerable people on a daily basis and are often work closely with individuals. They noted that professionals who are knowledgeable on how to spot the signs and who maintained high professional curiosity and an awareness of the indicators of vulnerability and exploitation were invaluable as victims might then engage in appropriately confidential, victim-centred conversations, and move to a position where they can leave dangerous situations.

New Projects to Support People who are Homeless

Newham Nurse Practitioners spearheaded a project called Health Champions for the Homeless. The initiative aimed to assist homeless people in the borough to better manage issues arising from diabetes, respiratory condition and mental health through the use of peer champions. Studies show that vulnerable people in hard to reach groups are more likely to take advice and accept support from people in their own peer group who can signpost their peers to the appropriate health services and promote self-management of existing health conditions.

In the City of London an intervention hub has been set up in partnership with the Police to offer immediate assessment, support and intervention to homeless people.

Taking the Pressure of Patients

A Bedfordshire District Nurse has created an educational tool to help carers increase their understanding of pressure sores creating a leaflet containing information, clear supporting images and a traffic light design theme to illustrate the different stages of pressure sores. The work included gathering and analysing data to chart understanding of the issue before and after the leaflet was provided. The pilot project was run in Central Bedfordshire for six months and focused on care homes staff.

Quality of Life With a Long Term Condition

Newham Talking Therapies has exceeded targets and increased access through holding community outreach events and co-production with physical health care partners. Building on this their Population Health portfolio aims to identify and address unmet needs of people in the borough who have complex needs due to having a long term health condition and common mental health difficulties.

Living Well UK in Bedfordshire and Luton

A pilot project to develop innovative ways to help people achieve good mental health was launched in Luton thanks to a new Big Lottery funded programme called 'Living Well UK'. A partnership of organisations working in the town including the Trust successfully bid to be

part of a three-year programme to shape how people with mental health needs in Luton have their say in how services are designed and delivered. A programme of healthy mind and body community activities open to all expanded across Bedfordshire and Luton.

The Trust has worked with partners across the county to create a programme of 'mindful' sessions that provide gentle exercise, opportunities to socialise and informal, friendly NHS support and advice on maintaining mental wellbeing. Activities include swimming, wellbeing walks, yoga, badminton, boxercise, table tennis and tennis.

Recovery Colleges

The Trust supports Recovery Colleges in the majority of the areas we have services. The colleges provide free courses and workshops focussed on mental health wellbeing and recovery. They are delivered by people with lived experience and professional experience and are available to anyone.

Improving Value

The Green ELFT Campaign

A big step towards a smaller carbon footprint was taken by the Trust with the launch of an environmental campaign to make it greener and more efficient. Our 'Green ELFT' campaign initiative set out to raise awareness of green issues in the workplace and promote sustainability. This included:

- Large scale recycling implementation across the Trust
- Creation of a Trust travel plan to help staff in making a greener choice in terms of travel
- Removal of all single use plastic cups across the Trust sites
- LED lighting replacement for sites with the poorest energy efficient lighting
- Plant room and boiler insulation to maximise efficiency of larger buildings
- Installation of new bicycle hangars across multiple Trust sites
- Installation of electric car charging points at the John Howard Centre as part of a Government initiative.

Trust Switches to 100% Renewable Energy

On 21 March 2019, NHS Sustainability Day, ELFT announced that all electricity used by the Trust now comes from renewable sources. Wind, solar and wave-generated electricity now power the Trust as part of its pledge to reduce its carbon footprint. ELFT was the first NHS trust to register with Crown Commercial Services, the largest public sector energy broker, to secure a 100% renewable electricity contract.

Patient Records, Letters, Appointments and Information Sharing

In the last year there has been a real focus on mobile working to free up staff time usually spent going back to their base to record information on a desk-based computer.

More community staff have been issued with laptops or tablet devices to enable them to record information and actions in real-time in the service users home, in their car or in a nearby base. The result is that they have more time to spend with the person they are visiting and their families, and has facilitated a major review of our estate requirements with the aim of centralising our community services in few hubs. The estates review has delivered major cost savings without affecting front line clinical teams. Staff report that they are very happy with mobile working and think that this has made their job much easier.

In addition, our health record systems are now able to 'talk' to each other better so any clinician seeing the service user can see the interventions of colleagues and gain an understanding of the issues the service user has been working through.

Improving Our Systems to Work More Effectively

We have invested in technology and the networks we use to improve the experience of staff in their everyday work. These upgrades will improve the reliability of programmes that staff use and have reduced waste, of staff time and repetition of processes. Setting up these new systems has enabled us to make sure that all steps are useful in patient management and inform staff decision-making.

Recording and Showing What We Do

We gather a lot of data to show how we are performing and ensure that we are meeting goals set out in our contracts and having an impact on the health of local people. Over the last year we have enhanced our reporting systems so that we can access better quality data and information. Having effective systems to record our activity enables us to monitor what we do and where we do it as well as looking at trends and outcomes.

ePrescribing

The Trust has rolled out ePrescribing on inpatient wards in Tower Hamlets and will be rolling it out to all areas in the next 12 months.

ePrescribing is safer way to dispense medication as it flags up contra-indications and is clearer for pharmacy and ward staff as they do not have to decipher unclear handwriting! It has dispensed with the need for prescription charts and provides an immediate record of when medication is given to the patient. It will flag up useful information like contraindications when two types of medication might not work well together. It also provides a prompt for the correct dosage and ideal timing of medication and reduces the risk of mistakes. Staff

have stated that it is quicker. This is also a great example of how better use of technology is improving how we care for service users.

New Service Desk Portal

A new IT Service Desk portal was launched in March 2019 which allows staff to report issues online. With our increasing reliance on technology staff need reliable back-up in the event they have a problem with their devices or one of the systems they are using.

Modernising Charter House

Work started in October 2018 to deliver enhanced patient care for the Trust's mental health service users in Luton. More than £2m is being invested in a project to modernise our town centre base, Charter House. The project is being completed in phases and includes new heating and cooling systems and a facelift to improve the internal environment for staff and service users which will also be reconfigured to provide expanded space for clinical teams.

Improving Staff Experience

Enjoying Work

One of the ways in which ELFT is working to improve staff experience is through the Quality Improvement Enjoying Work priority area. This is at the heart of the Trust's new strategy. More than 500 staff in some 25 teams have already been involved in the learning systems which have the goal of fostering joyful places to work using quality improvement methods,

leadership models, team building exercises and other tools and methods. The evidence suggests that there is a correlation between improved staff experience and improved service user experience and outcomes. We are now recruiting teams to join Cohort 3 which will commence in June 2019. See the Quality Report for more information.

First ELFT Open-Topped Bus at Pride Parade

ELFT staff took London by storm with its very own decorated bus joining the LGBT+ Pride to a crowd of 1 million people in Central London. 30,000 people joined the parade on 7 July 2018 showing their solidarity with Lesbian, Gay, Bi- and Trans-people. ELFT were proud participants with nearly 100 staff and service users: a real show of inclusivity and unity. The ELFT LGBT+ Staff Network worked on their plans for months to make it an unforgettable day. The bus was greeted by rapturous applause from the crowd in celebration of NHS 70.

Secretary of State Launches Staff Wellbeing Pack

There was standing room only when the Trust hosted the launch of Health Education England's Staff and Learners' Mental Wellbeing Commission Report on 20 February 2019. The report which was launched by the Secretary of State for Health and Social Care, Matt Hancock, seeks to address the mental health and support needs of healthcare workers who work in high pressure roles, dealing with trauma, distress and emotionally charged situations. The event was attended by a selection of staff and apprentices who were interested to hear about the initiative.

See Staff Engagement section for more details.

Sustainability and Environmental Stewardship

Leadership and Engagement

ELFT has a Sustainable Development Management Plan (SDMP) that is updated annually and includes the three key areas of sustainability within any organisation: the estate, procurement and people.

As a Trust we utilise the Sustainable Development Assessment Tool (SDAT) to drive our sustainability model and by using this tool we are able to benchmark and identify areas for improvement in line with national guidelines. Using both the SDMP and the SDAT we are able to drive forward our plan and utilise it to meet our targets of 80% reduction in carbon emissions by 2050 which the Trust is currently well on target for meeting with a current reduction on 1990 CO_2 levels of 32%

The NHS Carbon Reduction Strategy was launched in 2009 and an update was produced in 2010 providing new information and additional tools. These documents identify the vital role the NHS has to play in the reduction of CO_2 and that these reductions can also have a positive effect on the health of staff, service users and the public who live and work every day in the areas the Trust operates in. Also as a result of carbon reduction, the Trust and NHS as a whole will benefit from short and long term savings which can be reinvested in health services.

Many measures that improve health also contribute to sustainable development and vice versa. For example, by supporting local businesses and providing training opportunities such as apprenticeships, the local economy benefits and this can help raise the standard of living and therefore the health of the local community. As a result there is a reduced demand on the health service enabling the Trust to reinvest resources elsewhere which further improves the health of patients and the public.

ELFT is very aware of its place within the community of East London and its obligation to our local society, economy and environment. We are committed to providing the best service possible coupled with a real awareness of any impact carrying out this service might cause. To fulfil this commitment we will encourage all sustainable measures within our financial and resource constraints. To achieve this vision we believe it must be collectively shared and embedded within our trust, our staff and our service users. We therefore agree to adopt and act on the following goals;

- We will individually commit to the principles and practice of sustainable development
- We will encourage our staff, contractors, service users and anyone contributing to ELFT activities to adopt practices which improve our environmental and social impact
- We will comply the Social Value Act (2012) when buying goods and services and consider the potential impacts on the environment and local area in which we operate
- We will strive to meet and where possible exceed the requirements of relevant national legislation
- We will regularly report our performance against challenging and stretching targets focusing on the key areas of estates, infrastructure, operations and facilities
- We will raise awareness of our environmental and social performance and the issues we face, in our community and among those we serve
- We will be developing a social value framework, as part of which we will aim to work through our procurement processes and with our suppliers to promote community economic, social and health benefits.

We work closely with Board members in the creation of our SDMP and the sustainability lead for the Trust regularly reports against the progress of the plans actions.

This year we have been striving to improve the awareness of the Trusts sustainability mission and the measures being put in place to achieve our targets. The Green ELFT campaign has been launched and received excellent feedback from staff who are positive about the steps the Trust are making towards a smaller carbon footprint. Various publicity shoots at sites in London and Bedford have helped raise the profile of our plan and we look to build on that further in the year to come.

Our previous sustainability online tool for staff was very popular but the company we used has gone into administration and therefore the tool has ceased its operation. For 2019-2020 we will be looking to use a different company and reinstate the tool to better help with staff engagement in sustainability.

Resources

Energy

Collection	2017/2018	2018/19 Forecast
Occupied floor area (m²)	102,702	103,780
Electricity consumed (kWh)	4,725,401	5,203,421
Gas consumed (kWh)	7,509,214	8,614,836
Oil consumed (kWh)	0	0
Coal consumed (kWh)	0	0
Electricity consumed - local (kWh)	0	0
Steam consumed (kWh)	0	0
Hot water consumed (kWh)	0	0
Electricity consumed - third party owned renewable (kWh)	2,558,580	2,081,368
Site energy consumed per occupied floor area (kWh/m²)	119.13	133.15

The above figures for 2018-2019 are forecasted figures and may be subject to change once the final billing for quarter 4 of 2018-2019 has been received and verified.

The Trust has committed to 100% renewable energy sources for all electricity used across its sites; 2019-2020 reporting will reflect this.

Water

Water consumption has risen from the 2017-2018 figures mostly due to improved reporting systems and greater work in identifying poor invoice data from the water companies. This accuracy and reporting will improve even more in 2019-2020 due to the installation of smart metering on all Trust water meters. We have also moved all of our accounts over to one company, Wave (formerly Anglian Water). This will give us greater control over our consumption, the data and in turn ways to reduce our water usage and cost. Wave has an advanced online portal where data can be collected much more easily and with greater accuracy; it will greatly assist the Trust in its bid to reduce its carbon footprint.

The improvement in consumption data is highlighted by the fact that although figures from our water companies show a 30% increase in usage, the actual costs have reduced by 0.6%.

Waste

As a Trust the reduction of waste is one of the key areas we look at to ensure our carbon footprint is reduced.

A waste management tender has commenced and we hope to be awarding the new contract in April 2020. Through this tender process we will be able to ensure there is a greater focus on carbon reduction through improved recycling, less waste to landfill and a much better online portal where the raw data can be analysed and changes made in real time to help the Trust on its journey to carbon reduction.

The Trust currently recycles at a rate of around 50%; by the end of next year we hope this will increase to 60% as a minimum with our ultimate goal of 80% achievable by 2022.

Travel

The Trust has recently commenced an exercise to create a comprehensive travel plan. The initial steps have already been taken with a travel survey sent out to all staff and a positive response generated. Using the data from this survey we will be looking to tailor the travel plan to fit staff in all areas and sites covered by the Trust.

Once this travel plan is complete and recommendations identified as a result of staff feedback and expert analysis of the estate, we will be able to implement the changes required to help staff and visitors to make a greener choice in their mode of transport.

Procurement

The Trust strategy to improve the quality of life for all includes a commitment to improve population health. A population health approach includes taking action to improve the wider determinants of health and using our organisational assets to benefit the communities we serve.

To support these objectives, we are developing a social value framework and, through our procurement processes and with our suppliers, aim to promote community economic, social and health benefits.

We will:
- Engage with the supplier base during the pre-procurement period and throughout the tendering process to ensure that key sustainability issues are addressed
- Build social value into all contract specifications and award a significant proportion of tender scoring (sustainable behaviour, working practices and aspirations)
- Encourage anchor institutions to submit an offer to potentially become a supplier to the Trust
- Undertake whole life costing and value for money analysis in the evaluation of bids.

Adaptation

Our Trust-wide business continuity plan provides the overarching procedures for managing business disruptions regardless of cause to ensure that, at a minimum, the Trust is able to provide its critical functions and prioritise service recovery. The plan can be activated in response to a business continuity incident or in support of a major incident. It may be initiated on its own to support an internal business continuity event or in support of the incident response plan, as part of a response to a major incident.

The business continuity plan is not a standalone plan and where relevant is used in conjunction with other Trust emergency preparedness plans such as:

- Heatwave Plan: outlines the actions which may need to be taken by ELFT during a period of high temperature or official heat wave in order to reduce the health risks to mental health service users and community health service users.
- Severe Weather Plan - The aim of this plan is to establish a coordinated management response to the threat of severe weather across the Trust. It also aims to provide a structured response to emergencies arising from severe weather.
- Flooding Plan - The aim of this plan is to establish a coordinated management response to the threat of flooding across the Trust. It also aims to provide a structured response to emergencies caused by severe flooding.

 Each service will also have its own local business continuity plan.

Models of Care

The Trust will seek to develop ways to ensure that sustainability and the achievement of sustainable models of care become incorporated into the reduction of carbon emissions from service delivery.

General

There are many examples of good sustainable practice already being undertaken throughout the Trust. Within procurement, whole life costing and value for money analysis is already being undertaken and the Trust is beginning to raise the importance of environmental impact as we award contracts, for example; we have recently awarded a taxi contract with Green Tomatoes who run low-emission vehicles.

Activity is underway within HR to improve opportunities with our workforce and staff wellbeing. The Trust has launched an apprenticeship scheme to recruit and support new members of staff from the local community. Our new e-learning system was launched the same year which aims to reduce the need for staff to travel for training, reducing cost and CO_2 emissions and saving valuable staff time. Both of these initiatives need further development to realise their full potential which will be a key objective within this SDMP.

Exciting developments are underway with estates and facilities. We have recently committed to 100% renewable energy generation for all our sites electricity supply. This is a big leap forward and shows the Trust's commitment to sustainability and the environment which we operate out of. LED lighting is being installed in Trust sites at the rate of 3 sites per year, significantly reducing not only energy usage but also need for maintenance and therefore cost and mileage is reduced.

The Trust has recently signed up to an energy bureau service which will assist us in making large reductions in cost and usage by highlighting issues with billing and overuse in all our sites electricity and gas usage.

Ongoing energy surveys across all our sites are highlighting quick win solutions for the reduction of energy usage through improved insulation or building controls or simply staff behavioural changes. This combined with our recent drive to ensure all sites have a robust recycling system in place will help to dramatically reduce our carbon footprint.

In January 2019 we installed our first electric car charging points at the John Howard Centre and we plan to move ahead with installation of charging points at any site which will benefit and it is feasible to install.

This sustainability plan represents an important step forward for sustainable development planning and reporting across the Trust. It strengthens how the Trust promotes environmental sustainability and improves the transparency and accountability of environmental decision-making. The Trust is committed to implementing this sustainability plan and continually monitoring our progress.

As the process matures and evolves, the Trust will make adjustments: we will improve the integration of environmental, social, and economic criteria; and will be more capable of addressing gaps that become evident as the plan is implemented and progress is measured.

This adjustment over time is one of the strengths of this new approach. It is not rigid or static. It will respond to advances and to setbacks, and to changes in sustainability priorities in the UK and beyond. In this way, each new plan will be an improvement over the last and will place the Trust ever closer to truly sustainable development.

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, is set out below and also covered elsewhere in the Annual Report and Annual Accounts.

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 the Trust's own up-to-date Energy and Sustainability Plan. Details are included in the Sustainability and Environmental Stewardship section of this Annual Report.

Private Finance Initiative (PFI)

In 2002 a 30-year contract commenced with GH Newham Ltd for the construction, maintenance and operation of facilities' management services for the Newham Centre for Mental Health. The Trust also has a PFI contract to provide for the expansion and re-provision of the Coborn Centre for Adolescent Mental Health – the Trust's specialist child and adolescent in-patient service. Details are also included in the Annual Accounts.

Compliance with the Better Payment Practice Code

Details of compliance with the Better Practice Payment Code are set out in the Annual Accounts.

Health and Safety at Work

The Chief Nurse is the Executive Director lead for health and safety matters and is supported by the Estates Department, Governance Department and local health and safety leads. A Health and 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 Equality, Diversity and Human Rights Policy in place and a strategy for its effective implementation. Further details are included in the Our Staff section of the Annual Report.

Consultation

Previously established staff consultation arrangements continue to operate through the Joint Staff Committee (JSC) which is chaired by a Non-Executive Director and is attended by Staff Side and management representatives. The Trust also continues to consult with the Local Overview and Scrutiny Committees. The Trust consulted with staff, service users and carers, the Council of Governors and the membership regarding its strategy and Annual Plan. More information regarding this, and other public and patient involvement activities, is set out elsewhere in this Annual Report.

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.elft.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 incidents, such as the loss of paper or electronic files. Three data related incidents were reported during 2017-2018 that would be classed as a serious 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 Senior Information Risk Owner (SIRO) who is the Chief Financial Officer and a Caldicott Guardian who is the Chief Medical Officer. The Executive Director of Planning and Performance is the executive lead for information governance. Policies are in place, which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff.

Information risk is managed through the Digital Board and Information Governance Steering Group. The Board's Audit and Quality Assurance Committees receive reports on compliance with the General Data Protection Regulations (GDPR) and Data Security and Protection Toolkit.

Counter Fraud and Bribery

The Trust employs two Local Counter Fraud Specialists and reports on counter fraud activity are regularly 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 Grant Thornton UK LLP. Further details are set out in the report on the Audit Committee.

Political Donations

The Trust made no political donations during 2018-2019.

Overseas Operations

The Trust did not undertake any overseas operations during the year 2018-2019.

Modern Day Slavery

The Trust is committed to ensuring there is no modern slavery or human trafficking in any part of our business and in so far as possible to requiring our suppliers to hold similar ethos.

We adhere to the NHS Employment Checks standards which include the right to work and suitable references. Human trafficking and modern slavery guidance is embedded into Trust safeguarding policies.

Conflicts of Interest

The Trust aspires to the highest standards of corporate behaviour and responsibility. The Trust's Standards of Business Conduct Policy sets out the responsibilities of managers and staff to ensure that their behaviour inside and outside work, and interest outside of work do not conflict or appear to conflict with their role at the Trust, their duties and responsibilities. All staff are required to comply with this policy; this will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take. A copy of the Trust's conflicts of interest register is available on request from the Associate Director of Corporate Governance.

Trade Union Facility Time (for the period 1 April 2018 – 31 March 2019)

Relevant union officials: Total number of employees who were relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
5756	5288.95

Percentage of time spent on facility time: Number of employees who were relevant union officials employed during the relevant period who between 0% and 100% of their working hours on facility time

Percentage of time (i.e. percentage of their working hours on facility time)	Number of employees
0%	0
1-50%	9
51%-99%	0
100%	0

Percentage of pay bill spent on facility time: Percentage of the total pay bill spent on paying employees who were relevant union officials for facility time

Total cost of facility time	£203,578.67
Total pay bill	£2,908,560.00
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	6.99%

Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	3.13%

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *2018-2019 NHS Foundation Trust Annual Reporting Manual* (the ARM) agreed with HM Treasury and issued by the foundation trust regulator, NHS Improvement (NHSI).

For 2018-2019, 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.

Overview

This section describes the financial performance for the year ended 31 March 2019; this is measured by Finance and Use of Resources metric within the Single Oversight Framework (SOF) developed by NHSI 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 1 against Use of Resources in 2018-2019.

The Trust achieved its key financial target for 2018-2019 by achieving as agreed annual surplus requirement of £9m (before impairments, pension scheme premeasurement/ Provider Sustainability Funding). The delivery of the required annual surplus enabled the Trust to receive an additional £3.8m of Provider Sustainability Funding (PSF) in respect of 2018-19.

The national operating framework required the Trust to achieve a 2.0% Cash Releasing Efficiency Saving (CRES). Some efficiency savings in 2017-2018 were not met equating to £4.1m, and these were also part of the total savings requirement for 2018-2019. In total, The Trust's internal planning cycle identified an additional 1.0% saving requirement, therefore a challenging 3.0% saving target equating to £12.3m was set for 2018-2019.

The Trust achieved savings of £9.1m in year against this target. The Trust implemented a number of strategies to minimise the impact on services at the point of care as a result of the savings requirement including adopting a systematic review approach in a number of service areas, cost reductions and negotiating better deals with our suppliers. The shortfall against the savings target was managed through budget non recurrent underspends and other non-recurrent measures.

The table below summarises and contrasts our performance for 2018-2019, including comparative information for 2017-2018.

2018-2019 Annual Report: I&E Extract

Annual Income and Expenditure Summary	2018-19 £000	2017-18 £000
Operating Income	428,703	390,268
Operating Expenditure	(407,597)	(365,586)
Operating Surplus/(Deficit)	**21,106**	**24,682**
Finance Costs		
Interest Receivable	649	319
PFI and Finance lease interest payment	(2,365)	(2,393)
PDC Dividends payable	(5,804)	(5,699)
Movement in fair value of investment Property	6	(63)
Net Finance Cost	**(7,514)**	**(7,836)**
Surplus/(Deficit) for the year	**13,592**	**16,846**
Other comprehensive income		
Revaluation gains / (losses) and impairment losses	7,301	(1,131)
Re-measurement of net defined benefit pension scheme	106	75
Total Comprehensive Income / (Expense) for the year	**20,999**	**15,790**

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 £10m. The broad categories of spend are upgrades of clinical areas and buildings (£4.4m), plant and machinery / furniture and fittings (£0.5m) and Information Technology and informatics improvements (£3.8m).

Income

The Trust received £429m of income in 2018-2019. The table below provides an analysis of the income as reported in the accounts with comparators for the previous financial year.

The Trust has complied with the cost allocation and charging requirements set out by HM Treasury. The Trust has not received any income that is not related to the provision of goods and services for the purposes of the health service in England.

Annual Income	2018-19 £000	2017-18 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	374,586	338,963
Department of Health	3,600	0
Foundation Trusts	2,747	2,799
Local Authorities	17,639	16,221
NHS Trusts	8,680	5,999
Non-NHS: Overseas patients (chargeable to patient)	0	103
Non-NHS Other	202	2,820
Total Income from Activities	**407,454**	**366,905**
Other Operating Income		
Education and Training	8,803	9,890
Research and Development	1,462	1,403
Rental revenue form operating leases	460	523
Other Income	3,197	5,507
Provider Sustainability Funding	7,326	6,041
Total Other Operating Income	**21,249**	**23,364**
Total Operating Income from Continuing Operations	**428,703**	**390,269**

The majority of the total income (78%) 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 4 services.

Expenditure Analysis

Analysis of the operating spend is shown in the table below with comparative figures for 2017-2018. Staff pay cost account for 73% of the total operating spend. This is consistent with the nature of the services we provide and is comparable with other Trusts who provide similar services.

Annual Expenditure	2018-19 £000	2018-19 %	2017-18 £000	2017-18 %
Service from NHS Bodies	30,601	9%	22,970	6%
Service from Non NHS Bodies	9,701	3%	10,018	3%
Staff Salary	291,061	81%	263,151	74%
Establishment	4,218	1%	5,460	2%
Supplies and Services	19,665	5%	15,937	4%
Drugs	4,158	1%	5,061	1%
Premises and Transport	16,633	5%	17,832	5%
Other	24,980	7%	17,469	5%
Subtotal	**401,017**	112%	**357,898**	100%
Depreciation and Amortisation	7,248		6,742	
Impairments	(668)		946	
Subtotal	**6,580**		**7,688**	
Total Expenditure	**407,597**		**365,586**	

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

24 May 2019

Directors' Report

Introduction

Our Board of Directors is collectively responsible for the strategic direction of the Trust, its day-to-day operations, and its overall performance including clinical and service quality, financial and governance. The powers, duties, roles and responsibilities of the Trust Board 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.

Our Board of Directors

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, CBE Trust Chair
Appointed 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
- Chair of Norfolk and Suffolk NHS Foundation Trust from February 2019
- Runs 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
- Awarded Commander of the British Empire (CBE) 2018
- Qualifications: BA (Hons) DMS

Aamir Ahmad
Appointed November 2018
- Founder and former CEO of furniture retailer Dwell
- Experienced entrepreneur having founded a number of businesses in retail and hospitality
- Lloyds TSB Asian Entrepreneur of the Year, 2008
- Strategy Consultant with Boston Consulting Group
- Senior Group Strategy positions at Laura Ashley and Diageo
- Former foster carer with Lambeth and Albert Kennedy Trust working with disadvantaged LGBT teenagers

Ken Batty
Appointed November 2016
- Lay member of the Speaker's Committee for the Independent Parliamentary Standards Authority
- Runs own company providing HR consultancy to companies
- 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
- One of the founders of the Albert Kennedy Trust, the UK's LGBT Youth Homelessness Charity.
- In the top 30 of LGBT+ public sector leads 2018
- In 2015 was on the Financial Times list of the global top 100 most influential LGBT people in business
- Qualifications: BA (Hons)

Anit Chandarana, Audit Chair
Appointed November 2018
- Director Business Planning and Strategy (2018 to Present)
- Finance Director, Network Rail Infrastructure Projects (2013 to 2018)
- Various senior roles at Network Rail Finance Division (2007 – 2013)   including Finance Director in the Asset Management Division
- Financial Controller, Multiple Foods Ltd (2005 – 2007)
- Various finance roles at Shell Oil and J Sainsbury (1993 – 2003)
- Non-Executive Director, Permanent Way Institution (2016 to 2018)
- Chair of Trustees, Network Rail Pension Scheme (CARE and DC)

Mary Elford, Vice Chair
Appointed February 2012

- Non-Executive Director Queen Mary Innovation (from March 2018)
- Non-Executive Director Queen Mary Bioenterprises (from March 2014)
- Non-Executive Director Health Education England (from Sept 2013)
- Council Member General Pharmaceutical Council (from April 2013)
- Member of the Independent Reconfiguration Panel for the NHS (from December 2016)
- Member of National Advisory Board for Clinical Excellence Awards (from 2008)
- Former Non-Executive Director, Barts and the London NHS Trust (10 years)
- Former Council Member, Queen Mary University of London (8 years)
- Former Foundation Director, London North East Community Foundation
- Former Trustee, The Camden Society for Learning Difficulties (11 years)
- Lay Adviser, Department of Health and Kings Fund
- Senior Manager, John Lewis Partnership (14 years)
- Experience in healthcare education and healthcare regulation
- Qualifications: BA (Hons) Oxford

Jennifer (Jenny) Kay, Senior Independent Director
Appointed 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 (2001-2012)
- 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 and Non-Executive Director, including quality and safety, equality and diversity, safeguarding, patient experience, and patient involvement committees.
- Qualifications: BA(Hons), RGN, RSCN, MBA

Eileen Taylor
Appointed November 2018

- Experienced investment banker with 38 years of experience in global leadership roles based in the UK, US and Asia
- Held range of senior roles in Deutsche Bank over 30 years including Global Head of Regulatory Management, CEO of DB UK Bank Ltd, Chief Operating Officer (COO) of Global Markets Europe, COO of Global Foreign Exchange, and COO of the Institutional Client Group
- Served as a Trustee on the Board of the East London Alliance (ELBA) Charity
- Served on the Advisory Council of Heart of the City Charity
- Chaired the Catalyst Europe Advisory Board and was Co-Chair of the Task Force of Talent Innovation
- Formerly Board member of the British Bankers Association (2013 – 2016)
- Volunteers with the elderly in her local community

Robert Taylor
Appointed October 2013

- Former Chief Executive of Kleinwort Benson Bank
- Chair of the University for Creative Arts in Kent and Surrey
- Former Board member and Chair at the Whitechapel Gallery in East London
- Non-Executive Director of Truman's Brewery
- Head of Wealth Management and 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

Urmila (Millie) Banerjee CBE
Appointed November 2014; left October 2018

- Long and varied career in the private and public sectors
- Chair of NHS Blood and Transplant, and the College of Policing
- Spent 25 years with BT in various senior roles including operations, large-scale system implementation, product design and consumer service
- COO of a global mobile satellite company
- Non-Executive Director of Ofcom for nine years
- Other Non-Executive Director appointments including with the Cabinet Office, Channel 4 TV, Prisons Board, and Peabody Trust
- Chair of Working Links, a private sector company working with HM Government in supporting long-term unemployed and disabled citizens
- Previous member of the Board of Newham PCT and Barts Health

Paul Hendrick
Appointed April 2016; left October 2018

- 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
- Former Non-Executive Director Newable Equity Ltd, part of the regional economic development group owned by all 33 London local authorities
- Qualifications: MSc, MBA, FCA, FCT, CF

Kingsley Peter
Appointed November 2006; left October 2018

- Chartered Certified Accountant
- Executive Director of Finance and Corporate Services for the Adolescent and Children's Trust (TACT)
- Company Secretary – TCT
- Formerly, Area Finance Controller for the South East Area (Engineering) of the National Grid
- Former Non-Executive Director of Charitable Assurance and Regulatory Board, Places for People Group
- Former Chair of Kush Housing Association
- Formerly Board Member of Consortium of Voluntary Adoption Agencies
- Extensive experience of financial management and business development
- Qualifications: FCCA, MBA

Executive Directors

Dr Navina Evans, Chief Executive
Appointed August 2016

- Former Director of Operations and Deputy Chief Executive and Director for Mental Health at the Trust
- Former Lead Clinician Newham CAMHS and then Clinical Director Child and Adolescent Mental Health Services at the 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

Paul Calaminus, Chief Operating Officer and Deputy Chief Executive
Appointed March 2017

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

Steven Course, Chief Financial Officer and Deputy Chief Executive
Appointed June 2015

- Over 17 years' NHS experience in mental health, community, acute and strategic organisations including the Department of Health and a private sector audit firm
- Joined the NHS graduate national financial management training scheme in 2002
- 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 the Trust in 2009 as Deputy Director of Finance leading a number of significant Trust initiatives
- Appointed Deputy Chief Executive (London) in November 2017
- Qualifications: Chartered Institute of Management Accounting (ACMA), Chartered Institute of Public Finance and Accountancy (CPFA), BA (Hons)

Mason Fitzgerald, Executive Director of Planning and Performance
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 and Corporate Planning in 2012
- Successfully led the Trust's bid to become the first mental health and community Trust to achieve NHSLA Level 3
- Qualifications: B.Comm; LLB; LLM; ICSA Chartered Secretary; Associate Member CIPD

Dr Paul Gilluley, Chief Medical Officer
Appointed 1 March 2018

- Joined the Trust in 2012 as Head of Forensic Services
- Previously Clinical Director of Forensic Services in West London.
- Graduated from University of Glasgow and qualified as a Doctor in 1992 specialising in psychiatry in 1993
- Member of the Royal College of Psychiatrists
- Appointed Chair of the Advisory Group for the Quality Network for Forensic Mental Health Services in 2009
- Experience with the Department of Health
- Qualifications MBChB BSc (Hons) FRCPsych

Lorraine Sunduza, Chief Nurse
Appointed September 2017

- Graduated from De Montfort University as a registered mental health nurse
- Joined the Trust in 2002 as a Charge Nurse and in 2010, she was appointed as Head of Nursing for Forensic Services. In 2015 she was appointed as Director of Nursing for London Mental Health
- Appointed Interim Chief Nurse in October 2017 until her substantive appointment in June 2018
- She is a Myers-Briggs Practitioner
- Qualifications: RMHN, Myers-Briggs practitioner

Dr Mohit Venkataram, Executive Director of Commercial Development
Appointed November 2016

- Commercial Director / Business Development Director from February 2011 at the Trust
- Extensive operational management experience in Acute Trusts, Community Trusts, Social Care and Mental Health
- Former 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

Non-Voting Directors

Dr Amar Shah, Chief Quality Officer
Appointed October 2017

- Consultant forensic psychiatrist, and appointed as Chief Quality Officer at the Trust in 2011
- Royal College of Psychiatrists' clinical lead for Quality Improvement
- National QI (Quality Improvement) lead for the mental health safety improvement programme (NHS Improvement and CQC)
- Leads at executive and Board-level on quality at the Trust, including quality improvement, quality assurance, quality control and quality planning
- Improvement advisor and faculty member for the Institute for Healthcare Improvement (IHI), teaching and guiding improvers and healthcare systems across the world
- Completed an Executive MBA in Healthcare Management, a Masters

in Mental Health Law and a Postgraduate Certificate in Medical Education
- A regular national and international keynote speaker at healthcare improvement conferences
- Published over 20 peer-review articles in the fields of forensic psychiatry and quality management
- Qualifications: MBBS MRCPsych MA LLM MBA PGCMedEd

Tanya Carter, Executive Director of Human Resources
Appointed July 2018
- Human Resource Management experience spanning 20 years within a number of public sector organisations
- Experience of working in a Primary Care Trust and three Acute Care NHS Trusts as well as working in London local authorities and further education colleges
- Experience includes lecturing and working as a management consultant with PriceWaterhouseCooper (PwC)
- Joined the Trust in January 2016 as the Associate Director of Human Resources
- Appointed as Trust's Interim Director of HR in May 2018 until her substantive appointment in July 2018
- Qualifications: PGDipHRM, MA(Strategic HRM), FCIPD

Richard Fradgley, Executive Director of Integrated Care
Appointed October 2017
- Joined the Trust as Director of Integrated Care in June 2015
- Previously Director of Mental Health and Joint Commissioning at NHS Tower Hamlets CCG and the London Borough of Tower Hamlets, working as part of the East London Mental Health Consortium commissioning mental health services across East London
- Prior to that, worked in a variety of commissioning and provider roles, across the NHS and councils, including General Manager and CMHT Manager roles in the Trust and at the Royal Free Hospital
- He is a qualified and registered social worker
- Graduated from University College London with a degree in English Literature
- MBA from the University of Warwick.
- Qualifications: BA (Hons), DipSW, MA, MPA
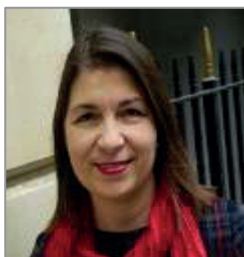
Sandra Drewett, Executive Director of Human Resources and
Organisational Development,
Appointed October 2017; left May 2018
- Over 20 years' experience in human resources in both public and private sectors
- NHS career spans 15 years, including holding HR leadership roles in Acute and Mental Health Trusts and providing external consultancy to NHS provider and commissioning organisations
- Qualifications: HR management, organisation development and the psychology of change and is a member of the CIPD

Balance, Completeness and Appropriateness of the Membership of the Board of Directors

The current Trust Board comprises eight Non-Executive Directors (including the Trust Chair), seven voting Executive Directors (including the Chief Executive Officer) and three non-voting Executive Directors. The structure is compliant with the Trust's constitution and provisions of the *NHS Foundation Trust Code of Governance*.

Taking into account the wide experience of the whole Trust Board, the Board believes that its membership is balanced, complete and appropriate and that no individual group or individuals dominate the Board meetings. There is a clear division of responsibilities between the Chair and Chief Executive which ensures a balance of power and authority.

The Board has a wide range of skills and the majority of members have a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in finance, audit and regulation, business and organisational development, HR, global commercial, local government and third sector, healthcare including education.

The Trust has one of the most diverse Boards in the NHS and international evidence shows that diversity leads to better decisions. The Board has also demonstrated a clear balance in its membership through extensive debate and development.

All Trust Board 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 unlikely event 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.

Chair's Significant Commitments

Marie Gabriel has declared an interest in the following:
- Chair, Norfolk and Suffolk NHS FT
- Charity Trustee, West Ham United Foundation
- Charity Trustee, East London Business Alliance
- Charity Trustee, Foundation for Future London.

Board of Directors Attendance Record

During the course of the year, the Trust Board met eight times. All meetings bar one were held in public, and were preceded by a meeting held in closed session. Two were extraordinary meetings. The attendance record of meetings for the Trust Board for the year ended 31 March 2019 is as follows:

Name	Role	Attendance at Board meetings	Attendance at Council of Governor meetings
		Actual/Possible	
Marie Gabriel CBE	Trust Chair	8 of 8	7 of 7
Aamir Ahmad	Non-Executive Director	3 of 3	2 of 3
Anit Chandarana	Non-Executive Director	3 of 3	0 of 3
Urmilla Banerjee	Non-Executive Director	5 of 5	2 of 4
Ken Batty	Non-Executive Director	6 of 8	1 of 7
Mary Elford	Non-Executive Director, Vice Chair	8 of 8	6 of 7
Paul Hendrick	Non-Executive Director	4 of 5	0 of 3
Jenny Kay	Non-Executive Director, Senior Independent Director	7 of 8	5 of 7
Kingsley Peter	Non-Executive Director	2 of 5	0 of 4
Eileen Taylor	Non-Executive Director		2 of 3
Robert Taylor	Non-Executive Director	5 of 8	0 of 7
Dr Navina Evans	Chief Executive	7 of 8	4 of 7
Paul Calaminus	Chief Operating Officer / Deputy Chief Executive	8 of 8	6 of 7
Steven Course	Chief Financial Officer / Deputy Chief Executive	8 of 8	3 of 7
Mason Fitzgerald	Executive Director of Planning and Performance	8 of 8	7 of 7
Dr Paul Gilluley	Chief Medical Officer	7 of 8	5 of 7
Lorraine Sunduza	Chief Nurse	8 of 8	5 of 7
Dr Mohit Venkataram	Executive Director of Commercial Development	7 of 8	2 of 7
Tanya Carter	Executive Director of Human Resources (non-voting)	8 of 8	4 of 7
Dr Amar Shah	Chief Quality Officer (non-voting)	6 of 8	1 of 7
Richard Fradgley	Executive Director of Integrated Care (non-voting)	6 of 8	5 of 7
Sandra Drewett	Executive Director of Human Resources and Organisation Development (non-voting)	1 of 1	0 of 1

In addition to Trust 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.

Board Directors are also invited to attend the Council of Governor meetings.

Board of Directors 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. 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 having collectively met with all other Non-Executive Directors and received feedback from Governors
- The Chief Executive conducts performance evaluations of the Executive Directors
- The Board has an ongoing development programme in place and held five sessions during the year
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council of Governors Nominations and Conduct Committee and reported to the Council at a general meeting in line with the process agreed by the Council
- The outcomes of the performance evaluation of the Chief Executive and Executive Directors are presented to the Board of Directors Appointments and Remuneration Committee.

Directors' Remuneration

The responsibility for setting the remuneration of the Executive Directors falls to the Appointments and Remuneration Committee.

The Council of Governors Nominations and Conduct Committee has the delegated responsibility for reviewing the remuneration levels of the Trust Chair and Non-Executive Directors and makes recommendations to the Council of Governors who have the statutory responsibility to set remuneration levels.

Full details of Directors' remuneration are set out in the Remuneration Report section of the Annual Report.

Register of Directors' Interests

All members of the Board have a responsibility to individually declare relevant interests as defined in the Trust's constitution which may conflict with their appointment as a Director of the Trust including any related party transactions that occurred during the year.

The register of interests is circulated prior to each Board meeting held in public and a copy can be requested from the Associate Director of Corporate Governance at Robert Dolan House, 9 Alie Street, London E1 8DE or email elft.declarations@nhs.net

Responsibilities of Directors for Preparing the Annual Report and Accounts

The Directors are required under the NHS Act 2006, and as directed by NHS Improvement, to prepare accounts for each financial year. NHS Improvement, with the approval of HM Treasury, directs that these accounts shall show, and give a true and fair view of the NHS FT's gains and losses, cash flow and financial state at the end of the financial year.

NHS Improvement further directs that the accounts shall meet the accounting requirements of the *NHS Foundation Trust Annual Reporting Manual* that is in force for the relevant financial year, which shall be agreed with HM Treasury. In preparing these accounts, the Directors are required to:

- apply on a consistent basis, for all items considered material in relation to the accounts, accounting policies contained in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement
- make judgements and estimates which are reasonable and prudent; and ensure the application of all relevant accounting standards, and adherence to UK generally accepted accounting practice for companies, to the extent that they are meaningful and appropriate to the NHS, subject to any material departures being disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose, with reasonable accuracy, at any time the financial position of the Trust. This is to ensure proper financial procedures are followed, and that accounting records are maintained in a form suited to the requirements of effective management, as well as in the form prescribed for published accounts.

The Directors are responsible for safeguarding all the assets of the Trust, including taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors are required to confirm that:

- as far as they are aware, there is no relevant information of which the Trust's auditor is unaware; and
- that they have taken all steps they ought to have taken as a Director in order to make themselves aware of any such information and to establish that the auditor is aware of that information.

The Directors confirm to the best of their knowledge and belief, they have complied with the above requirements in preparing the accounts.

The Directors consider that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

NHS Improvement's Well Led Framework

Overview

NHS Improvement's Well Led Framework identifies the characteristics required of good provider organisations that ensure quality services are provided:

- Leadership capacity and capability
- Clear vision and credible strategy
- Culture of high quality care
- Clear responsibilities, roles and systems of accountability
- Clear and effective processes for managing risks
- Robust and appropriate information effectively processed and challenged
- People using services, the public, staff and partners engaged and involved
- Robust systems and processes for learning, continuous improvement and innovation.

The Trust has robust quality and corporate 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. Reporting to the Trust Board includes:
- Use of data to inform decision-making, with system measures presented over time using statistical process control to help understand variation
- Our quality report to the Board is viewed as best practice
- Reporting of both strategic improvement work and quality assurance activity at every Board meeting, complemented by qualitative data presented as stories from improvement teams.

The Annual Governance Statement in the Annual Accounts particularly provides details of the systems of internal control that have been established and the Quality Report identifies many examples of how these have created the infrastructure within which quality services are delivered.

The Trust was awarded for the second time an 'outstanding' rating by CQC following its comprehensive inspection in April 2018.

There are no material inconsistencies between our Annual Governance Statement and this Annual Report.

Stakeholder Relations

The Trust remains firmly committed to working with all of our partners – our staff, our service users and their carers, our Governors, members, clinical commissioning groups, local authorities and the voluntary sector – to deliver services that our local communities need.

We are also working with all of our partners to develop shared proposals to improve the quality of life for all we serve designed around the needs of whole areas, not just individual

organisations. In addition the Trust works with regional and national partners to support the effectiveness of national policy and strategies.

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.

Segmentation

The Trust is currently placed in Segment 2.

Trusts are segmented according to the level of support each Trust needs across five themes:
- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability.

Each Trust is segmented into one of the following four categories:

Segment	Description
1	Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance
2	Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support
3	Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements
4	Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures

Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website www.improvement.nhs.uk

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	2018-2019				2017-2018
		Q1	Q2	Q3	Q4	Q4
Financial Sustainability	Capital Service capacity	2	2	1	1	1
	Liquidity	1	1	1	1	1
Financial Efficiency	I&E Margin	2	1	1	1	1
Financial Controls	Distance from financial plan	1	1	1	1	1
	Agency Spend	3	3	3	3	2
	Overall Scoring	**2**	**1**	**1**	**1**	**1**

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

24 May 2019

Remuneration Report

For the purposes of this report, the disclosure of remuneration to senior managers is limited to Executive (voting) including the Chief Executive and Non-Executive Directors, including the Chair, of the Trust.

Annual Statement on Remuneration

The following statements are provided by the Chair of the Board of Directors Appointments and Remuneration Committee and the Chair of the Council of Governors Nominations and Conduct Committee.

Executive Directors (including the Chief Executive)

Executive Directors' salaries are decided by the Board of Directors 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. In setting the remuneration level, the Committee balances the need to attract, retain and motivate Directors of the quality required.

Non-Executive Directors (including the Chair)

The Council of Governors Nominations and Conduct Committee has the delegated responsibility to recommend to the Council the remuneration levels for all Non-Executive Directors including allowances and the other terms and conditions of office in accordance with all relevant legislation and regulations.

In reviewing the remuneration of Non-Executive Directors, the Committee balances the need to attract and retain directors with the appropriate knowledge, skills and experience required on the Board to meet current and future business needs without paying more than is necessary and at a level which is affordable to the Trust.

Decisions Made During 2018-2019

During the year, the Board of Directors Appointments and Remuneration Committee agreed:
- The appointment of Lorraine Sunduza as Chief Nurse on 1 July 2018
- The appointment of Tanya Carter as Executive Director of HR (non-voting) on 1 July 2018
- The retire and return arrangements for the CEO (retired on 9 May 2018 and returned on a full-time basis on 10 June 2018)
- The pay scale for non-voting Executive Directors
- The payment of an additional responsibility allowance to the Executive Director of Commercial Development in recognition of his role as Director of Compass Wellbeing CIC, a subsidiary of the Trust.

During the year, following recommendation by the Council of Governors Nominations and Conduct Committee, the Council agreed:

- The appointments of Aamir Ahmad, Anit Chandarana and Eileen Taylor as Non-Executive Directors for an initial term of office of three years with effect from November 2018
- The reappointment of Ken Batty as a NED for a second term of three years with effect from 2019-2022
- The reappointment of Rob Taylor as a NED for a third term of three years with effect from 2019-2022
- The appointment of Eileen Taylor as the Vice-Chair for London with effect from March 2019 for a period of two years
- A revised annual salary of £63,050 for the Chair with effect from 1 April 2018.

Senior Managers' Remuneration Policy

Executive Directors

Very Senior Manager (VSM) pay is used in the Trust for Executive Directors. This enables pay at higher rates than Agenda for Change pay rates and is the most common reward mechanism for senior staff in the NHS.

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.

An incremental scale for Executive Director posts on VSM was introduced in 2014-2015 as a more structured way of determining Executive Director pay, and provides an incremental scale in line with other NHS reward schemes and simplifies decision-making on the level of reward.

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.

There is no performance based progression in place in the Trust although performance is managed by a robust appraisal and supervision framework. Executive Directors are subject to the same capability arrangements as other Trust staff.

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

The Appointments and Remuneration Committee has the discretion to vary starting salary for those on VSMs terms and conditions within the agreed salary scale in line with skills, experience and market conditions. During the year the Committee implemented the cost of living award as recommended by NHS Improvement backdated to April 2018.

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 relevant 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.

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

Non-Executive Directors

The remuneration policy for the Trust's Non-Executive Directors is to ensure remuneration is consistent with market rates for equivalent roles in other Trusts of comparable size and complexity taking account of benchmarking information. Account is also taken of the performance of the Trust, the time commitment and responsibilities required of the Non-Executive Directors as well as the skills, knowledge and experience required on the Board to meet current and future business needs and succession planning.

Non-Executive Directors are entitled to receive remuneration only in relation to the period for which they hold office; there is no entitlement to compensation for loss of office.

Non-Executive Directors' remuneration is non-pensionable.

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

Service Contract 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 six months' notice to terminate their employment contracts.

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

The Trust does not make any termination payments beyond its contractual obligations which are set out in the contract of employment and related terms and conditions. The terms and conditions also include sick pay arrangements and do not contain any obligations above the national level.

Loss of Office Payments and Payments to Past Senior Managers (subject to audit)

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

Statement of Consideration of Employment Conditions Elsewhere in the Trust

Remuneration comparisons are undertaken on an annual basis with other mental health trusts in London, across the Foundation Trust network and taking account of NHS Providers annual salary benchmarking survey analysis. 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

Non-Executive Directors are appointed for a three-year term of office and are able to serve up to three terms of three years.

Name	Non-Executive Director Post	Term of Office	Appointment Date	Expiry of Term
Marie Gabriel CBE	Trust Chair	3rd term	1 November 2012	31 October 2021
Aamir Ahmad	Non-Executive Director	1st term	1 November 2018	31 October 2021
Anit Chandarana	Non-Executive Director	1st term	1 November 2018	31 October 2021
Urmilla Banerjee	Non-Executive Director	2nd term	1 November 2014	31 October 2018*
Ken Batty	Non-Executive Director	2nd term	1 November 2016	31 October 2022
Mary Elford	Non-Executive Director and Vice Chair	3rd term	1 February 2012	31 October 2020
Paul Hendrick	Non-Executive Director	1st term	1 April 2016	31 October 2018*
Jenny Kay	Non-Executive Director and Senior Independent Director	2nd term	1 October 2014	31 October 2020
Kingsley Peter	Non-Executive Director	4th term	1 November 2006	31 October 2018*
Eileen Taylor	Non-Executive Director	1st term	1 November 2018	31 October 2021
Robert Taylor	Non-Executive Director	2nd term	1 October 2013	30 September 2019

* Leaving date

Service Contracts: Executive Directors

Name	Executive Director Post	Appointment Date	Notice Period
Dr Navina Evans	Chief Executive	1 August 2016	6 months
Paul Calaminus	Chief Operating Officer and Deputy CEO	1 March 2017	6 months
Steven Course	Chief Financial Officer and Deputy CEO	1 June 2015	6 months
Mason Fitzgerald	Executive Director of Planning and Performance	1 February 2014	6 months
Dr Paul Gilluley	Chief Medical Officer	1 March 2018	6 months
Lorraine Sunduza	Chief Nurse	25 September 2017	6 months
Dr Mohit Venkataram	Executive Director of Commercial Development	1 November 2016	6 months
Tanya Carter	Executive Director of Human Resources (non-voting)	1 July 2018	6 months
Sandi Drewett	Executive Director of Human Resources and Organisational Development (non-voting)	19 October 2017 (left May 2018)	6 months
Richard Fradgley	Executive Director of Integrated Care	19 October 2017	6 months
Amar Shah	Chief Quality Officer	19 October 2017	6 months

Board of Directors Remuneration

Senior Managers Pay (subject to audit)

Name	Title	2018-2019					
		Salary (bands of £5,000)	Taxable benefits (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Non-Executive Directors							
Marie Gabriel	Chair	60-65				0	60-65
Mary Elford	Non-Executive Director and Vice Chair	30-35				0	30-35
Jennifer Kay	Non-Executive Director and SID	15-20				0	15-20
Kingsley Peter	Non-Executive Director (to 31/10/2018)	5-10				0	5-10
Robert Taylor	Non-Executive Director	15-20				0	15-20
Urmila Banerjee	Non-Executive Director (to 31/10/2018)	5-10				0	5-10
Paul Hendrick	Non-Executive Director (to 31/10/2018)	5-10				0	5-10
Aamir Ahmad	Non-Executive Director (from 01/11/2018)	5-10				0	5-10
Anit Chandarana	Non-Executive Director (from 01/11/2018)	5-10				0	5-10
Eileen Taylor	Non-Executive Director (from 01/11/2018)	5-10				0	5-10
Ken Batty	Non-Executive Director	15-20				0	15-20
Executive Directors							
Dr Navina Evans	Chief Executive	110-115		0-5		0	111-120
Mason Fitzgerald	Executive Director of Planning and Performance	140-145				45-47.5	185-190
Steven Course	Chief Finance Officer and Deputy CEO	145-150				52.5-55	200-205
Dr Mohit Venkataram	Executive Director of Commercial Development	145-150				25-27.5	170-175
Paul Calaminus	Chief Operating Officer and Deputy CEO	135-140				55-57.75	195-200
Dr Paul Gilluley	Chief Medical Officer	165-170		15-20		122.5-125	305-310
Lorraine Sunduza	Chief Nurse	120-125				75-77.5	195-200
Total		1,165-1,170	0	15-20	0	382.5-385	1,570-1,575

Note: £13k of Navina Evans salary related to a Clinical role

		2017-18					
Name	Title	Salary (bands of £5,000)	Taxable benefits (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonus (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Non-Executive Directors							
Marie Gabriel	Chair	50-55				0	50-55
Mary Elford	Non-Executive Director and Vice Chair	15-20				0	15-20
Jennifer Kay	Non-Executive Director and SID	15-20				0	15-20
Kingsley Peter	Non-Executive Director	15-20				0	15-20
Robert Taylor	Non-Executive Director	15-20				0	15-20
Urmila Banerjee	Non-Executive Director	15-20				0	15-20
Paul Hendrick	Non-Executive Director	15-20				0	15-20
Ken Batty	Non-Executive Director	15-20				0	15-20
Executive Directors							
Dr Navina Evans	Chief Executive Officer	160-165		35-40		105-107.5	300-305
Jonathan Warren	Chief Nurse and Deputy CEO (to 05/11/2017)	85-90				60-62.5	145-150
Dr Kevin Cleary	Chief Medical Officer (to 19/01/2018)	145-150		25-30		455-457.5	625-630
Mason Fitzgerald	Director of Corporate Affairs	130-135				47.5-50	180-185
Steven Course	Chief Finance Officer and Deputy CEO	130-135				65-67.5	195-200
Dr Mohit Venkataram	Director of Commercial Development and Performance	130.-135				97.5-100	230-235
Paul Calaminus	Chief Operating Officer	125-130				105-107.5	230-235
Dr Paul Gilluley	Chief Medical Officer (from 02/02/2018)	25-30				47.5-50	75-80
Lorraine Sunduza	Acting Chief Nurse (from 25/09/2017)	60-65				72.5-75	130-135
Total		1175-1180	0	60-65	0	1,062.5-1,065	2,300-2,305

Note: £74k of Navina Evans salary related to a Clinical role

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2018-2019 (subject to audit)

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 2019 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000) £000	Cash Equivalent Transfer value at 31 March 2019 £000	Cash Equivalent Transfer value at 31 March 2018 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
Mason Fitzgerald Executive Director of Planning & Performance	2.5 - 5	2.5 - 5	20 - 25	45 - 50	369	282	70	0	47
Steven Course Chief Finance Officer	2.5 - 5	2.5 - 5	35 - 40	80 - 85	565	438	93	0	54
Dr Mohit Venkataram Executive Director of Commercial Development	0	0 - 2.5	30 - 35	65 - 70	555	452	68	0	25
Paul Calaminus Chief Operating Officer and Deputy CEO	2.5 - 5	2.5 - 5	35 - 40	90 - 95	647	504	108	0	57
Lorraine Sunduza Chief Nurse	2.5 - 5	5 - 7.5	25 - 30	65 - 70	447	326	94	0	77
Dr Paul Gilluley Chief Medical Officer	5 - 7.5	10 - 12.5	55 -60	135 - 140	1,094	842	202	0	125

- 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.

Aggregate amounts payment to Directors:

	2018/19 £000	2017/18 £000
Salary	1,186	1,238
Taxable benefits	-	-
Performance related bonuses	-	-
Employer's pension contributions	115	141
Total	**1,301**	**1,379**

Fair Pay Multiple (subject to audit)

The Trust is required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce at the reporting period end date on an annualised basis.

The banded mid-point remuneration of the highest paid Director in ELFT in the financial year 2018-2019 was £182,500 (2017-2018: £197,500). This was 5.3 times (2017-2018: 5.8) the median remuneration of the workforce which was £34,159 (2017-2018: £34,188).

In 2018-2019, there no employees (2017-19: 0) received remuneration in excess of the highest-paid Director. Remuneration ranged from £7,575 to £182,500 (2017-2018: £8,644 to £197,500).

Total remuneration includes salary, non-consolidated performance related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The median is the middle number in a sorted list of numbers. The ratio is the number of times the median can be divided into the highest paid director's total remuneration

	2018-2019	2017-2018
Mid-point of Band of Highest Paid Director's Total Remuneration (£000s)	182.5	197.5
Median Total Remuneration (£000s)	34,159.0	34,188.0
Ratio of Median Remuneration to Midpoint of the Highest Paid Director's Band	5.3	5.8

Committees Responsible for Remuneration

The Trust has two committees responsible for reviewing the remuneration of Executive and Non-Executive Directors:
- **Board of Directors Appointments and Remuneration Committee:** Details relating to the purpose and composition of this Committee are set out in the Appointments and Remuneration Committee section of the Annual Report
- **Council of Governors Nominations and Conduct Committee:** Details relating to the purpose and composition of this Committee are set out in the Nominations and Conduct Committee section of the Annual Report.
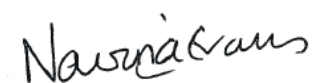
Director Expenses

There was a total of £4,708 of expenses claimed for 2018-2019 financial year by nine Directors out of total of 21 Directors (£3,288.40 claimed for 2017-2018). The number of Directors includes both voting and non-voting in post at any time during 2018-2019. All expense claims are made and processed in line with Trust policy.

Governor Expenses

There was a total of £61.61 was claimed by four Governors during 2018-2019 out of 50 currently in office (£19.90 by two Governors in 2017-2018). All expense claims are made and processed in line with Trust policy.

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

24 May 2019

Board of Directors

Our Board of Directors operates according to the highest corporate governance standards. It is a unitary Board providing overall leadership and vision to the Trust and is ultimately and collectiv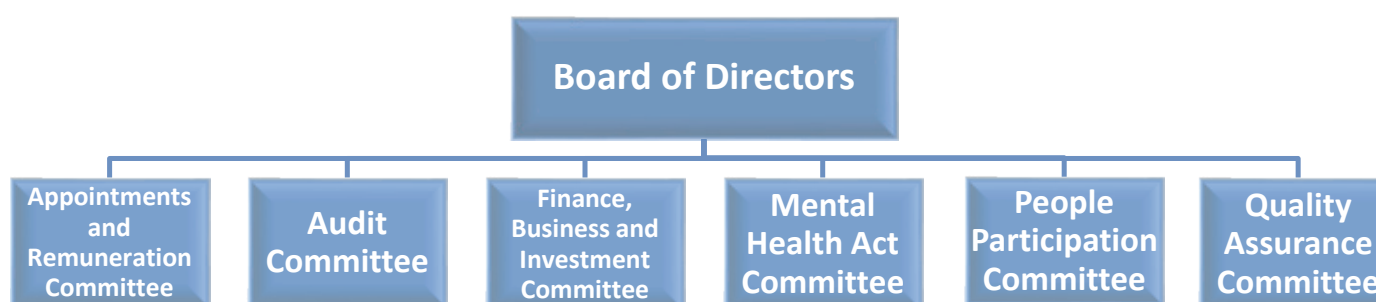ely responsible for all aspects of performance, including clinical and service quality, financial performance and governance as well as the management of significant risks.

The Board leads the Trust by formulating strategy; ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and shaping a positive culture for the Board and the organisation. The Board is also responsible for establishing the values and standards of conduct for the Trust and its staff in according with NHS values and accepted standards of behaviour in public life (Nolan Principles) including selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Board Committees

The Board exercises all the powers of the Trust on its behalf and delegates specific functions to committees of Directors. In addition, certain decisions are made by the Council of Governors, and some Board decisions require the approval of the Council.

Board of Directors

| Appointments and Remuneration Committee | Audit Committee | Finance, Business and Investment Committee | Mental Health Act Committee | People Participation Committee | Quality Assurance Committee |

Appointments and Remuneration Committee

Purpose

The Appointments and Remuneration Committee has delegated responsibility to:
- Review the structure, size and composition of the Trust Board and make recommendations for changes where appropriate
- Lead the recruitment and appointment process for Executive Directors, using open advertising and the services of external advisers to facilitate the search
- Review reports on the Executive Directors' annual performance evaluations
- Review the Trust's talent management, workforce and succession planning strategies
- Review and agree the remuneration levels and terms and conditions of the Executive Directors.

The terms of reference of the Committee are reviewed annually in line with good practice. The Committee meets bi-monthly and extra meetings may be called at the discretion of the Committee Chair.

The Committee met on six occasions in 2018-2019.

Membership and Meeting Attendance

Membership of the Committee wholly comprises of Non-Executive Directors who are viewed as independent having no financial interest in matters to be decided. The Committee is chaired by a Non-Executive Director and the Chief Executive is a member of the Committee but may not receive any papers in relation to or be present when her remuneration or conditions of service or performance evaluation are considered.

The Executive Director of HR attends all meetings in an advisory capacity but again will not receive any papers in relation to or be present when her remuneration or conditions of service or performance evaluation are considered. The Associate Director of Corporate Governance provides support to the Committee.

Committee member	Title	Attendance at meetings (actual of possible)
Ken Batty	Non-Executive Director (Chair from 16 May 2017)	5 of 6
Dr Navina Evans	Chief Executive Officer	6 of 6
Marie Gabriel	Trust Chair	5 of 6
Kingsley Peter	Non-Executive Director (until 31 October 2018)	3 of 4
Eileen Taylor	Non-Executive Director (from 1 November 2018)	2 of 2
Robert Taylor	Non-Executive Director	5 of 6

More information is set out in the Remuneration Report.

Audit Committee

Purpose

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 Committee works in partnership with the other Board committees to fulfil these aims.

Membership and Meeting Attendance

The Audit Committee comprises of three independent Non-Executive Directors who have a broad set of financial and commercial expertise to fulfil the Committee's duties.

The Committee met on six occasions in 2018-2019.

Committee member	Title	Attendance at meetings (actual of possible)
Anit Chandarana	Non-Executive Director, Committee Chair (Chair from 1 November 2018)	1 of 2
Paul Hendrick	Non-Executive Director, Committee Chair (Chair until 31 October 2018)	4 of 4
Mary Elford	Non-Executive Director	6 of 6
Kingsley Peter	Non-Executive Director (until 31 October 2018)	1 of 4
Eileen Taylor	Non-Executive Director (from 1 November 2018)	1 of 2

The Chief Financial Officer, the Executive Director of Planning and Performance, the Associate Director of Corporate Governance, and representatives from Internal Audit, External Audit, and Local Counter Fraud Specialists were in attendance at 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*.

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.

External Audit

The Trust's External Auditors for 2018-2019 were Grant Thornton UK LLP. 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* by reviewing and reporting 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.

The value of the external audit contract for 2018-2019 was £59,020 (audit fee £52,420 and Quality Accounts £6,600) excluding VAT. Their audit and non-audit fees are set,

monitored and reviewed throughout the year. There was no non-audit work undertaken in the 2018-2019 period.

External Auditor's Reporting Responsibilities

Grant Thornton 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.

Internal Audit

The Trust's Internal Auditors for 2018-2019 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 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.

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 anti-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

The Council of Governors has the responsibility for the appointment of the Trust's External Auditors, and will consider recommendations from the Audit Committee when doing so.

Financial Reporting

The Committee reviewed the Trust's Annual 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 Trust 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.

Other Areas Reviewed

In addition to the above areas of work the Audit Committee has received reports on losses and special payments incurred by the Trust.

Finance, Business and Investment Committee

This Committee is chaired by a Non-Executive Director with membership of two other Non-Executive Directors, the Chief Executive, the Chief Financial Officer and the Executive Director of Commercial Development. 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.

Mental Health Act Committee

This Committee is chaired by a Non-Executive Director with membership of the Associate Director of Mental Health Law, Clinical Nurse Specialist in Mental Health Law and Associate Hospital Managers. Its main role is to ensure that the statutory duties of the Trust Board under section 23 of the Mental Health Act 1983 and chapter 31 of the Code of Practice (chapter 38 from 1 April 2015) are exercised reasonably, fairly and lawfully.

People Participation Committee

This Committee is chaired by the Trust Chair with membership of a Non-Executive Director, the Associate Director of People Participation, service user and carer representatives from across the Trust, Governors and members of the Trust's Executive Team. This Committee scrutinises issues regarding people involvement including volunteers and patient experience, and provides service user and carer representatives with a direct link to the Trust Board.

Quality Assurance Committee

This Committee is chaired by a Non-Executive Director with a membership of three other Non-Executive Directors. It is attended by members of the Executive Team and the Head of Internal Audit. The Committee scrutinises the Trust's quality strategy, quality improvement and quality assurance governance processes, and other related areas, including research, clinical audit and education.

Council of Governors

An integral part of the Trust is the Council of Governors who brings the views and interests of the public, service users, our staff and other stakeholders into the heart of our governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments in order to help improve the quality of services and care for all our service users and carers.

The Council comprises 45 members: 26 of which are elected to represent public constituencies, nine who are elected as staff representatives and 10 appointed partnership organisations.

Role of the Council

Governors do not undertake operational management of the Trust. Instead they challenge the Trust Board, acting as the Trust's critical friends. They help shape the organisation's future direction in a joint endeavour with the Board.

The over-riding responsibility of the Council is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public. This includes scrutinising how well the Board is working, challenging the Board in respect of its effectiveness and asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust, questioning Non-Executive Directors about the performance of the Board and of the Trust, and to ensure that the interests of the Trust's members and public are represented.

Governors on the Council meet the 'fit and proper persons test' described in the Trust's NHS Improvement provider licence.

The roles and responsibilities of the Council are set out in our constitution. The Council's statutory responsibilities include:

- To appoint or remove the Chair and other Non-Executive Directors of the Trust
- To decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and Non-Executive Directors
- To approve the appointment by Non-Executive Directors of the Chief Executive
- To appoint or remove the Trust's external auditor
- To be consulted on and provide views to the Board in the preparation of the Trust's annual plan
- To receive the Trust's Annual Report and Accounts, and the report of the auditor on them
- To take decisions on significant transactions and on non-NHS income
- To amend/approve amendments to the Trust's constitution.

The Health and Social Care Act 2012 requires the Board of Directors to empower Governors by:

- Holding open Board meetings
- Sending a copy of the agendas to the Council in advance of every Board meeting
- Sending copies of the approved minutes to the Council as soon as practicable after holding a Board meeting
- Ensuring that Governors are equipped with the skills and knowledge they need to undertake their role.

The Council of Governors is required to meet "sufficiently regularly to discharge its duties effectively, but in any event, shall meet not less than three times each financial year." In practice, there are six meetings of the Council per year.

Composition of the Council of Governors

The Council is led by the Chair of the Trust. The composition of the Council of Governors is in accordance with the Trust's constitution as follows:

Constituency		Number of Governors
Public	Bedford Borough	2
	Central Bedfordshire	4
	City of London	1
	Hackney	5
	Luton	3
	Newham	5
	Rest of England	1
	Tower Hamlets	5
Staff		9
Appointed	Bedford Borough Council	1
	Central Bedfordshire Council	1
	City of London	1
	Hackney Council	1
	Luton Council	1
	Newham Council	1
	Tower Hamlets Council	1
	Clinical Commissioning	1
	Education Sector	1
	Voluntary Sector	1

Council of Governors Elections

2018 saw one of the largest elections in the recent Trust history with 13 vacancies across eight constituencies. Governor workshops were held for prospective candidates in Bedfordshire and London elections commenced on 5 September 2018 with the ballots closing on 28 September 2018, and results being declared on 1 October 2018.

Elections were conducted by using the single transferrable vote electoral system.

Public and Staff Governors are elected for a three year period as provided for in the constitution. In 2017 the Governors voted to extend the possible number of terms of office from two to three terms.

A summary of candidates and election turnout is as follows:

Constituency	Number of Governors to be Elected	Number of Candidates	Election Turnout
Public: Bedford	1	3	9.3%
Public: Hackney	2	5	8.3%
Public: Newham	3	5	8.2%
Public: Rest of England	1	3	6.5%
Public: Tower Hamlets	2	4	6.7%
Staff:	2	5	9.2%
Public: Central Bedfordshire	1	1	Uncontested
Public: Luton	1	1	Uncontested

Board's Relationship with the Council

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 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 respective powers and roles of the Trust Board and Council are set out in their respective Standing orders.

The Chair works closely with the elected Deputy Chair and Assistant Deputy Chair and meets with them as well as the Associate Director of Corporate Governance and Corporate Governance Manager prior to each Council meeting to set the agenda and review key issues.

The Executive and Non-Executive Directors regularly attend each meeting of the Council, presenting agenda items as required and participate in open discussions that form part of each meeting. Standing agenda items also include reports from the Executive Director of Planning and Performance; in addition there are regular updates on Trust performance, finance and quality matters, the Trust's annual plan, and other appropriate information to support the Council to fulfil their duties. A summary of Council meetings is included in the Chair's report presented at each Board meeting.

The Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. Governors can contact the Senior Independent Director if they have concerns regarding any issues which have not been addressed by the Chair, Chief Executive or Executive Chief Finance Officer. Although not a member of the Council's Nominations and Conduct Committee, the Senior Independent Director is made aware of the Committee's planned meetings and is available to support Governors at these meetings with any queries or concerns.

Governors continue to have an open invitation to attend all Board meetings held in public and have the opportunity to ask questions of the Board on matters relating to agenda items. They will routinely receive Agenda, Minutes and Chair's and CEO's reports, or a whole set of papers on request. Prior to both Board and Council meetings held in public there is a chance for Board members and Governors to network.

Governor Open Forum meetings are held quarterly and are open to all Governors, and individual Non-Executive Directors attend by invitation.

The Board values the relationship it has with the Council and recognises that its work promotes the Trust's strategic objectives and assists in shaping the culture of the Trust. Both the Board and the Council are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

Keeping Informed of Governors' and Members' Views

During the year the Board was kept informed of the views of Governors and members in a number of ways. The Board recognises the importance of ensuring the relations with stakeholders are embedded and in particular there is dialogue with members, patients and the local community.

The Trust encourages quality engagement with stakeholders and regularly consults and involves Governors, members, patients and the local community through various routes. It also supports Governors in ensuring they represent the interests of the Trust's members and the public, through seeking their views and keeping them informed.

The Trust recognises that there will be a wide variation in the level of participation of our members and therefore provides a range of pathways from which choices can be made. Every effort is made to be inclusive in the approach to involvement with the aim of the membership community reflecting the social and cultural mix of the Trust's constituencies.

The Trust fosters an 'open door' policy where issues, queries and feedback can be raised via the Membership Office with the Chair, the CEO and any Board member as appropriate either on a face to face basis or via email. The Membership Office keeps track of any queries and ensures a timely and full response.

Some of examples of the wide-range of engagement mechanisms with Governors are covered in other sections of the Annual Report and also include:
- Routine attendance and agenda item presentations by Executive Directors and Non-Executive Directors at all Council meetings held bi-monthly. Governors are provided with the opportunity of asking questions and providing feedback
- Board meetings are held in public; joint lunch meeting ahead of the public meeting offers Governors and Board Directors the opportunity to network
- Governors meet Non-Executive Directors at their bi-monthly Governors Open Forum. These are opportunity for a one-hour conversation between Governors and a particular NED with no other staff present
- The Trust's Chief Executive held a *Tea with Navina* meeting in 2018
- Regular meetings between Deputy Chair/Acting Deputy Chair with the Chair
- Recent introduction of joint service visits between Chair and Governors with specific interests or expertise in certain services
- Annual Plan Consultation meetings culminated in a Trust-wide Annual Plan Consultation meeting attended by the Chair, Chief Executive and other Board Directors where themes the consultation meetings were fed back. Governors will receive a report at the next Council meeting on how the Trust will take these matters forward
- Weekly Governors Update enewsletter
- The first dedicated Twitter account of an NHS Foundation Trust Council of Governors was established in early March 2019 (@ELFT_Council).
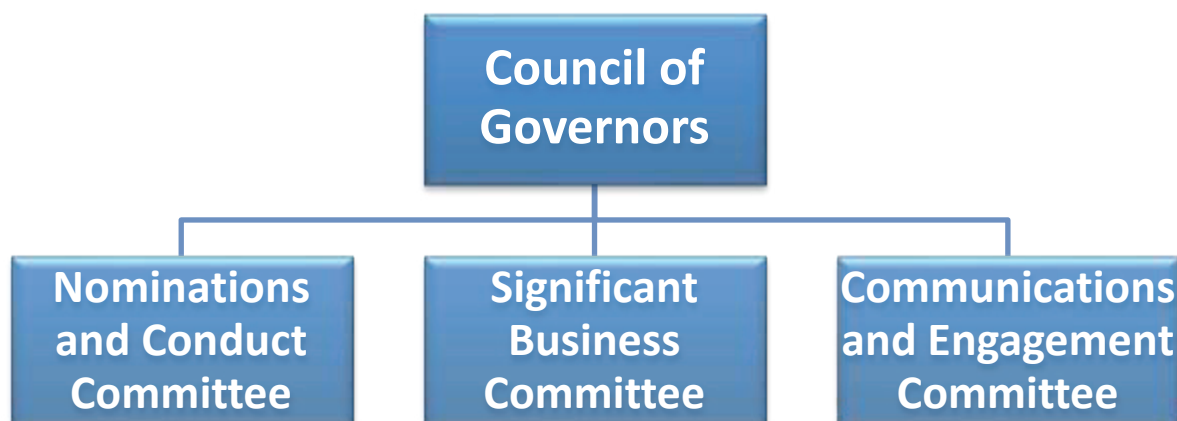
Feedback and views are captured and shared with the Board as described above and are also reported, for example, through:
- The Trust's Annual Members Meeting
- *TrustTalk* (our members' magazine) featuring a regular feature on the Council's activities.

Staff Governors are also able to provide feedback and share concerns through regular meetings with the Chief Operating Officer and Executive Director for Planning and Performance. Governors have also recently attended a development session on the work of the Trust's Freedom To Speak Up Guardian and an invitation has been extended to them to attend the Trust's Freedom to Speak Up Conference.

Council of Governors Committees

The Council's committee governance framework is designed to ensure it robustly supports and enables the Council to fulfil its duties, roles and responsibilities effectively. The Committees do not have any delegated authority. All responsibilities are undertaken in support of the Council as it is the Council of Governors that holds the responsibility for decisions relating to all issues covered by the Committees.

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                    │   Council of    │
                    │   Governors     │
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│   Nominations   │ │   Significant   │ │ Communications  │
│   and Conduct   │ │    Business     │ │ and Engagement  │
│   Committee     │ │   Committee     │ │   Committee     │
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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 Trust Chair and Non-Executive Director, discussing their annual performance evaluation and remuneration, and promoting Governor standards. When leading the recruitment and appointment process for Non-Executive Directors, the Committee uses open advertising and the services of external advisers to facilitate the search.

Composition of the Nominations and Conduct Committee

Membership of the Nominations and Conduct Committee comprises the Trust Chair as chair of the committee, Deputy Chair of the Council (ex offiio), two Pubic Governors, one Staff Governor and one Appointed Governor. The Trust Chair is a member of the Committee but may not receive any papers in relation to or be present when her remuneration or conditions of service or performance evaluation or reappointment are considered.

In addition to the core membership, the Chief Executive will be a non-voting member of the Committee; and the Senior Independent Non-Executive Director will be a voting member of the Committee and will chair any discussion in respect of its duties pertaining to the appointment and re-appointment of the Chair.

The Senior Independent Non-Executive Director will also be a non-voting member of the Committee in respect of its duties pertaining to Governors Standards.

Attendance Record

During the course of the year, the Nominations and Conduct Committee met three times to discuss business. The attendance record of meetings for the Committee for the year ended 31 March 2019 is as follows:

Committee member	Role	Attendance (actual/possible)
Marie Gabriel	Chair	3 out of 3
Dr Roshan Ansari (from Nov 2018)	Public Governor	1 out of 2
Katherine Corbett	Staff Governor	3 out of 3
Catherine Diehl (from Nov 2018)	Public Governor	1 out of 2
Zara Hosany*	Staff Governor	0 out of 0
Norbert Lieckfeldt** (to April 2018)	Public Governor	1 out of 1
Keith Williams***	Public Governor	3 out of 3
Neil Wilson	Appointed Governor	2 out of 3

*   Deputy Chair (appointed July 2018)
**   Deputy Chair (to April 2018)
***   Acting Deputy Chair (from July 2018)

Communications and Engagement Committee

The Communications and Engagement Committee has been established to carry out specific duties on behalf of the Council, including reviewing the Trust's Membership Strategy and communications with members and amongst Governors. It has a core membership comprising of Governors but its meetings are open to all interested Governors. In the past year the Committee has focused on the re-shaping of the Stakeholder Lunch Meetings; set the programme of Governor site visits; commenced a wider review of Governor meetings; and has begun to look at a comprehensive communications plan and wider engagement with members for all aspects of the Council's work as well as improved information sharing between Governors.

Significant Business Committee

The Significant Business Committee (SBC) works to support the Council in reviewing potential significant business opportunities as well as those of strategic importance to the Trust, even though they may not reach the required threshold to be classed as 'significant'. The Committee has reviewed its terms of reference this year, with the main development to hold more frequent and regular meetings in future. The Committee also developed and tested helpful criteria for the consideration of new business opportunities which have been accepted by the Trust Board and will be part of any formal review of new business opportunities in future.

Council of Governors Meeting Attendance 2018-2019

Name	Term		Attendance (actual/possible)
Public: Tower Hamlets			
Roshan Ansari	2nd term	2018-2021	**6/7**
John Bennett	1st term	2016-2019	**7/7**
Nicholas Callaghan	2nd term	2016-2019	**5/7**
Philip Ross	1st term	2018-2021	**3/3**
Adrian Thompson	1st term	2016-2019	**7/7**
Terry Cowley	2nd term	2015-2018	**4/4**
Public: Newham			
Shirley Biro	2nd term	2018-2021	**7/7**
Carol Ann Leatherby	3rd term	2018-2021	**3/3**
Ernell Watson	3rd term	2018-2021	**6/7**
Hazel Watson	1st term	2016-2019	**6/7**
Kenneth Agyekum-Kwatiah	1st term	2016-2019 (resigned Mar 2019)	**5/7**
Norbert Lieckfeldt	2nd term	2016- 2019 (resigned Apr 2018)	**0/0**
Public: Hackney			
Caroline Diehl	1st term	2018-2021	**3/3**
Edilia Emordi	1st term	2017-2019	**5/7**
Beverley Morris	1st term	2018-2021	**3/3**
Jummy Otaiku	1st term	2017-2020	**5/6**
Daniel Victorio	1st term	2017-2020	**7/7**
Gohar Ghouse	1st term	2015-2018	**3/4**
Alexander Kuye	1st term	2015-2018	**0/0**
Public: Rest of England			
Laura Jane Connolly	1st term	2018-2021	**3/3**
Kemi Rosiji	1st term	2015-2018	**3/4**
Public: City of London			
Damien Vaugh	1st term	2016-2019	**2/7**
Public: Luton			
Jamu Patel	1st term	2017-2020	**7/7**
Keith Williams*	2nd term	2018-2021	**7/7**
Paula Williams	1st term	2017-2020	**6/7**
Public: Bedford			
Paul Feary	1st term	2016-2019	**6/7**

Name		Term	Attendance (actual/possible)
Felicity Stocker	1st term	2018-2021	**3/3**
Rubina Shaikh	1st term	2015-2018	**3/4**
Public: Central Bedfordshire			
Steven Codling	1st term	2016-2019	**5/7**
Rosemary Eggleton	1st term	2016-2019	**6/7**
Larry Smith	2nd term	2018-2021	**4/7**
Hannah Brown	1st term	2017-2020 (resigned Jan 2019)	**0/5**
Staff			
Victoria Aidoo-Annan	1st term	2018-2021	**2/3**
Robin Bonner	2ndterm	2016-2019	**5/7**
Katherine Corbett	3rd term	2018-2021	**4/7**
Joseph Croft	1st term	2016-2019	**5/7**
Zara Hosany**	2nd term	2017-2020	**2/2**
Julian Mockridge	1st term	2017-2020	**6/7**
Sheila O'Connell	1st term	2017-2020	**4/7**
Caroline Ogunsola	1st term	2017-2020	**6/7**
Mary Phillips***	2nd term	2017-2019	**2/7**
Simon Marsh	1st term	2015-2018	**4/4**
Appointed: Bedford Borough Council			
John Mingay	1st term	Nov 2018	**3/3**
Appointed: Central Bedfordshire Council			
Gary Tubb	1st term	Oct 2016-Dec 2018	**3/4**
Appointed: City of London			
Rehana Ameer	1st term	Oct 2017	**3/7**
Appointed: Education Sector			
Neil Wilson****	3rd term	Oct 2017	**5/7**
Appointed: Hackney Council			
Susan Fajana-Thomas (Hackney)	2nd term	Dec 2014	**4/7**
Appointed: Luton Council			
Rachel Hopkins	1st term	Apr 2017	**5/7**
Appointed: Newham Council			
Susan Masters	1st term	Jul 2018	**3/6**
Appointed: Tower Hamlets Council			
Denise Jones	1st term	Nov 2017	**3/7**

*   Acting Deputy Chair (July 2018 to date)

**   Deputy Chair
***   First term of office as a Public Governor for Luton 2015-2017
****   Served two previous terms as Newham Appointed Governor 2013 - 2017

Governor Training and Development

The Nominations and Conduct Committee is tasked by the Council of Governors to ensure that there are effective and robust training and development arrangements in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the Council. This is to ensure the Council as a body remains fit for purpose and is developed to deliver its responsibilities effectively.

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation.

All Governors have undertaken a comprehensive induction programme which is regularly reviewed and updated. Both the 2017 and 2018 induction programme have resulted in excellent feedback from Governors who attended. Induction is mandatory for new Governors but is also made available as a refresher for more experienced Governors.

New Governors benefit from a buddying system whereby a named buddy will make contact with any new Governors, will meet them before their first Council meeting, and will also sit with them during the meeting to support them and introduce them to their fellow Governors and the Board members.

All new Governors also meet the Chair for a one-to-one meeting, as well as the Associate Director of Corporate Governance and Corporate Governance Manager.

During 2018-2019 there have been various opportunities for providing support to Governors with their training and development including:
- An induction session covering sessions on the Trust, the Governor role and the type of information Governors receive
- Development sessions on Annual Accounts (with the Chief Finance Officer), Significant Business (with the Executive Director of Commercial Development), as well as Information Governance
- Opportunities to take part in training such as *Chairing Meetings*
- Invitations to attend regular Trust events such as the Trust's Leadership Course or the Annual QI Conference
- A series of visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services we provide.

The Trust has also kept Governors informed of training and development workshops and conferences hosted by other organisations, including NHS Providers, and encouraged all to utilise these development opportunities. Our Governors are encouraged to share their experiences of events attended through written feedback circulated to the wider Council.

Governors are also kept regularly informed through direct emails with information gathered from the internal Trust updates or the Communications Department; in addition they receive a weekly Governor e-reminder with information about regular meetings and other opportunities.

Register of Governors' Interests

All Governors are individually required to declare relevant interests as defined in the Trust's constitution which may conflict with their appointment as a Governor of the Trust including any related party transactions that occurred during the year. A copy of the register is available from the Trust's Membership Office (see contact details below).

How to Contact the Council of Governors

Governors can be contacted via email, post or telephone through the Membership Office:

Post: Membership Office
                 Robert Dolan House
                 9 Alie Street
                 London E1 8DE

Freephone: 0800 032 7297
Email: elft.council@nhs.net
Website: www.elft.nhs.uk

Information about staff representatives and public representatives for each local area of the Trust is available on the Trust's website. Details of Council of Governors' meetings held in public are also published on the Trust's website.

Membership Report

Membership

Foundation Trust membership is designed to offer local people, service users, patients and staff a greater influence in how the Trust's services are provided and developed. The membership structure reflects this composition and is made up of two categories of membership:

- **Public**
  All members of the public aged 12 years or older and living in Bedford Borough, 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.

  From the outset the Trust made the conscious decision not to create separate membership categories for service users or carers. Both service users and carers are purposefully well-represented within the public membership group of the Council of Governors. ELFT's highly successful People Participation work also ensures that the voice of carers and service users is heard in other ways in the Trust

- **Staff Members**
  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, although few chose to do so.

Membership Size and Movement

Membership is important in helping to make the Trust more accountable to the people it serves, to raise awareness of mental health, community health and learning disability issues, and assists the Trust to work in partnership with our local communities.

The Trust balances membership size with its aim to ensure that its membership is similar to demographic proportions in the population served by the Trust. Creating a more active and representative membership with increased engagement will be the main focus over the next few years. While significant overall growth is not the primary aim, membership from the previous provider was not transferred when ELFT took over services in Bedford, Central Bedfordshire and Luton, so while progress has been made in recruiting new members the Trust is still seeking to increase its membership in these three constituencies.

As at 31 March 2019, the Trust had 10,019 public members and 6,942 staff members.

Membership size and movements	
Public constituency	**2018/19**
At year start (April 1)	10,373
New members	158
Members leaving	512
At year end (March 31)	10,019
Staff constituency	**2018/19**
At year start (April 1)	6,718
New members	1,215
Members leaving	148
At year end (March 31)	6,942

Analysis of current membership	
Public constituency	**Number of members**
Age (years):	
0-16	9
17-21	656
22+	8,469
Ethnicity:	
White	3,797
Mixed	453
Asian or Asian British	2,546
Black or Black British	1,917
Other	207
Socio-economic groupings	
AB	1,997
C1	2,828
C2	1,844
DE	3,241
Gender analysis	
Male	3,744
Female	6,171

The analysis section of this report excludes:
- 885 public members with no stated dates of birth
- 1099 members with no stated ethnicity
- 104 members with no stated gender
- Out of Trust Area

Membership Strategy

The Trust's focus is the quality of membership engagement. While we will continue to work on membership recruitment in Bedford Borough, Central Bedfordshire and Luton as well as in areas where there is under-representation, our main aim is to create a more active and representative membership with increased engagement. The Trust is also seeking to achieve an increased turnout at elections. The Trust's main focus in our current membership strategy is best summarised by its vision.

Membership Vision

Our vision is to have a membership base that is:
- Fully engaged with the Trust and representative of its richly diverse communities
- Producing an effective and committed Council of Governors which will strengthen the Trust in achieving the highest standards of care.

Membership Engagement

The Trust recognises that not all members want to be involved in Trust activities to the same extent or in the same way. 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 as well as those who may consider standing for election to the Council of Governors.

- **Stakeholder Lunch Meetings**
Public members continue to have the opportunity of meeting regularly at the Stakeholder Lunch Meetings. These are held in London (four meetings annually) as well as in Bedfordshire (three meetings annually covering Bedford Borough and Central Bedfordshire) and twice a year in Luton.

Attendance has been increasing to 40-50 attendees per meeting in London and Bedfordshire, and about 20 attendees in Luton. Following feedback from Bedfordshire and Luton the Trust is currently reviewing the number of meetings each year in all constituencies as part of a review being undertaken on engagement and communication opportunities with members and the public.

A recent improvement in response to member feedback is a change to the agenda where at least 50% of the meeting is set aside for members to share their views and provide feedback. This is complimented with briefings by staff on themes chosen by the group on specific topics and/or local Trust services. Regular updates by local Governors about the meetings they have attended and issues they have raised on members' behalf are also provided.

In response to member requests, guest speakers in 2018-2019 covered a range of topics, including:
- Recovery College
- CAMHS and other Specialist Services
- Crisis Services
- People Participation
- Dementia Services
- Learning from complaints
- Regular updates on services in Luton and Bedfordshire
- Community Mental Health Teams and Home Treatment.

Overall the Stakeholder Lunch Meetings were well received with members scoring 4 out of a maximum of 5 for both finding the meeting helpful and relevant.

- **Annual Members' Meeting**
For the first time the Trust held its joint Annual Members Meeting and Annual General Meeting of the Council of Governors at Hamilton House in WC1, a venue outside where the Trust provides services. The venue was chosen for its proximity to the train lines which come down from Bedfordshire and Luton, and the convenience of the Hammersmith and City Line for East London attendees as well as those coming from Richmond. As a result, we saw a significantly increased turnout of nearly 180 attendees comprising of members, service users and carers, volunteers, Governors, Board Directors and staff.

The theme was *People's Voices* and members heard powerful testimonies from former and current service users including a NHS Manager as a campaigner against mental health stigma; the Eating Disorder Service; and Bedfordshire's *Bridging the Gap,* an award-winning project by service users with lived experience supporting current in-patient service users through their journey. Attendees were also able to attend further breakout sessions with themes covering the work of Community Health Newham's Working Together Group and how it drives change; music for mental health wellbeing involvement – how to use music to share experiences on a mental health ward; and Tower Hamlets carers – how carers can be a powerful change agent.

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 health and services information stalls. Many members also stayed on to attend the Council's Annual General Meeting which followed. Questions from the audience focused on the potential impact of Brexit, Child and Adolescent Services, the influence of local councils on the Trust's work and the accessibility of our services.

- **Annual Plan Consultation Events and Trust-Wide Annual Plan Meeting**
  As every year, the Trust invited its members to attend five local and a Trust-Wide Annual Plan Consultation Meeting. The purpose of these meetings is to inform members about future plans and developments and share with them local challenges and successes but, most importantly, to hear their views and feedback.

  This year they were asked to consider four questions:
  1   What are we doing well?
  2   What should we do more of?
  3   What should we stop doing?
  4   How can we improve?

  Five local events and one Trust-wide Annual Plan Meeting were held:
  -   Tower Hamlets: Monday 4 February 2019
  -   City and Hackney: Monday 11 February 2019
  -   Bedfordshire (Bedford and Central Beds): Wednesday 13 February 2019
  -   Newham: Wednesday 20 February 2019
  -   Luton: Monday 25 February 2019
  -   Trust-wide Annual Plan Meeting: Tuesday 12 March 2019.

  More than 100 members attended across the local meetings and shared their views and insights. Members also had the opportunity to meet their Governors, speak directly to Borough and Service Directors and pose key questions to senior staff.

  The key emerging themes from the five local consultation events were fed back at the Trust-wide meeting on 12 March to members and the Trust Board who offered an initial response. For the first time local feedback has also been shared with Borough Directors and will be addressed in Borough management team discussions. These themes were mapped against the Trust's specific outcomes of the Strategic Plan and are being used to inform the Trust's Annual Plan. The Council will receive a first formal response from the Board at its May 2019 meeting on how the Trust will incorporate member's feedback in its Annual Plan.

- **Members Communications**
  Members are also kept up to date with developments at the Trust by:
  - Receiving the membership newsletter *TRUSTtalk* that provides up to date information and features on the Trust including service developments, information on issues relating to mental health, community services and learning disabilities, information about Governors, etc
  - Receiving regular bulletins about election briefing sessions as well as invitations to consultations and other events
  - Visiting the member pages on our website
  - Using social media such as becoming a friend of the Trust on Facebook and/or following the Trust on Twitter
  - Attending public meetings of the Board of Directors and/or Council of Governors
  - Attending locality based service user and carer events.

At all our meetings members are actively encouraged to provide feedback and ask questions with responses being provided by a Board member, Borough or Service Director or a clinician.

- **Other Membership and Governor Events During the Year**
  - 9 Stakeholder Lunch Meetings for members and Governors in all constituencies
  - Stall at Bedford Sixth Form College Fair to recruit younger members where there is an under-representation in ELFT membership
  - Mental Health Awareness and Wellbeing Events, e.g. Health Fair in Stratford, Bedford River Festival, etc
  - Local events, e.g. Launch of City and Hackney Crisis Service
  - Research seminars and workshops, e.g. Trust Research Presentation Day at Bart's Hospital
  - Workshops for prospective Governors across the Trust
  - Governor induction and other training events and development sessions, e.g. chairing of meetings, briefing on understanding the Annual Accounts, etc
  - Governor Open Forum Meetings, i.e. meetings for Governors to discuss issues of interest without staff present
  - Regular Governor Meetings with Trust Service and Borough Leads
  - Site visits for Governors across the Trust including Forensic Service, Recovery College, and Liaison and Diversion Service
  - Annual celebration event for Governors recognising the contribution and support of Governors who are volunteers.
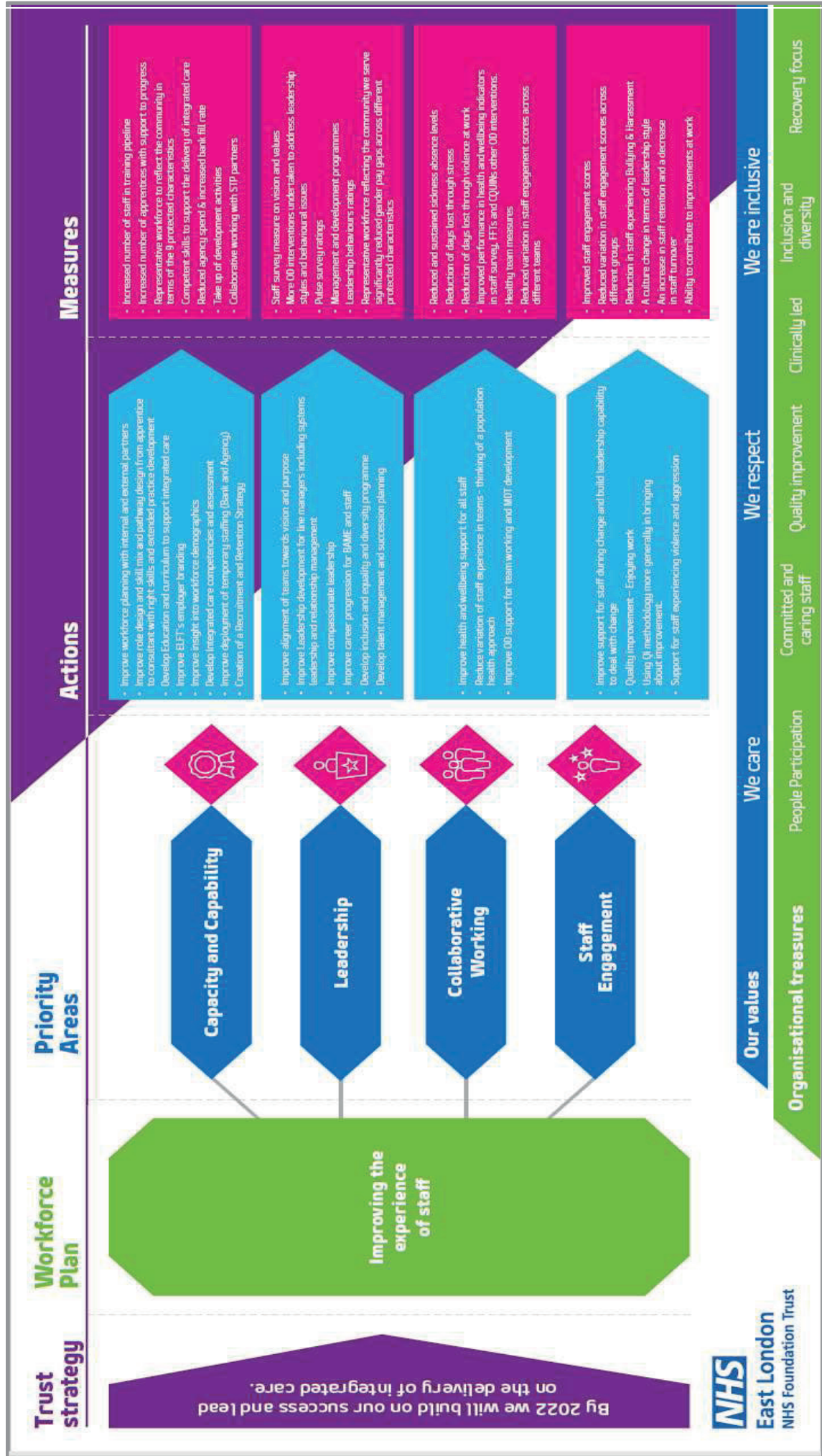
Our Staff

The Trust's Workforce

The Trust recognises that providing high-quality in-patient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. Given the national staffing challenges it is even more important to recognise the link between high-quality staff experience and the impact on patient care and is committed to ensuring that every member of staff feels valued and is able to contribute to the best of their ability. The Trust's Workforce Plan has been created to reflect the Trust's commitment in terms of its strategy.

- Improved population health outcomes
- Improved experience of care
- Improved staff experience
- Improved value.

The Workforce Plan has been implemented to support one of the Trust's four priorities: *Improving the experience of staff.*

Trust strategy

Big 2022 we will build on our success and lead on the delivery of integrated care.

Workforce Plan

Improving the experience of staff

Priority Areas

- Capacity and Capability
- Leadership
- Collaborative Working
- Staff Engagement

Actions

Capacity and Capability
- Improve workforce planning with internal and external partners
- Improve role design and skills mix and pathway design from apprentice to consultant with right skills and extended practice development
- Develop Education and curriculum to support integrated care
- Improve ELFT's employer branding
- Improve insight into workforce demographics
- Develop integrated care competencies and assessment
- Improve deployment of temporary staffing (Bank and Ageing)
- Creation of a Recruitment and Retention Strategy

Leadership
- Improve alignment of teams towards vision and purpose
- Improve Leadership development for line managers including systems leadership and relationship management
- Improve compassionate leadership
- Improve career progression for BAME and staff
- Develop inclusion and equality and diversity programme
- Develop talent management and succession planning

Collaborative Working
- Improve health and wellbeing support for all staff
- Reduce variation of staff experience in teams – thinking of a population health approach
- Improve OD support for team working and MDT development

Staff Engagement
- Improve support for staff during change and build leadership capability to deal with change
- Quality improvement – Enjoying work
- Using QI methodology more generally in bringing about improvement
- Support for staff experiencing violence and aggression

Measures

Capacity and Capability
- Increased number of staff in training pipeline
- Increased number of apprentices with support to progress
- Representative workforce to reflect the community in terms of the 9 protected characteristics
- Competent skills to support the delivery of integrated care
- Reduced agency spend & increased bank fill rate
- Take up of development activities
- Collaborative working with STP partners

Leadership
- Staff survey measure on vision and values
- More OD interventions undertaken to address leadership styles and behavioural issues
- Pulse survey ratings
- Management and development programmes
- Leadership behaviours ratings
- Representative workforce reflecting the community we serve significantly reduced gender pay gaps across different protected characteristics

Collaborative Working
- Reduced and sustained sickness absence levels
- Reduction of days lost through stress
- Improved performance in health and wellbeing indicators in staff survey, FFTs and CQUINs other OD interventions
- Healing team measures
- Reduced variation in staff engagement scores across different teams

Staff Engagement
- Improved staff engagement scores
- Reduced variation in staff engagement scores across different groups
- Reduction in staff experiencing Bullying & Harassment
- A culture change in terms of leadership style
- An increase in staff retention and a decrease in staff turnover
- Ability to contribute to improvements at work

Our values: We care | We respect | We are inclusive

Organisational treasures: People Participation | Committed and caring staff | Quality improvement | Clinically led | Inclusion and diversity | Recovery focus

NHS
East London
NHS Foundation Trust

Staff Health and Wellbeing

The Trust has successfully been implementing a comprehensive health and well-being plan which encompasses positive emotional, physical and social wellbeing.   The Trust is actively supporting staff well-being to ensure that their experience in the workplace is a positive one:

- Delivered subsidised massage yoga and pilates
- Delivered monthly well-being sessions during induction
- Encouraged uptake of the Cycle to Work Scheme to promote physical activity
- 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
- Promoted our new Employee Assistance Programme (EAP) provider resulting in an increase in the number of staff contacting them and improved thematic data
- Funded physiotherapy for staff
- A particular focus for 2018-2019 has been financial well-being as part of our strategy. The Trust undertook a financial well-being survey with themes which replicate the national RCN survey. As part of the actions in 2018 we have entered into an agreement with Neyber, a company that works with organisations such as the NHS to improve finance education, provide savings support and loans for staff
- Created a new Careers and Redeployment Advisor role; part of this role focuses on redeploying staff who have become unable to continue in their role due to ill health or who have been displaced due to organisational changes. This role has enabled us to avoid 31 potential redundancies
- Implementation of Functional Skills posts (Maths and English) to support staff, bank workers and Apprentices with their maths and English needs.

Much focus has been placed on improving the experience of staff through taking a more innovative approach to staff wellbeing. We are now considering the wider determinants of health, not only for our patients but of our staff as a population.

Directorate Management Team (DMT) Event February 2019

A DMT away day was attended in February by over one hundred managers. A focus for this away day was consideration of the wider determents of health that may be affecting our staff, which in turn may affect the care that they give to our service users and patients. The consensus, given the proportion of women over the age of 40 being in the region of 3,000, was to focus on women's experience of going through the menopause the younger workforce.

We have written to around 3,000 women and invited them to participate in focus groups to discuss the menopause to explore how the Trust and its managers can support women through this life changing event.

Determinants of Health
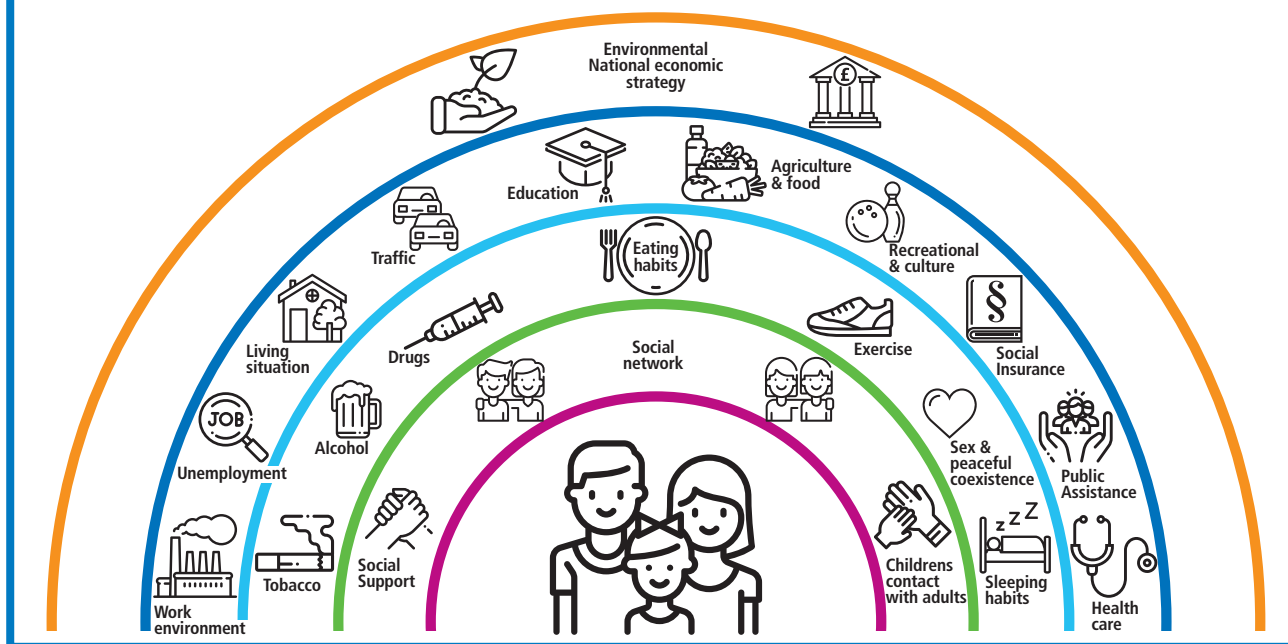
Staff Benefits and Wellbeing

In terms of staff benefits and wellbeing we have produced a glossy magazine highlighting the Trust's offerings. We have developed a series of benefits packages:

- Salary sacrifice and salary deduction lease cars. The numbers of which are steadily increasing.
- Trust membership with Cavell Nursing whereby nurses and healthcare assistants can access financial support. We know that some staff have already accessed this support and that ELFT staff account for 1/3 of the grants awarded.
- Salary sacrificed electrical items.
- We have just partnered with a company called Neyber to provide staff with financial education, savings and loans.

We continue to recruit and retain 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; that we are seen as an Employer of Choice.

Recruitment, Selection and Retention

The Trust has maintained relatively static in terms of its vacancy rates to a level below comparator Trusts. Although, there are some areas in which recruitment remains a significant challenge.

We continue to undertake targeted recruitment. 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 continues to recruit high-quality applicants to posts and has used a number of different strategies to attract applicants to posts which have been difficult to recruit to, including building links with domestic and overseas students and joint selection processes with local authorities.

We continue to review the candidate tracking system called TRAC to improve the flow of information, reporting and the candidate time to hire. All offer letters are issued within 24 hours of the successful candidate being notified.

To help to improve our performance in the Workforce Race Equality Standard (WRES) and to reduce the number of Black and Minority Ethnic (BME) staff going through formal disciplinary processes, we have implemented the Fair Treatment Process to triage disciplinary cases prior to proceeding with formal disciplinary action.

We have also incorporated service users in to our internal HR processes. This includes a service user attending the Joint Staff Committee (JSC) Policy Sub Committee meetings and we have worked with a service user to review the employee relations cases that involve staff with mental health illness in order to review the support and decision making affecting that member of staff – this has proved to be insightful is ensuring that we review our practices.

We have procured and implemented an electronic Employee Relations (ER) case tracker system to improve with recording, monitoring and reporting of ER cases

The Trust is a finalist for the Healthcare People Management Association (HPMA) Awards 2019, for Excellence in Employee Engagement and the ceremony is June 2019.

We have undertaken analysis of any leavers who have less than a year's service and we are working to reduce this.

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. Through the implementation of the Careers and Redeployment post, we have managed to avert around 31 redundancies. The displaced staff were supported to find alternative roles through a comprehensive outplacement and redeployment process supported by a dedicated redeployment adviser.

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*.

Staff Awards

Our Staff Awards event took place in February 2018 at The Barbican. The event opened with the ELFT in Voice a Choir who was made up of service users, staff and carers. The event was attended by over 1,000 staff.

As always, the event was uplifting with many unsung heroes in the Trust being honoured for their contribution to ELFT. It showcased excellent delivery of care which helped inspire others. The categories were:

- Employee of the Year Award
- The Robert Dolan Leadership Award
- Team of the Year Award
- Improvement to Quality of Service Award
- Service User Award
- Equality, Diversity and Inclusion Award
- Support Services Award
- Unsung Hero(es) Award
- Chief Executive's Award
- Chair's Award
- Commissioners' Award.

Learning and Development

The Learning and Development (L&D) team have grown during the last year. Each directorate now have a dedicated L&D officer to focus on increasing statutory and mandatory training compliance to ensure safe and effective practice. Following a major review, the Trust have revised the training needs analysis (TNA) and reduced the number of training courses required from 40 to 30. This is now reflected on each staff member's compliance matrix providing clarity and accurate reporting.

The growth enables the L&D function to go beyond monitoring statutory and mandatory training and the Trust is on the way to providing a learning and development offering to support the organisation to deliver its strategy. Forty women have undergone the

nationally recognised Springboard programme which focuses on personal development for women at all levels within the organisation. Bands 2-4 and 5-7 have seen their own dedicated Admin development programme with over 30 staff completing. The Trust Collective Leadership programme provided development for 40 leaders within the Trust. Clinical leadership development programmes, both multidisciplinary and by profession continue to be successfully received and support the growth of our clinical leaders.

In addition to Trust run programmes, staff continue to learn from national programmes such as Edward Jenner, Mary Seacole and Nye Bevan as well as the Stepping Up programme offered by the NHS Leadership Academy.

We have recently invested in admin and clerical programmes for staff, to be delivered throughout 2019-2020 to ensure there continues to be development opportunities for staff at all levels.

In addition, we have implemented new roles within the HR function to improve the support that is offered to staff in terms of careers development and functional skills (maths and English) and have rolled out a series of soft skills programmes to compliment job roles.

People and Culture

The Trust has established a People and Culture Team (formerly known as Organisational Development) who support organisation development at the Trust. The team, aligned to the Trust strategy and workforce plan, set out to enable a culture where all staff can flourish and can deliver high quality, continually improving, compassionate, inclusive and safe care. Our offer falls into four main categories: culture, leadership, teamwork and change.

Capacity to deliver the NHS Healthcare Leadership Model 360 and other psychometric tools has been increased with several staff trained to use to the tool to give important feedback to leaders and teams who use the tool as part of their leadership programme. This and other tools are used as diagnostics in Trust leadership programmes and in team activities. In 2019, the team plan to grow coaching capacity to help managers have coaching conversations and support the behavioural aspects of change within the organisation.

In the past year, the team have supported the development of nearly 50 teams through away days and bespoke projects.

Hackney Learning Disability Team Away Day in November 2018:

Partnership Working

The Trust enjoys good partnership working with trade unions and staff side representatives through Trust-wide Joint Staff Side Committees (JSC) and Local Negotiating Committees (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 away-day 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.

Equality and Diversity

The work on the Trust's Equality, Diversity and Human Rights (EDHR) priorities continued during 2018-2019 following the review of the annual actions in the Trust's Strategy 2014-2017 by the EDHR Strategy Steering Group. This review has also helped us to take stock of our 2014-2017 strategy as well as to develop ELFT's new Equality, Diversity and Human Rights Plan 2018-2021 which would be in line with the Trust's strategic objectives of the new strategy. It ultimately shapes our new Trust vision for equality, which is:

> *"By developing effective equality, diversity and human rights practice we want to be inclusive, enabling every member of staff, service user and carer to be their most authentic self and achieve their potential for development and recovery".*

The Group's analysis highlighted aspects of good practice but also recognised there is still much work to do.

Subsequently, the work to deliver our new plan and vision encompasses the following key areas:
- Use the demographic equality data from the breadth of our work
- Set external benchmarks to help assess performance
- Expand on the recruitment best practice
- Improve the quality of care, using the work on violence and restrictive practices
- Support the development of mature staff equality networks
- Work with our partners to address the stigma of mental health and help deliver integrated care that meets the diverse needs of local communities.

As well as reviewing our previous strategy, the Group has been refreshed with a new remit to help ensure our equality, diversity and human rights work makes a positive impact and focussing on place based forums across specialities in each borough called 'Making Equality Work'.

The forums are lead by the Service/Clinical Directors with support from staff, the People Participation Lead, local representatives, service users and carers, and other partners. A clear part of its remit will be to ensure stronger links between Trust-wide work and that being undertaken in the Directorates. In order to explore opportunities to share and collaborate to, the Group will visit each locality over the coming year to:
- Discuss local work on equality, diversity and human rights
- Understand how the equality, diversity and human rights needs of the local communities are met
- Explore the challenges and good practice to tackle them
- Review if understanding of our patients and staff individually and collectively using the 'protected characteristics' of the Equality Act 2010 at its heart
- Review if we are meeting our statutory obligations by demonstrating 'due regard' to the Public Sector Equality Duty (and other requirements)
- Review if policy and service developments are being tested with the equality impact assessment tool
- Review if our practice is helping to deliver the strategic outcomes to achieve our mission.

The Group will also engage with each Directorate in turn to check progress and ensure this work adds up to deliver a strong and robust strategy across the whole organisation.

The Group is committed to making meetings a constructive dialogue, sharing what works and ways to address what does not right across the Trust. The proposed format is to open with a short presentation about what is happening locally but the focus of the discussion would be about how a stronger partnership across the Trust ensures excellence drives our work.

Equality Plan Vision

Trust Strategy	**Equality Plan Vision**	**Strategic outcomes**

Trust Strategy: By 2022 we will build on our success and lead on the delivery of integrated care.

Equality Plan Vision: To improve the experience of all staff and service users/patients.

Strategic outcomes: Improved experience of care and Improving population health outcomes

Trust-wide objectives

Capacity & capability
1. Work with directorates to achieve their self-identified objectives with partners using Quality Improvement to address health concerns in wider populations
2. To improve the capability of services to meet the needs of service users and carers by improving access to equalities information for teams.

Policies and standards
1. Include equality impact assessment in all clinical policies and procedures
2. Ensure all services are compliant with accessible information standards

Addressing specific areas of inequality
1. Roll out safer service work in all directorates to ensure that vulnerable service users are provided with safe space on the wards (including women, LGBTQ, older adults and learning disabilities)
2. Roll out human rights training to all inpatient teams
3. Reduce number of BME service restraints

Information and engagement
1. Ensure accessible service information and provision people whose first language is not English
2. Develop and co produced guidance and regarding working with Transgender Service Users

Success Measures

1. Improved agreed health outcomes from selected populations within local teams. 100% directorates to have equality objectives
2. Reporting on PROMs and patient experience metrics to include analysis and response based on service user demographics. Identify 5 metrics to report on

1. 100% policies to equality impact accessed.
2. 50% Increased recording of needs identified recorded, flagged, shared and needs met

1. 100% rollout of safer service framework to all inpatient services
2. All teams self-assessment of compliance with human rights practice with reduction in restrictive interventions
3. Reduce rate of restraint for BME servicers by 10% each year.

7. Increased reporting in language needs met
8. Creation of guidance and addition to training programme. Increased knowledge and understanding of needs of service users who are Transgender measured via survey.

Organisational treasures / Our values

We care	We respect		We are inclusive		
Service user and carer involvement	Committed and caring staff	Quality improvement	Clinically led	Inclusion and diversity	Mental health and recovery focus

Safer Services

In response to an incident in the Newham Directorate, we started a safer services project to review the experience of female staff and service users on the wards. The review included interviews with staff, review of current policy in all directorates to ensure that vulnerable service users are provided with safe space on the wards (including women, LGBTQ, older adults and learning disabilities).

This work also complemented work in the Forensic Directorate looking at sexual incidents in the Learning Disability Services as part of the violence reduction work. There was also a review of the experiences of female staff who are not supported by a Sexual Violence Adviser.

For both projects, it is acknowledged that any gender can be a victim of sexualised incidents but an acknowledgement of the vulnerability of women.

The planned experiment of violence and aggression as a QI project was completed as the inpatient serviced moved to quality control. The project was renamed *Time to Think* and encompasses the Human Rights work which began in 2015 which included discrimination and restrictive practices and reviewing it via an equality lens. This has been expanded beyond Psychiatric Intensive Care Units (PICUs) and has included acute ward and CAMHS.

The three London Boroughs engage BAME members reflecting the population and review their understanding and engagement with mental health services. A series of focus groups were held to elicit views that can shape our response via a community engagement plan. The focus groups were drawn from the local communities, voluntary sector, NHS including CCGs and other stakeholder organisations. Participants came from a variety of BAME communities.

Religion and Spirituality

In the last year we have extended our Spiritual Team in Bedfordshire, London and Luton, and joined the QI project with a view to extend the reach of Spiritual Needs Assessments across the Trust. At present, we achieve an 80% engagement level in Newham. Our aim is to ensure that all service users have the opportunity of such an assessment as soon as possible after admission. This conversation places the user at the centre of the assessment. It is completely person centred and focusses upon the spiritual needs of the person. The jointly agreed document is then incorporated within the care plan. In this way the spiritual needs of the person are integrated and recognised by the whole multidisciplinary team.

In the last year every in-patient facility has been visited at least weekly by a member of the Spiritual Team. All service users are made aware of our availability by our presence, posters and colleagues. In addition to the mainstream religious faiths members of our team support those service users not represented by members of our team, e.g. Sikh, Jehovah Witness. In such cases we act as a bridge with their community. There are also many service users who do not align themselves with any particular faith tradition but see themselves on a journey of spiritual discovery often with no religious orientation but are deeply spiritual.

Referrals are by self-referral or from colleagues across all professions. In addition to individual support, members of our department deliver a range of different spiritual practices which include Holy Communion, Friday Prayers, Prayer Groups, Meditation Groups, Spirituality Discussion Groups and worship sessions.

Our core underlying principle is to respect the diversity of the individual. This applies equally to the person's gender, race and sexual orientation. We do not make any judgement in any of these areas.

Since our team consists of a wide range of religious, spiritual and cultural traditions we are able to respond in a unique way to the need of our service users. The traditions of the East London community are now diverse and complex. We are able to understand that complexity and engage with it.

The Trust has initiatives in place to make psychological therapy services more accessible and relevant to the diverse needs of local communities. Both City & Hackney and Tower Hamlets Psychology Services have worked to improve access and cultural relevance of psychological therapies for BAME service users. Through partnership working with local faith and community groups, the Department of Spiritual, Religious and Cultural Care and the Recovery College we have continued staff training on jinn, black magic and evil eye and mental health, developed courses on religion, culture and mental health at East London Mosque and delivered culturally adapted therapies

Some exploratory work has been undertaken with Estates to train service users to inspect sites which could be developed further. At the Disability Conference in November 2017 staff have been trained to tackle homophobia and campaigns have promoted positive LGBT+ messages. **Workforce Equality Plan**

The Workforce Equality Plan has been developed and underpins the 2018-2021 EDHR Plan as well as the Workforce Plan. Its objective is to improve the experience of all staff and service users/patients. It has a number of strategic objectives which tie in with the objectives of Staff Equality Networks and the work of HR and People and Culture Teams, as follows:

Trust Strategy

By 2022 we will build on our success and lead on the delivery of integrated care.

Workforce Plan

Improving the experience of staff

Equality Objective

To improve the experience of all staff and service users/patients

Strategic Outcomes / Trustwide Objectives

- Reduce Gender Pay gap by promoting and rolling out development programmes specifically for women i.e. Springboard. Through increased representation of women on training & development courses
- Improved agile working through technology. Improved Flexible Working Policies and Practices – better education for managers
- Increased flexibility (modes of training) and accessibility of training courses

- Reduce the disproportionate presence of BAME staff in formal HR processes through and the implementation of a fair treatment process in relation to disciplinary processes, improved HR KPIs and Workforce Race Equality Standards (WRES) metrics
- Implementation of coaching and mentoring programmes
- Review of the Dignity at Work Policy and Grievance Policy
- Increased BAME representation on personal development courses and improved transparency in terms of career progression

- Increased Service User participation in the development of HR Policies, ER cases training etc
- Implementation of Workforce Disability Equality Standards (WDES) November 2018
- Implement an Access to Work lead – within HR through the development of an automated process for Access to Work requests

- Create and implement LGBT+ Policies and/or make reference to LGBT+/Transgender staff in all HR Policies
- Increase the representation of lesbians
- Improved reporting categories on ESR

Success Measures

- A 4.87% reduction in the mean hourly rate gender pay gap figure
- A 20% increase in the number of women in senior leadership positions
- A 50% increase in the number of women attending non mandatory L&D programmes
- A 10% increase in the number of women receiving Clinical Excellence Awards (CEAS)

- A 20% reduction in the representation of BAME staff in the disciplinary process, and a more consistent approach in terms of sanctions that are issued across localities
- A 20% increase in the representation of BAME staff in senior leadership positions
- A 20% reduction in the number of Dignity at Work complaints and/or Grievances as a result of discrimination and/or bullying, harassment of victimisation
- Improved metrics in terms of HR KPIs. Improved staff survey results in relation to staff experience bullying, harassment, victimisation and discrimination

- A 11% increase the reported numbers of staff with a disability
- A 20% increase in the number of staff who successfully submit Access to work applications
- Improved compliance to access to work recommendations for staff with a disability or who acquire a disability

- An improvement in the Trust's position on the Stonewall index to the top 100 employers
- A 3% increase in the number of staff reporting Transgender status
- A 16% increase number of lesbian women in senior leadership positions
- Improved reporting categories on ESR
- Foster an environment where staff feel comfortable to disclose their sexual orientation and disability status

Our values

Organisational treasures

| Service user and carer involvement participation | Committed and caring staff | Quality improvement | Clinically led | Inclusion and diversity | Recovery focus |

We care · We respect · We are inclusive

NHS
East London
NHS Foundation Trust

In summary, the Plan sets out to:
- Reduce gender pay gap
- Improved Agile working
- Increased flexibility and accessibility of training courses and increase BAME representation on personal development courses
- Reduce the disproportionate effect of BAME staff in formal HR processes
- Implementation of Coaching and Mentoring programmes
- Increased Service User participation in the development of HR Policies, ER cases and training
- Implementation of Workforce Disability Equality Standards
- Improve Access to Work process
- Create and Implement LQBT+ Policies
- Increase the representation of lesbians at Senior Management level
- Improved reporting categories on ESR.

Challenging success measures have been set for the Plan to ensure we track and measure our progress against the strategic objectives annually.

Update on Progress

ELFT is dedicated to challenging prejudice and discrimination wherever this affects our service users or staff and making equality and diversity integral to our organisational culture. We have made a good progress on a number of areas below:
- Introduced new Equality, Diversity, and Human Rights Policy
- Achieved 185th rank overall and 21st rank in the sector on the Stonewall Workplace Equality Index
- Improved on 8 out of 9 Workforce Race Equality Standard areas
- Improved the provision of adequate reasonable adjustments by 3%
- Retained Level 3 Disability Confident rating and are planning to qualify for Level 4 this year
- Improved by 1% on our mean and 0.61% on our median on the Gender Pay Gap submission
- Introduced in-house mediation service
- Delivered 3 cohorts of Springboard Development Programme.

Staff Equality Networks

The Trust now has four established staff networks (BAME, Disability, LGBTQ, and Women) to offer support and a safe space to staff groups who might benefit from focussing on what they need to progress in their careers and personal development. The networks run events, conferences, workshops, training sessions, and celebration and social activities which all contribute to education, awareness, engagement, and reduction in variation of experience for staff with these protected characteristics.
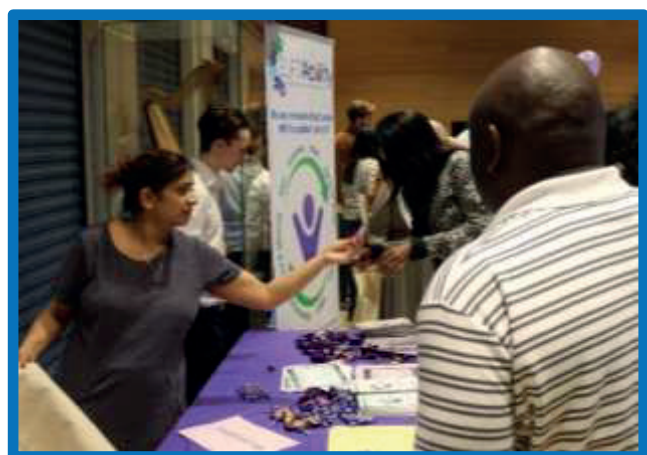
We also support LGBTQ and women charities and raise funds towards their activities via network events.

We are in the process of implementing the Intergenerational Network for 2019-2020. A summary of key annual highlights from each network can be seen below.

CAMHS Equality Group

On the back of our 2016 CQC visit, the above group was formed by the members of staff in all five localities. The groups has commissioned an internal survey and has run a series of focus groups to identify the equality and diversity gaps within the CAMHS services and have come up with the follow up plans to improve recruitment and retention practices; identify barriers to career progression; allow staff to talk openly and honestly about culture; and reduce the complains of inequalities within training commissioning.

Freedom to Speak up

The Trust is committed to creating a culture where staff are empowered to speak up about any concerns they may have about patient care. We employ a Freedom To Speak Up Guardian, supported by a team of Freedom To Speak Up ambassadors, who provide support to staff across the organisation. The team provide an alternative way for staff to discuss and raise concerns, including concerns over equality and diversity (E&D) processes, discrimination, bullying, or harassment. They act as an independent and impartial source of advice to staff at any stage of raising a concern. They also ensure issues are raised at a senior level of the organisation.

Equality Networks

BAME	Disability
• Celebrated Black History Month • Run regular network meetings • Planning annual conference • Set up Twitter page and comms distribution list • Promoting and encouraging attendance at BAME development programmes and involvement in engagement events • Interviewed CEO, Chair and Senior Managers in localities • Run diversity campaign • Meeting with Directorate management teams to explore challenges and offer support to progress	• Developed a brand and network identity • Run re-launch and engagement event • Set up Twitter page and comms distribution list • Run regular network meetings • Roadshows and stalls in localities to raise awareness • Signed up for Purple Space membership and services • Planning annual conference

LGBTQ	Women
• 130 network members have attended London Pride Parade • Set up Twitter page and comms distribution list • Launched trans and non-binary survey • Delivered training and education sessions in localities • Facilitated annual conference • Support Albert Kennedy Trust charity • Run regular network meetings • Joined ELOP Practitioners Network • Celebrated LGBT History Month • In the process of launching 'Straight Allies' Programme	• 100 years of the vote walk through central London, with a banner made by Service Users • Run "I weigh" campaign • Delivered Confidence Events • Set up Twitter page and comms distribution list • Run regular network meetings • Support Refuge charity • Interviewed CEO, Chair, and female NEDs • Facilitated annual conference

OUR TRUST PROFILE

1 April 2018 - 31 March 2019

NHS East London
NHS Foundation Trust

70 YEARS OF THE NHS 1948 - 2018

AGE GROUP

1.10%	19.82%	26.12%	25.79%	22.15%	5.02%
17-21	22-31	32-41	42-51	52-61	62+

RELIGIOUS BELIEF

- Jainism 0.12%
- Atheism 15.99%
- Sikhism 1.08%
- Did not disclose 19.73%
- Other 4.81%
- Judaism 0.45%
- Undefined 0.07%
- Buddhism 0.96%
- Islam 10.47%
- Hinduism 2.75%
- Christianity 43.57%

GENDER

♀ 72.64%

♂ 27.36%

DISABLED

YES 5.36%

NO 77.34%

NOT DECLARED 17.19%

UNDEFINED 0.10%

MARITAL STATUS

SINGLE 43.94%

MARRIED 43.02%

DIVORCED	UNKNOWN	LEGALLY SEPERATED	CIVIL PARTNERSHIP	WIDOWED
5.03%	4.62%	1.50%	1.25%	0.64%

STAFF GROUPS

- 28.39% Nursing and Midwifery Registered
- 21.86% Administrative and Clerical
- 21.65% Additional Clinical Services
- 12.49% Add Prof Scientific and Technic
- 7.91% Allied Health Professionals
- 6.97% Medical and Dental
- 0.47% Students
- 0.28% Estates and Ancillary

ETHNIC ORIGIN

- White 48.03% 2758
- Black 27.39% 1573
- Asian 16.49% 947
- Mixed 4.08% 234
- Not Stated 1.74% 100
- Other 2.26% 130

SEXUAL ORIENTATION

2.11% GAY OR LESBIAN

78.68% HETEROSEXUAL

18.16% NOT STATED

0.94% BISEXUAL

0.10% OTHER/UNDEFINED

EastLondonNHSFoundationTrust   @NHS_ELFT   NHSELFT

Trust HQ, Robert Dolan House, 9 Alie Street, London, E1 8DE   **T:** 020 7655 4000 (switchboard)   **E:** elft.communications@nhs.net   www.elft.nhs.uk

111

Staff Costs (subject to audit)

	Permanent Staff £000	Other Staff £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	195,420	25,170	**220,590**	199,218
Social security costs	23,761	-	**23,761**	21,274
Apprenticeship levy	1,092	-	**1,092**	988
Employer's contributions to NHS pensions	25,854	-	**25,854**	23,755
Pension cost - other	376	-	**376**	461
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Agency/contract staff	-	19,183	**19,183**	17,279
Total staff costs	**246,503**	**44,353**	**290,856**	**262,975**

Gender Analysis

Staff Group	TOTAL	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board of Directors	23	11	12	1	7	15	0
Senior Managers	5	1	4	0	2	3	0
Doctors and Dentists	396	208	188	1	235	148	12
Nursing	1619	1190	429	31	771	787	30
Other healthcare staff	2449	1843	606	127	1441	849	32
Support staff	1272	940	332	77	599	557	39
All Employees	5764	4193	1571	237	3055	2359	113
All Employees %	100%	72.74%	27.26%	4.11%	53.00%	40.93%	1.96%

Sickness Absence

The average sickness rate for the Trust during 2018-2019 was 9.42 days sickness per full-time member of staff.

Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2018	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
5,068.64	47,747.52	9.42	1,850,054	77,457

In accordance with the Treasury guidance, all public bodies must report sickness absence data on a consistent basis per calendar year, in order to permit aggregation across the NHS. The Trust is required to use the published statistics which are produced using data from the ESR Data Warehouse. The latest publication, covers January to December 2018, can be found on NHS Digital website.

The number of Full Time Equivalent (FTE) Days Available of 1,850,054 has been taken directly from ESR, and has then been converted to Average FTEs for the year by dividing by 365 to give 47,747.52.

The number of FTE days lost due to sickness of 77,457 has been taken directly from ESR, and has been converted to Adjusted FTE days due to sickness of 47,747.52 by taking account of the number of working days in the year to given the cabinet office measure of 47,747.52 days.

The average sick days per FTE of 9.42 days has then be calculated by dividing the adjusted FTE days as per the cabinet office measure, by the average FTE for the year. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

The Trust is committed to placing high priority on tackling absence and looking at ways of supporting staff whilst they are off and, where possible, returning them to work on restricted duties or in other suitable alternative roles temporarily or permanently for those staff that are no longer able to fulfil their substantive role.

Expenditure on Consultancy

During 2018-2019, the Trust spent £563,000 on consultancy expenditure in respect of the provision of objective advice and assistance to the Trust in delivering its purpose and objectives.

Off Payroll Arrangements

In common with most other NHS bodies the Trust engages staff on an "off-payroll" basis. The main reasons for this are as follows:

- Recharges from other bodies (mainly other NHS organisations or universities) for staff who hold joint appointments; and
- Temporary workers to cover vacant positions or staff absences.

With effect from 6 April 2017, the Government introduced new rules for off-payroll working in the public sector which placed the responsibility with the public sector engager rather than the worker to determine whether or not the engagement was captured by the intermediaries regulations (often known as IR35). With the implementation of these new rules, the Trust changed its approach to the engagement of off-payroll workers and ceased contracting directly with personal service companies (PSCs) unless the contracts has been determined as meeting the HMRC criteria for self-employment and suitable alternative arrangements are not available.

The Trust is required to disclose certain information in connection with such arrangements as set out in the three tables below.

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months:

The total number of existing engagements as of 31 Mach 2019	**0**
Of which:	
Number that have existed for less than one year at time of reporting	**0**
Number that have existed for between one and two at time of reporting	**0**
Number that have existed for less than one year at time of reporting	**0**

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last longer than 6 months:

Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	**0**
Of which:	
Number assessed as within the scope of IR35	**0**
Number assessed as not within the scope of IR35	**0**
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	**0**
Number of engagements reassessed for consistency/assurance purposes during the year	**0**
Number of engagements that saw a change to IR35status following the consistency review	**0**

For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	**0**
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year. This figure must include both off-payroll and on-payroll engagements	**7**

Staff Exit Packages (subject to audit)

Exit Packages 2018-2019	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Total number of exit packages Number	Total cost of exit packages £000
Exit package cost band (inc any special payment element)					
<£10,000	1	4	-	1	4
£10,001 - £25,000	11	225	-	11	225
£25,001 - £50,000	-	-	-	-	-
£50,001 - £100,000	1	52	-	1	52
£100,001 - £150,000	1	107	-	1	107
£150,001 - £200,000	-	-	-	-	-
>£200,000	-	-	-	-	-
Total	14	388	-	14	388

There were no other departures during the year.

Exit Packages 2017-18	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Total number of exit packages Number	Total cost of exit packages £000
Exit package cost band (inc any special payment element)					
<£10,000	1	0	-	1	0
£10,001 - £25,000	5	96	-	5	96
£25,001 - £50,000	1	49	-	1	49
£50,001 - £100,000	-	-	-	-	-
£100,001 - £150,000	2	256	-	2	256
£150,001 - £200,000	-	-	-	-	-
>£200,000	-	-	-	-	-
Total	9	402	-	9	402

There were no other departures during the year.

2018 NHS Staff Survey

The response rate for the Trust was 48% which is 2% lower than the previous year.

An overall summary of the themes can be seen below:

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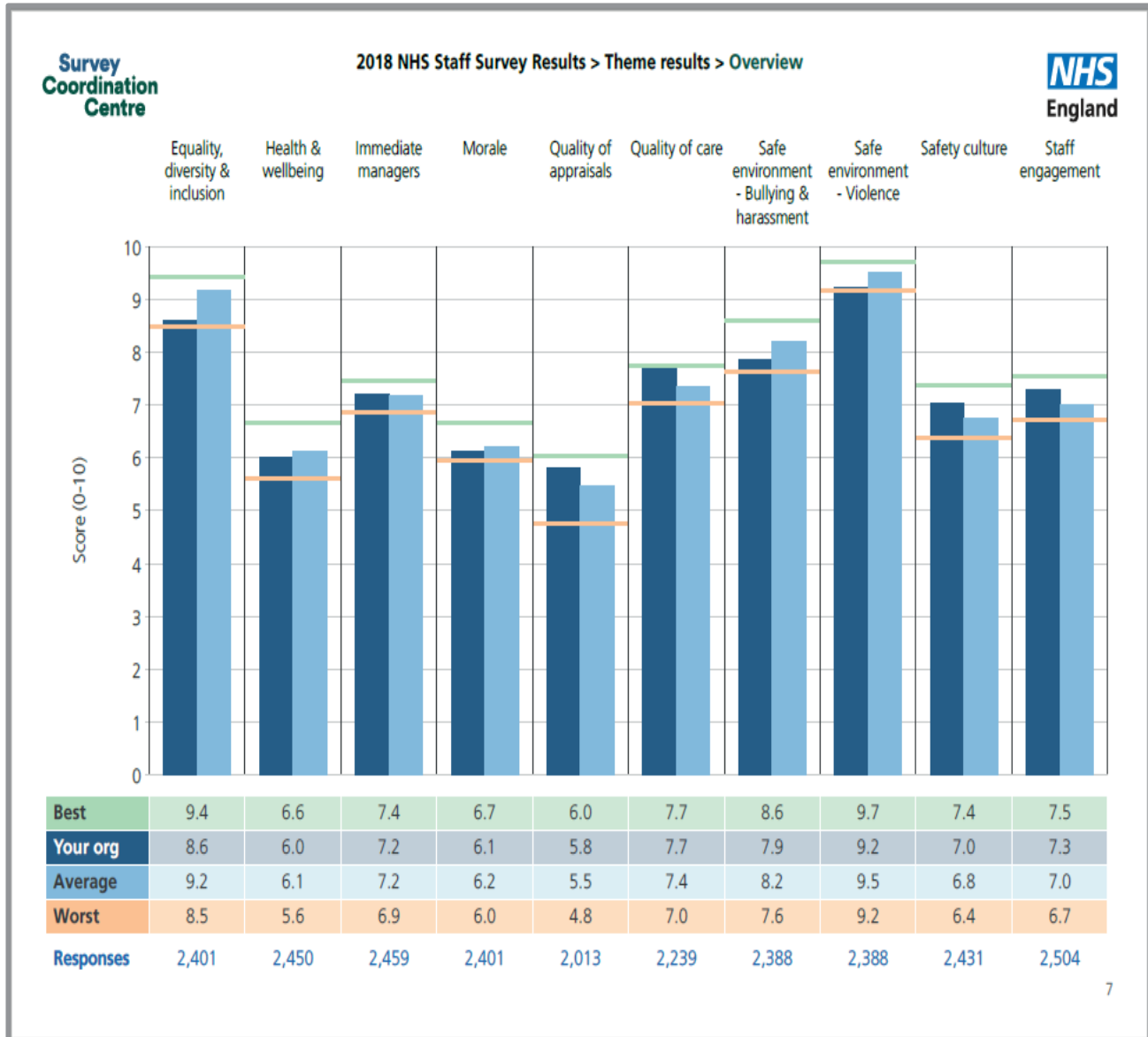
There were three questions where there was a significant decrease:

Organisational and Management interest in and action on health and wellbeing	**Significant Decrease**
% of staff and colleagues who were reporting most recent experience of violence	**Significant Decrease**
% of staff witnessing near misses, errors or incidents in the last month	**Significant Decrease**

Trust has 13 questions where the Trust was in the top quartile scores

Staff Motivation at work	**3.99**
Recognition and value of staff by managers and the organisation	**3.65**
% of staff reporting good communication between senior management and staff	**45**
% of staff able to contribute towards improvements at work	**76**
% of staff satisfied with the opportunities for flexible working patterns	**61**
% of staff working extra hours	**72**
Organisational and Management interest in and action on health and wellbeing	**3.66**
% of staff reporting most recent experience of violence	**89**
% of staff experience harassment bullying or abuse from staff in the last 12 months	**24**
% of staff/colleagues reporting most recent experience harassment bullying or abuse	**56**
% of staff witnessing near misses, errors or incidents in the last month	**31**
Fairness and effectiveness of incident reporting procedures	**3.88**
Staff confidence and security in reporting unsafe clinical practice	**3.78**

The Trust had one question in the bottom quartile score.

% of staff experiencing physical violence and aggression from patients/relatives in the last 12 months	**19**

Bullying and harassment remains a concern for the Trust and work is ongoing to tackle this issue.
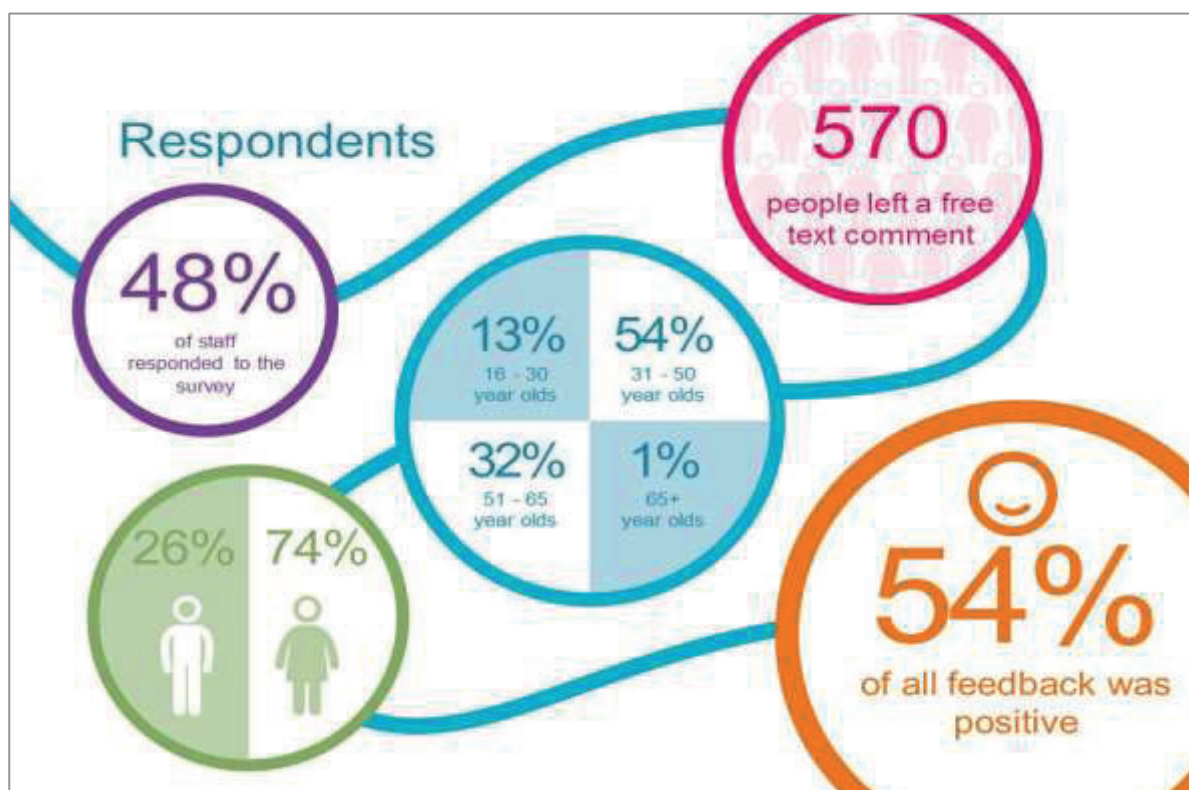
NHS Friends and Family Test 2018-2019

The Staff Friend and Family Test is performed by all NHS organisations to provide its staff the opportunity to feedback their views of the Trust on a quarterly basis. The survey includes two mandatory questions along with a few local questions.

33% of our workforce from all directorates is randomly selected to take part in this survey every quarter. The Trust carries out the survey for quarters 1, 2 and 4 as the NHS Staff Survey is undertaken in quarter 3.

Below is the outline of response rates and results from all three quarters:

Quarter	Response Rate
Q1	27%
Q2	23%
Q4	22%

	Q1	Q2	Q4	Result
Likely to recommend organisation to friends and family for care/treatment	77%	80%	83%	↑
Likely to recommend organisation to friends and family as place to work	72%	76%	85%	↑
I believe there is effective team working in my area of work	79%	79%	84%	↑
I agree there is effective communication with local senior management	68%	66%	72%	↑
I feel that my work is valued by my colleagues and line manager	79%	80%	81%	↑
I am treated fairly by my colleagues and managers at work	81%	79%	82%	↑

We have seen an improvement in all questions in quarter 4. Going forward we have procured a staff engagement platform called *Go Engage* which will be rolled out in summer 2019.

Going Forward

In 2019-2020 the Trust's Workforce Plan 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
- Foster a culture of continuous personal and professional development

- Continue striving to be the Employer of Choice and to achieve the Mayor's Healthy Workplace Charter
- Support the Trust's Quality Improvement Programme
- Embed a People and Culture Programme
- Facilitate new ways of working to ensure that the best use of highly trained professionals is being made
- Improve workforce design and planning to ensure the right workforce capacity which is aligned to the directorates and service users' needs
- Identify strategies to navigate the national shortage of staff;
- Ensure that there is leadership capacity and capability in all areas of the organisation
- 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
- Build on our Respect and Dignity work in the light of the percentage of staff experiencing bullying and harassment in our annual staff survey
- Build on the work of our equality networks and create a new intergenerational network in 2019, along with the implementation of a Staff Council
- Build on the positive progress in the delivery of our Equality Plan and work towards achieving our ambitious targets across Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES).

NHS FOUNDATION TRUST CODE OF GOVERNANCE

Statement of Compliance

The *NHS Foundation Trust Code of Governance* was published by NHS Improvement (formerly operating as Monitor) on 29 September 2006 and updated on 1 April 2010, December 2013 and July 2014. The purpose of the *Code* is to assist NHS Foundation Trusts in improving their governance practices, contribute to better organisational performance and ultimately discharge their duties in the best interests of service users and patients. The *Code* 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 *Code* is issued as best practice advice but imposes some disclosure requirements. This Annual Report includes all the disclosures required by the Code.

ELFT has applied the principles of the *Code* on a comply-or-explain basis. The Board of Directors and Council of Governors are committed to continuing to operate according to the highest standards of corporate governance, and support and agree with the principles set out in the *Code*.

A review of the Trust's compliance with the *Code* has been undertaken and presented to the Trust's Audit Committee; the review also identifies areas for strengthening. In the Audit Committee's opinion there is strong evidence that the Trust is compliant with all provisions of the *Code* for the period 1 April 2018 to 31 March 2019.

Dr Navina Evans
Chief Executive Officer
East London NHS Foundation Trust

24 May 2019

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF EAST LONDON NHS FOUNDATION TRUST

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.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require East London NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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 *Department of Health and Social Care Group Accounting 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* (and the *Department of Health of Health and Social Care Group Accounting 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

- confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy

- 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 them 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 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.

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

24 May 2019

QUALITY REPORT 2018-2019

QUALITY REPORT
2018/19
East London NHS Foundation Trust

Contents

If you require any further information about the 2019 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000

Contact with the Trust

Services and Developments 2018/19

Our Services

East London NHS Foundation Trust (ELFT) provides a wide range of Community and Inpatient Services to children, young people, adults of working age and older adults to the City of London, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. Additionally, we provide Talking Therapy Services in Richmond.

The Trust provides Forensic Services to the City of London and the London Boroughs of Hackney, Newham, Tower Hamlets, Barking and Dagenham, Havering, Redbridge and Waltham Forest. The specialist Forensic Personality Disorder Service serves North London.

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

ELFT 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, as is Luton. The county of 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 just over 5,500 permanent staff and has a total annual income of just under £429million. Around £324million (75%) of that income is associated with Mental Health Services and about £83million (20%) with Community Health Services.

During the course of the year the Trust has seen a range of service developments, improvements and achievements:

New Trust Strategy

In April 2018, we launched a strategy for the next five years, with the mission of improving quality of life for those served by the Trust. The ambitious strategy was developed following the biggest face-to-face consultation the Trust has ever carried out with staff and service users. More than 1000 people (staff, service users, carers and governors) made their views known during the Big Conversation in 2017 through focus groups, event and surveys.

Our new mission pledges that we will improve the quality of life for all we serve.

Our vision sets out our ambition by 2022 to build on our success and lead on the delivery of integrated care, by working purposefully in collaboration with our communities and our partners, striving towards continuous improvement in everything we do.

We have identified four main strategic outcomes to improve:
- Population health outcomes
- Experience of care
- Staff experience
- Value.
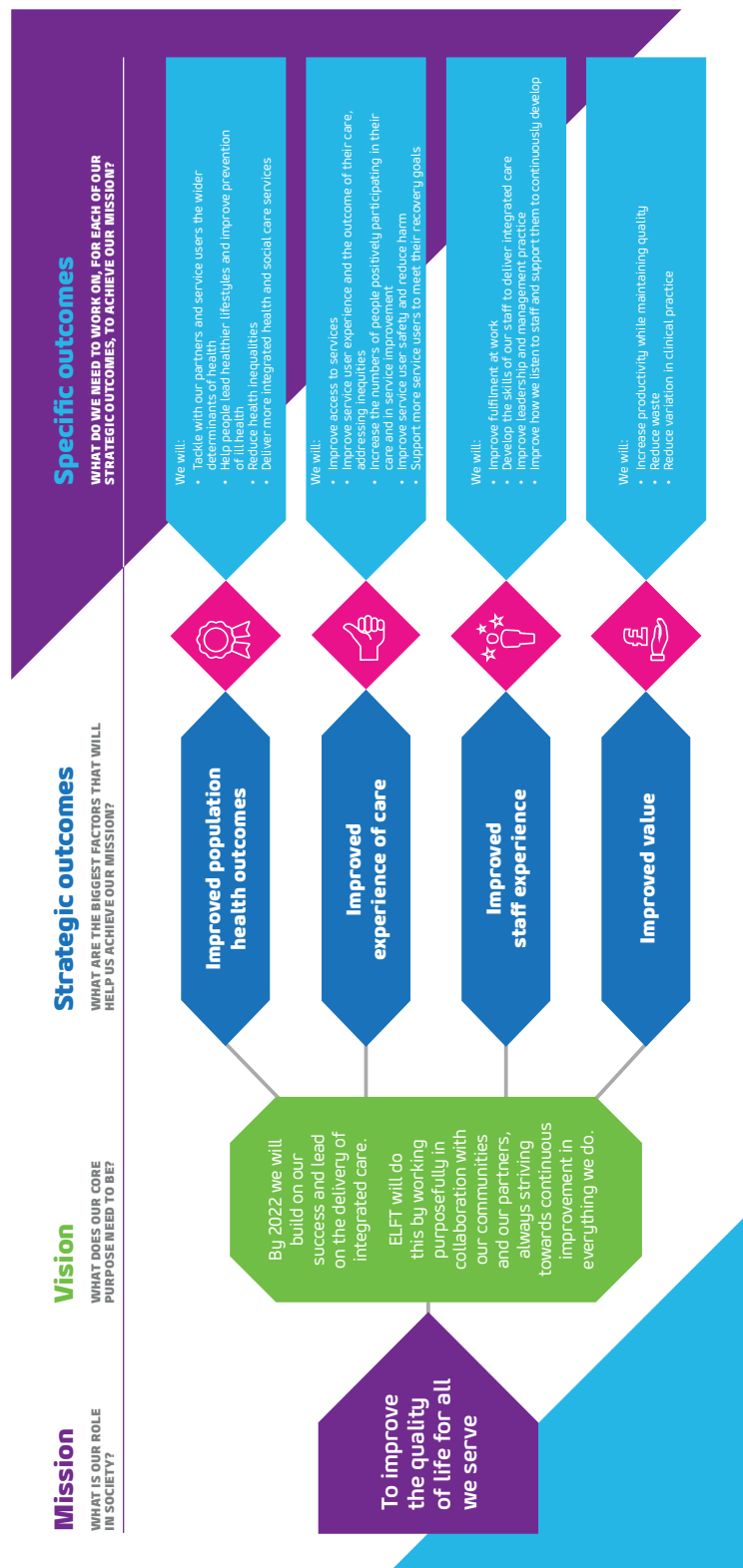
Part 1 – Statements on Quality
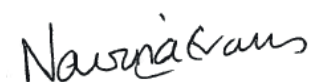
1.1 Statement on Quality from Dr Navina Evans, Chief Executive Officer

This year's Quality Report reflects the expansion of the Trust in a range of ways. When Bedfordshire Community Healthcare Services joined us on 1 April last year, it didn't just represent an opportunity for physical health and mental health care services to work more closely together, it changed the balance of ELFT as we deliver more community health services, and maximise the opportunities this brings to improve the health of the population we serve.

Being in a position to provide integrated care across Newham, Tower Hamlets and Bedfordshire means we can be innovative, reduce barriers and design models of care that fit our communities to get them back on track with their health, or provide the right support to get the optimum out of their lives.

We launched our new strategy at last year's Quality Conference in May. The strategy sets out clearly the impact we want to have on our local communities and our own organisation. The strategy has enabled every member of staff to focus on four key outcomes and evaluate if their every day tasks and processes contribute to them. The strategy is a solid reminder that these core aims are our guiding principles.

Our Quality Improvement work continues to engage staff and service users, and enable teams to trial small changes and focus on discovering new solutions to the complex issues that matter most to our service users and staff. From their first day in the Trust, we challenge our staff to be curious, to question and we give them permission to be innovative and determine new ways of doing things. I continue to be astounded and inspired by the imagination and simplicity of many of these projects which enhance the quality of our care we provide, be it sleep packs to help inpatients sleep through the night, to changes in processes to reduce or even eliminate waiting times.

Navina Evans

Dr Navina Evans
Chief Executive
East London NHS Foundation Trust

24 May 2019

1.2 Statement on Quality from Dr Amar Shah, Chief Quality Officer

2018/19 has been a year of excitement, transition and some trepidation at ELFT as we start to understand what it really means to improve quality of life for all we serve, our new organisational mission. All areas of the Trust, our structures and our support teams are thinking and planning how they can support the new mission and strategy.

Whilst three of our four strategic objectives are broadly familiar to us, the objective of improving population health is brand new for us as an explicit part of our strategy. Yet we hear stories from so many teams who are already using innovative ways to impact on the determinants of health for our service users, going beyond traditional healthcare interventions.

In the last year we have started to utilise our Quality Improvement approach for whole populations, trying to achieve the triple aim of simultaneously improving health outcomes, quality of care and value for money. Ten teams are leading the way at ELFT, and helping us all learn how to use our existing approach to improvement for populations that we serve, leveraging the individual, community and organisational assets that already exist, and building partnerships beyond healthcare in order to impact on the things that really matter to people.

Our last year has also seen tremendous progress with people participation, particularly with the availability of Peer Support Workers across our services and the involvement of service users and carers within our Quality Improvement work. We have seen some remarkable achievements across Child and Adolescent Mental Health Services in all five geographical areas, using Quality Improvement to improve access and flow. And our approach to supporting staff to experience more joy in work has scaled up in 2018, with 17 teams learning together and testing out ideas generated within the team to enhance staff experience and joy.

The year ahead brings some exciting innovation, with a new service user-led accreditation programme currently being tested across the Trust. We also begin a new approach to cost improvement, moving away from a focus on removing the cash releasing efficiency savings in a traditional way, and starting to think more about waste and empowering everyone to identify and remove waste within their service.

At the heart of this all lies the key philosophy at ELFT of making quality our absolute priority, trusting our staff and service users to discover solutions to our most complex challenges, and partnering with our service users and carers to help us keep identifying where we can improve, and how we can improve.

Part 2 – Priorities for Improvement and Statements of Assurance

In this section the Trust updates on progress on delivering our priorities for improvement for 2018/19, along with statements of assurance from our Trust Board.

Our mission is to improve the quality of life for all we serve, and our commitment to delivering the highest quality care remains. We continue to place the service user at the heart of everything we do, and are working tirelessly with our partners to achieve our mission.

This annual Quality Report provides the platform to share both our progress and achievements during 2018/19, and our plans and priorities for 2019/20.

During 2018/19 the Trust provided and/or sub-contracted 175 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all 175 of these relevant health services. The income generated by the relevant health services reviewed in 2018/9 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2018/19.

2.1 Reflections on 2018/19 – Progress Against Priorities

As we reported in last year's Quality Report, during 2017/18 the Trust undertook the largest face-to-face consultation it has ever attempted, in order to help define and shape its future direction. The 'Big Conversation' exercise engaged over 1,000 staff, service users, carers and Governors in this discussion. In February 2018, the Trust Board approved the new mission for the organisation: "To improve quality of life for all we serve", and we shared our new strategy.

In order to achieve this new mission, all aspects of the Trust will need to adapt, including the culture, service provision, operating model and organisational structure. All functions within the Trust have been engaged in a planning process to align their work towards the new mission.

The Trust Board reviews a dashboard of data enabling them to track progress on key measures of implementation on an ongoing basis. Below is an overview of progress in each of the four key strategic outcomes:

1.   Improving population health

Annual Priority:	Description of work:	Delivery lead:	Status:
Identifying, developing/collecting the full range of measures for this outcome, and agreeing associated workstreams	The Trust does not currently have the information for many metrics relevant to this outcome, and must also consider which areas are most important for focused workstreams	Director of Integrated Care	Complete
Undertaking population health work in Tower Hamlets	The Trust has commenced working with partners in Tower Hamlets, utilising quality improvement methodology, to improve outcomes for selected population groups	Chief Quality Officer	In progress
Developing employment services	The Trust has been successful in obtaining funding for development of Individual Placement Support services, and will establish these services in 2018	Chief Operating Officer	Complete
Delivering a physical health plan for people with serious mental illness, including improved smoking interventions	The work set out in the Trust's Physical Health plan, as well as CQUIN plans will be priority areas of work for the year	Chief Medical Officer	In progress

Service Developments and Achievements

Innovative work in this relatively new area, often involving partnership working with multiple stakeholders, has so far delivered:
- Development of delivery plan for the Trust population health strategic objective
- Development of 12 key population health outcomes and metrics
- Development of Individual Placement Support Services across the Trust area and physical health CQUIN (Commissioning for Quality and Innovation)
- Presence and influence in local systems, key partner supporting partnership development in each of the six place based systems in which we work (Luton, Bedfordshire, City and Hackney, Newham, Tower Hamlets and Richmond)
- Operational models for working with primary care networks across our community nursing and mental health services
- Mobilisation of directorate population health triple aim projects.

Health Champions for the Homeless

Nurse Practitioners in Newham led a new project called Health Champions for the Homeless, an initiative aiming to assist homeless people living in Newham to better manage conditions such as diabetes, mental health and respiratory conditions through the support of Peer Mentor Health Champions. Studies have found that people in vulnerable, hard to reach groups are more likely to take advice and accept support from trained people in their own peer group. The Health Champions' main aim will be to help signpost their peers to the appropriate health services and promote self-management of existing health conditions.

Quality Improvement Work

Central to the Trust's improvement efforts in relation to our mission is work on the 'Triple Aim', the simultaneous pursuit of improved population health outcomes, improved patient care, and improved value for money.

In particular, this work stream supports the organisation's new strategic objective of improving population health outcomes, and our new mission to lead the delivery of integrated care by working purposefully in collaboration with our communities and partners.

Within the Trust, work is well under way towards developing this new area of high priority Quality Improvement work around achieving the Triple Aim for discrete population segments. Directorates have agreed population segments to begin work with and are currently engaging service users, carers and external partners to understand the needs and assets available within their chosen populations, with a view to developing a range of interventions that would achieve the Triple Aim.

The table below describes in more detail the progress being made across the ten initial Triple Aim projects across the Trust.

Directorate	Population	Progress to date	Next Steps
City and Hackney Adult Mental Health	Individual with a diagnosis of severe mental illness residing within City and Hackney	Population defined. Data obtained on the population	Complete 3-part data review to understand needs and assets in the population. Agree a project team for the work
CAMHS	Young people, age 14-16 years, at risk of self-harming, attending one secondary school in the 5 boroughs	Good engagement from local stakeholders with 3 areas currently doing the 3-part data review	Reflecting on learning from three-part data review and mapping assets in order to develop strategy for change
Community Health Newham	People with a BMI over 40 and their carers	Small project team formed. Planning 3-part data review	Complete the 3 part data review, create an area of focus for the work, and develop theory of change
Community Health Tower	People with diabetes and their family members	Small project team formed. Planning 3 part data review	Complete 3-part data review, narrow focus, and develop theory of change

Directorate	Population	Progress to date	Next Steps
Hamlets			
Community Health Bedford	Due to commence in September 2019 after staff consultation completed		
Corporate	Staff Mental and Physical Health	Data analysis to aid conversations about which staff group to start with	Clarify and agree population to begin work with and create project team. Undertake 3-part data review
Forensics	People who have been in the service for more than 5 years	Project team defined and will be meeting fortnightly. Data gathering tools created	Undertake 3-part data review. Finalise population segment and develop theory of change. Identify potential partners
IAPT	People with respiratory conditions, including COPD and severe/ debilitating asthma, who also meet the IAPT referral criteria	Population finalised	Finalise project team and governance structure. Plan and undertake 3-part data review
Learning Disabilities in Bedfordshire & Luton	People with Learning Disabilities, without co-morbid mental health problems, who are at risk of being prescribed antipsychotics	Population and project team finalised/meeting regularly. 3-part data review completed (24 interviews undertaken in a week)	Develop theory of change and begin to think about where to begin testing. Think further about assets within the population
Newham Adult Mental Health	Newham residents who have accessed crisis services (RAID, HTT) twice or more in the preceding 12 months	Project team and governance structure agreed. Currently undertaking 3-part data review to understand needs and assets within population	Complete 3-part data review, map assets and analyse the results of this. From this we can develop a theory of change
Tower Hamlets Adult Mental Health	Homeless population within Tower Hamlets	Team meeting regularly. Gathered available data and reflected on needs and assets. Driver diagram has been drafted	Work through five service user journeys and then use this to guide the driver diagram further. Invite partners from RLH and Peer support workers from Pathway to next meeting

2. Improving patient experience

Annual Priority:	Description of work:	Delivery lead:	Status:
Implementing patient reported outcome measures across services	The Trust currently uses patient reported outcomes (Dialog) in some services. This will be expanded across a wider range of mental health and community health services	Chief Operating Officer	In progress
Increased people participation in service planning and delivery	We plan to increase involvement in local services, in quality improvement projects, and also increase the number of peer support workers	Service and Clinical Directors	In progress
Improving access to services	Continue to improve access and flow across CAMHS and psychological therapy services in the Trust	Chief Operating Officer	Complete
Patients will be more empowered	Implementation of the recovery approach, reduction of restrictive practice and violence	Chief Operating Officer	In progress

Service Developments and Achievements

Service User Led Accreditation

Throughout the year the Trust has been working with service users and carers to develop a service user led accreditation programme. The programme launches in April 2019, across Bedfordshire and Tower Hamlets, before rolling out across the Trust during 2019/20. As well as enhancing our overall understanding of service user experience, this exciting new programme will also:

- strengthen the involvement of service user and carers in helping us improve our services
- help in understanding how well services are meeting the standards that matter most to our service users and identify areas for improvement
- provide a stretch goal for our services to aspire to attain
- offer recognition and celebrate the meeting of accreditation standards.

DIALOG+

DIALOG+ is an app-based therapeutic intervention incorporating the DIALOG scale. It has been shown to improve the communication between a health professional and a patient and, through that, outcomes of mental health care. It combines assessment, planning, intervention and evaluation in one procedure. DIALOG+ is based on quality of life research, concepts of patient-centred communication, developments in information technology and components of solution focused therapy and has been shown to improve outcomes and save costs in community mental health care of patients with psychosis. The Trust has now rolled out the use of DIALOG+ for all service users under the Care Programme Approach across the organisation.

Improving Access to Employment

This work forms a central part of the implementation of the people participation strategy, and significant progress has been made this year. This includes ensuring each Directorate

has specialised Employment Support Workers linked to Community Mental Health Teams, and that individual placement support schemes are in place across all Directorates. The Trust continues to maintain strong links to local Job Centre Plus via People Participation Leads.

Enhanced Mental Health Crisis Support

Support for people experiencing a mental health crisis has been increased with a range of services now available outside office hours. Crisis helplines are available in all the areas where the Trust provides services 24 hours a day. Callers can expect fast and effective support from a mental health professional on the end of the line, designed as a 'first port of call' for anyone experiencing a mental health crisis and to remove the need for people to seek help via hospital A&E services. The Team can help assess the urgency of the situation and ensure the appropriate advice is provided, help is put in place or individuals are signposted to the team or service best placed to provide the care needed.

First A&E Mental Health Room

The country's first A&E Mental Health Room opened at The Royal London Hospital in Whitechapel, East London. The award-winning room supports people who attend A&E in distress. It was opened on 10 July 2018 by Barts' CEO Alwen Williams and ELFT's CEO Dr Navina Evans. The Rapid Assessment Interface and Discharge (RAID) Team and A&E staff worked with artist Mike Miles and service users to design and transform a room into a calm place of safety for people experiencing mental health distress. The room's ambiance will serve to keep patients safe and calm when they are in distress.

Quality Improvement Work

Improving Access and Flow in Community Mental Health Services

This work stream focused on reducing the length of time from referral to completion of treatment for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapy Services (PTS).

All nine teams were supported through a series of regular learning sets, to enable the sharing of change ideas and tests of change, as well as project boards to help unblock barriers and ensure work remain aligned with larger system goals.

A plethora of change ideas were tested that included altered 'Did Not Attend' (DNA) processes, overbooking, text messaging, group therapy, more frequent triaging meetings, case closure days and the use of computerised flow visual management systems.

CAMHS are now observing several improvements related to flow across their entire system (Emotional & Behavioural and Neurodevelopmental Teams in Bedford, Hackney, Luton, Newham and Tower Hamlets). These improvements include reductions in time from referral to first, second and third appointments in addition to reductions in the percentage of cancelled appointments.

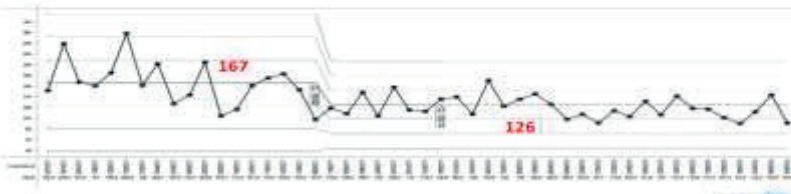**AVERAGE TIME FROM REFERRAL TO FIRST APPOINTMENT**
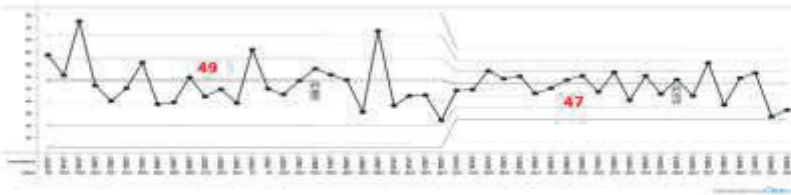
3% reduction and reduced variation

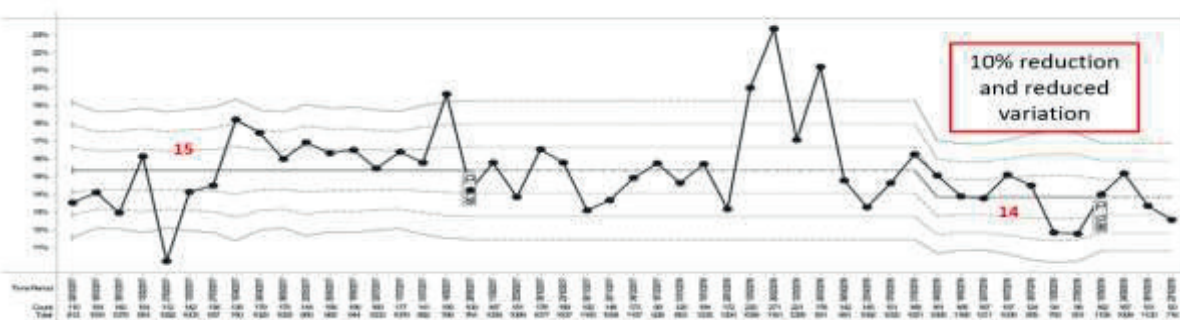**AVERAGE TIME FROM REFERRAL TO SECOND APPOINTMENT**
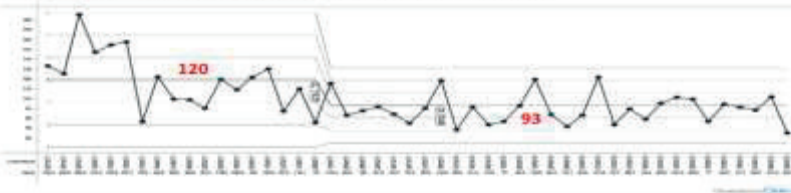
22% reduction and reduced variation

AVERAGE TIME FROM REFERRAL TO THIRD APPOINTMENT


25% reduction and reduced variation

PERCENTAGE OF APPOINTMENTS CANCELLED

10% reduction and reduced variation

This work is now in quality control with the teams using new flow management systems, meetings and other formal structures to ensure this work remains business as usual.

In PTS, we have observed reductions in waiting times from referral to first contact, and referral to discharge, illustrated in the charts below.

Average time from referral to first Contact Seen Bi-Weekly (I Chart)

Average time from Referral to Discharge Bi-Weekly (I Chart)
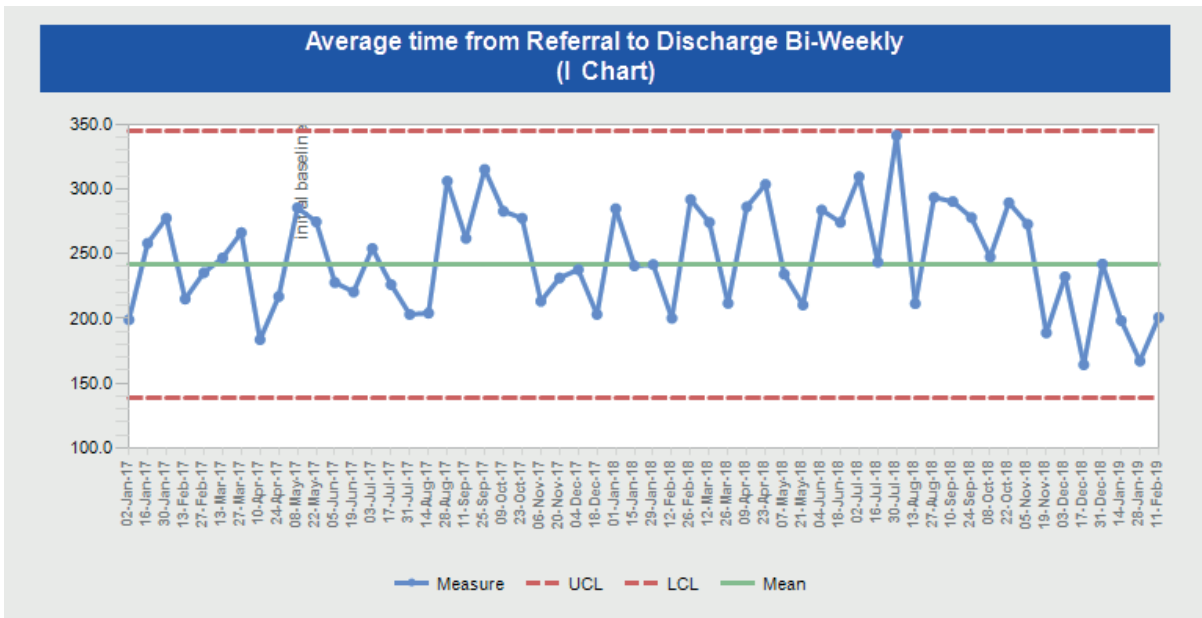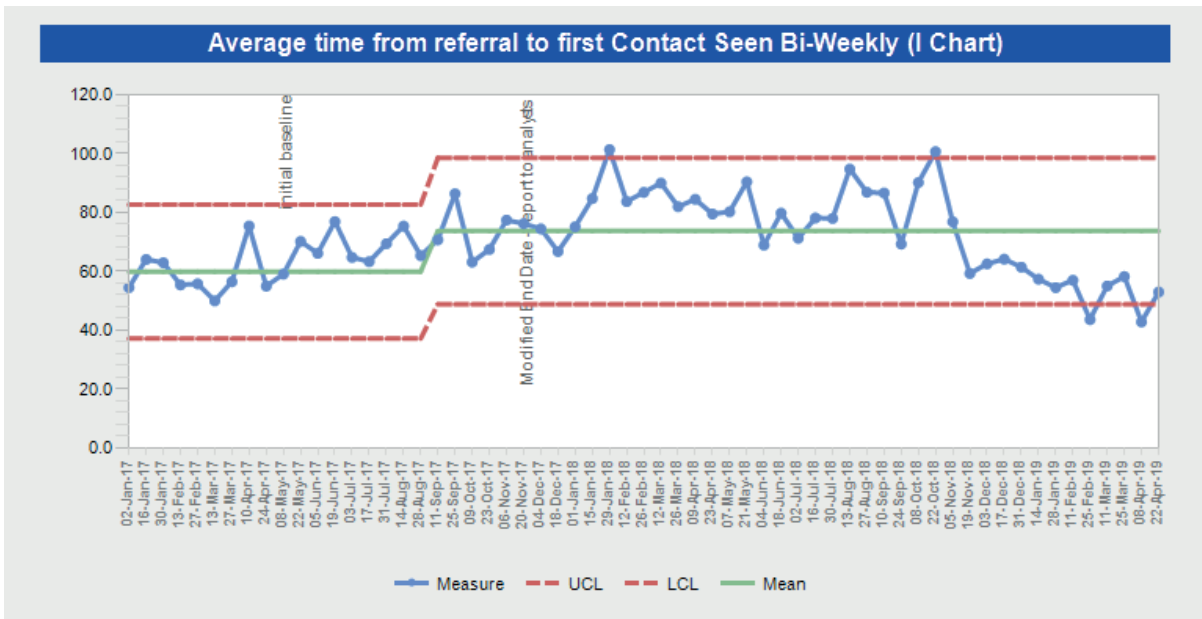
Reshaping Community Services

This work stream focused on increasing the percentage of staff and service users who reported satisfaction with the care they gave and received to 90% by December 2018. The work originally started with two pilot teams - Isle of Dogs Community Mental Health Team (CMHT) and Newham South Crisis Resolution Team (CRT) - before then scaling up to a further three teams (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton).

All teams were supported through a series of regular learning sets, to enable the sharing of change ideas and tests of change, as well as project boards to help unblock barriers and ensure work remain aligned with larger system goals.

Several change ideas were tested that included bi-weekly learning sessions with service users and staff, staff and service user co-led Recovery College sessions, co-production based information leaflets, new Friends and Family Test rotas and service users employed to collect this data in respective teams, mindfulness sessions, co-production workshops and improved more therapeutic reception spaces.

Over the course of the year, there was an increase in the proportion of service users recommending the service to friends and families, with a shift from 79.3% to 88% following the start of this work.
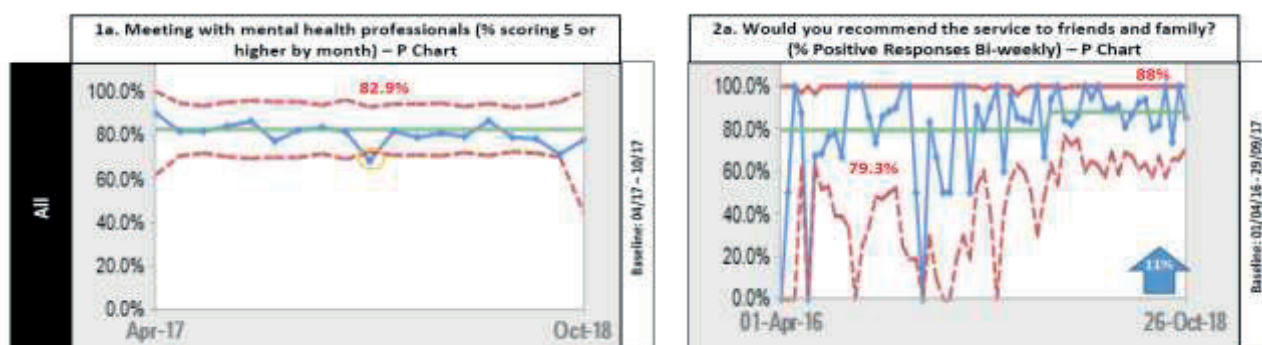
The initial pilot teams (Isle of Dogs CMHT and Newham South CRT) are now focusing on consolidating their implementation plans and standard work strategies so that they continue to hold the gains they have realised through this work. The three teams that joined the collaborative between March and June 2018 (North Hackney CMHT, Dunstable CMHT and Wardown CMHT in Luton) are now all collecting data and actively testing change ideas, using the knowledge and experience of the pilot teams. Data and measurement systems are largely automated and continue to be available to project teams on a regular basis.

3. Improving staff experience

Annual Priority:	Description of work:	Delivery lead:	Status:
Delivery of a revised leadership programme	The Trust has reviewed its leadership programmes and plans to deliver a more equitable range of courses, and incorporating principles regarding integrated care and system leadership in all programmes	Director of Human Resources	In progress
Developing core competencies for community health staff to deliver integrated care	The Trust has received funding to develop a set of core competencies for the delivery of integrated care in community health services. The learning will be used to inform competencies for all staff for year 2	Director of Human Resources	Completed
Deliver specific work streams to address issues of staff experience	Deliver a revised health and wellbeing plan for staff	Director of Human Resources	Completed
	Scale up the Enjoying Work QI learning system	Director of Planning and Performance	Completed
Deliver the revised workforce equalities plan	The Trust is currently revising its Equalities Strategy, and the workforce component of this will specifically address areas of staff experience	Director of Human Resources	Completed

Service Developments and Achievements

The Trust is proud to have delivered the following for our staff during the course of the last year:

- A newly established equalities plan
- Improved our Workforce Race Equality Standard results (WRES) in 8 out of 9 indicators
- Slightly improved Gender Pay Gap report from 12.45% in 2017 to 11.54%
- Increased number of Clinical Excellence Awards to women consultants
- Staff Awards recognition
- ELFT in 1 Voice Choir
- Improved staff benefits offering:
  - Lease cars
  - Electrical items via salary sacrifice
  - Access to benevolent funds for nursing and healthcare support staff
- A 'Population Health' approach to staff wellbeing – focusing on the determinants of health, for example women going through the menopause
- Finalists for an HPMA Award for Excellence in Employee Engagement – Enjoying Work and ELFT in1 Voice.

Quality Improvement Work

A total of 17 teams completed cohort 2 of the ELFT Enjoying Work Programme in February 2019, joining the existing five teams who had taken part in cohort 1. These teams represented every service from across the Trust and were from both clinical and non-clinical backgrounds.
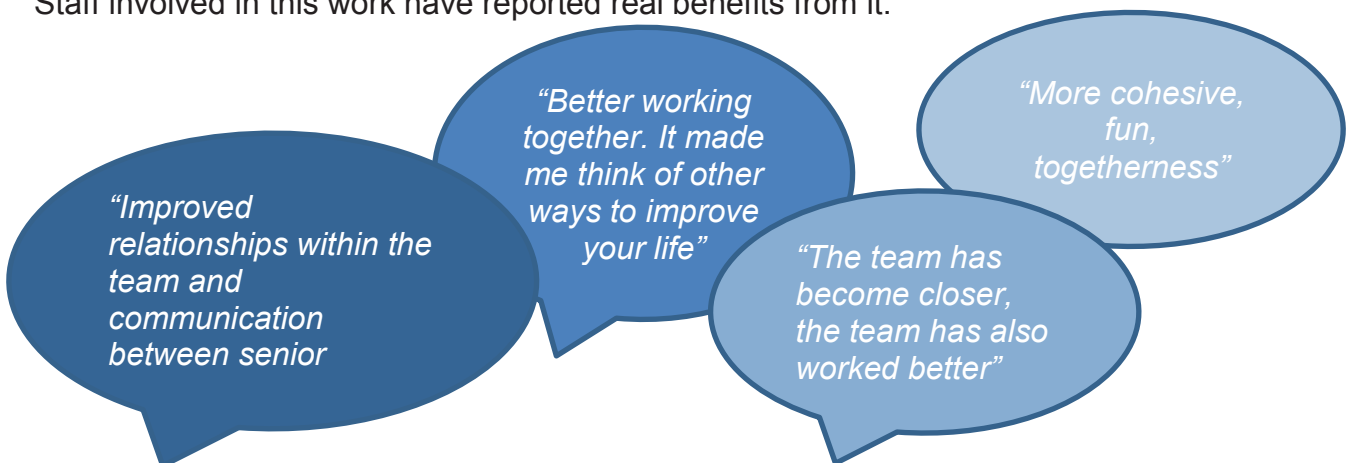
Over the course of six months, 70 staff came together for six learning sets designed to help teams learn together, and from each other, on how to build and restore joy in work.

Components of the learning system included the creation and use of a measurement system to enable people to observe self-reported joy at work, support on leadership behaviours for change, methods for defining the problem, testing and implementing successful changes using Quality Improvement methodology and finally storytelling. Change ideas tested were many and varied, and themes ranged from promoting flexible working practices (for remote working), increasing team cohesiveness (team lunches and social events) through to enhance communication ('we said we did' boards and protected conversation times with team leaders).

Across all 17 teams, we saw an 8% increase in self-reported joy in work (from an average of 84% experiencing mostly a good day at work to 91%), with 11 of the 17 teams seeing improvements.

February 2019 — All Teams: 8% ↑

Team	Value
Bedford CRHT Team	8% ↑
Biggleswade CMHT	55% ↑
Business Development Unit	18% ↑
C&H Rehab and Recovery Service	
Coborn Centre for Adolescent Mental Health	26% ↑
Community Children's Nursing Service	
Community Eating Disorder Service	
EPCT – North West	24% ↑
Executive Team	
Ludgate Ward	14% ↑
Medical Management Team	27% ↑
Morrison Ward	
Newham Child and Family Consultation Service	
Older Peoples OT Team	11% ↑
Quality Assurance Team	21% ↑
Westferry Ward	10% ↑
Willow Ward	35% ↑

Staff involved in this work have reported real benefits from it:

"Better working together. It made me think of other ways to improve your life"

"More cohesive, fun, togetherness"

"Improved relationships within the team and communication between senior"

"The team has become closer, the team has also worked better"

4. Improving Value

Annual Priority:	Description of work:	Delivery lead:	Status:
Developing a data visualisation platform	Develop a platform on which key data is available in real time to staff	Chief Finance Officer	In progress
Utilisation of mobile working	Roll out mobile working solutions (Rio and EMIS mobile)	Chief Information Officer	EMIS – complete Rio – in progress
Delivering the efficiency savings programme	Identifying an additional £6m of CRES savings and delivering to plan	Director of Commercial Development	In progress
Increased space utilisation	Further reduction of floor space per member of staff through modern working and estates utilisation	Director of Estates	In progress

Service Developments and Achievements

Data Visualisation
The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. A new data warehouse has been procured and a project board commenced in January in order to develop the system. The Digital Board continue to receive progress reports on the aspects of the Trust's digital strategy and also feedback from Directorates.

Mobile Working
Implementation of mobile working in Community Health Services in Tower Hamlets and Newham is complete, with very positive outcomes, as reported previously. Implementation of Rio mobile has now commenced following an extended pilot phase, with very positive initial feedback from teams.

Space Utilisation
Following an extensive estates-led consolidation exercise, the Tower Hamlets Community Services premises footprint was reduced by 14%, saving around £20,000 per annum in rental cost and service charges.

2.2 Quality Priorities for the Coming Year, 2019/20

The Trust will continue to strive towards its strategic objectives over the coming year, and much of the improvement work described will continue apace.

We have reviewed progress in each of our priority areas. By reviewing the wealth of information available to us, such as staff and service user survey results, performance indicators, audit and patient safety data, and engaging in wide-ranging conversation with partners and stakeholders – such as our Council of Governors, People Participation Committee and service user groups, staff networks and Commissioners – we have been able to form a clear picture of where we are and refreshed our goals and improvement priorities, We look forward to working with our partners to deliver these improvements and reporting back on progress next year.

Strategic outcome	Annual priorities
Improved population outcomes	Improving our understanding of the needs, assets and outcomes of the people, communities and populations we serve
	Demonstrably improving population health outcomes, in 2019/20 our priorities will be: • More people with mental health problems into regular and sustained employment • Fewer people that the Trust serves will feel lonely • People will have improved end of life care
	Developing more preventative integrated health & care services, including working with our partners to develop the offer to primary care networks and their populations
	Building effort and momentum with staff and citizens to promote population health approaches
	Working with our partners to develop integrated care systems
	Developing our quality improvement capability through the triple aim approach to improving population health outcomes, with each Directorate leading a population health project
	Using our organisational assets to benefit the communities we serve
Improved patient experience	Full implementation of the Dialog+ engagement tool and outcome measure, as a means of supporting, driving and measuring recovery
	Improved use of service wide data generated by the Dialog+ system to inform and support service improvement in partnership with service users
	Delivery of Service User Led Accreditation of clinical services
Improved staff experience	Devise a structured career pathway for all professional staff groups. A directory of internal programmes that are available via the Learning and Development Department. Capture data for all external leadership programmes attended by staff. Improve visibility, accessibility and monitor the return on investment/progression of staff who have attended programmes. Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff
	Refine the core competencies for community health staff to deliver integrated care designed for Tower Hamlets Together (THT) including the 'Wheel of Partnership'. Incorporate the 'wheel of partnership and integrated care competences in appraisals for all Agenda for Change (AfC) Staff. Identify and roll out a digitised platform. Explore possibilities for income generation
	Deliver specific work streams to address issues of staff experience. Review the HR and OD involvement in organisational changes. Improve staff engagement scores pertaining to stress, bullying and harassment, career progression and violence at work
	Deliver the revised workforce equalities plan
	A population health approach to staff wellbeing – to improve the experience of staff
Improved value	New infrastructure plans around efficient and effective user of digital and estate
	Launch waste reduction campaigns and supporting teams to 'think value'
	Incorporate value and waste into the Trust's QI work

The Trust now has an established system of measurement to track progress in delivery of its strategy, and priorities for improvement. The principles of this measurement system are:

- To integrate strategic and operational measures so that all staff are engaged in both the delivery of high quality services and the development of services
- To choose measures that are most relevant to the vision and mission, impact across all strategic outcomes, and link to our portfolios of work
- To select a small number of measures that are regularly monitored at Board, committee and Trust operational meetings, with other measures being monitored and reported by exception
- To allow for the right level of variation in measurement across directorates and services
- To utilise the way we view data in line with Quality Improvement methodology
- To use measures as indicators of progress, rather than absolute targets, and use other sources of quantitative and qualitative information to assess overall progress
- To recognise that not all measures we need will currently exist and that these will need to be developed over time.

The measures form the basis of a performance report for the Board. This includes:

- An integrated dashboard in four sections relating to each strategic objective
- A narrative report to accompany the dashboard:
  - explaining variation seen
  - describing work being undertaken on the four strategic objectives, written by the executive lead
  - providing qualitative data on some key areas of the strategy (e.g. local partnerships, service user and carer involvement, etc)
  - Commentary on strategic risks
- A fifth section sets out compliance with national / commissioner / Trust targets
- An additional quarterly report on progress against the annual priorities.

2.3 Participation in Clinical Audits

2.3.1 National Audit

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2018/19, 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.

During the period the Trust participated in **83%** (five out of six) of national mental health clinical audits and **100%** (one out of one) of national confidential enquiries which it was eligible to participate in.
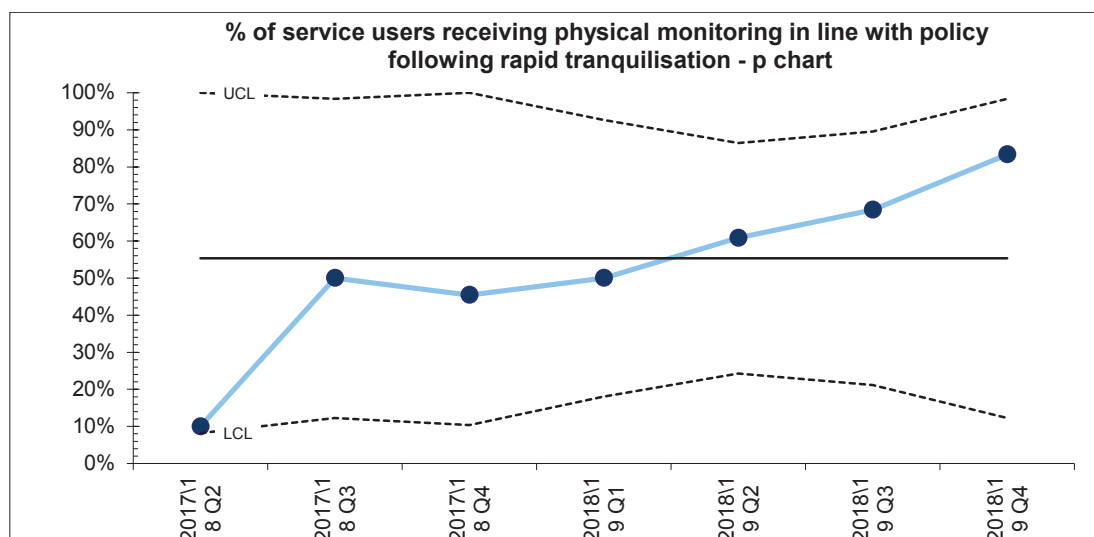
The national clinical audits and national confidential enquiries that ELFT participated in during 2018/19 are as follows:

Description of National Audit	Submitted to:
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
National Clinical Audit of Anxiety and Depression (NCAAD)	Royal College of Psychiatrists 21 Prescot Street London E1 8BB
National Confidential Inquiry into Suicide, Homicide & Sudden Unexplained Death (NCISH)	Jean McFarlane Building University of Manchester Oxford Road Manchester M13 9PL

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Teams	Submissions	Organisations	Submissions
POMH 18 (a) **Prescribing Clozapine**	4	160	Report not yet published	Report not yet published
POMH 6 (d) **Assessment of the effects of depot and LA antipsychotic medication**	Report not yet published	Report not yet published	Report not yet published	Report not yet published
POMH 16 (b) **Rapid tranquillisation**	4	21	358	2392
National Clinical Audit of Psychosis (NCAP)	4	382	62	9449
National Clinical Audit of Anxiety and Depression (NCAAD)	7	65	Report not yet published	Report not yet published
National Confidential Enquiry into Suicide, Homicide & Sudden Unexplained Death		44	Report not yet published	Report not yet published

The Trust develops specific action plans for POMH audit reports, which are managed and co-ordinated through the Medicines Committee and below are examples of actions implemented across the Trust:

- POMH 1g & 3d prescribing high-dose and combined antipsychotics: Clinical Directors shared results across the Directorates and local improvements were implemented within teams. In addition, an allocated working group has been developed and an innovative electronic form created, to capture and record accurate data. A Quality Improvement project was undertaken in Tower Hamlets during 2018/19 to work on improvements in both prescribing and monitoring of patients; this has been shared widely and there have been improvements for patients across East London.

% of service users receiving physical monitoring in line with policy following rapid tranquilisation - p chart

- POMH rapid tranquillisation 16: A new policy has been developed and re-audit underway across the teams. Monitoring data is improving across the Trust and work is ongoing in other work streams looking at violence and aggression and restrictive practices.

In addition, the Trust has carefully considered the results of the National Clinical Audit of Psychosis. The findings were examined alongside feedback from the Community Mental Health Service User survey. The actions taken to improve are set out in some detail in section 3.1.3 of the report, in relation to patient experience.

2.3.2 Trust Clinical Audit Activity

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
Restrictive Interventions Audit	Quality Committee	All inpatient units
Mental Health Act (including Consent to Treatment)	Quality Committee / Mental Health Act Committee	All

Audit Priority	Lead Committee	Directorate
12 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

The Trust reviewed the findings from 17 clinical audits in 2018/19 and developed action plans to support improvement.

Such action plans have already delivered improvements that include:
- The City & Hackney Directorate has seen an improvement in documenting application of 'think family' approach. This is an important progress as it demonstrates strong working multi-agency relationship with the aim to take a holistic approach to help families increase resilience, reduce stressors and appropriate response to risks
- CAMHS Directorate for inpatient services has seen a major improvement in risk assessment management. Positive changes have been made in the process, which have resulted in sustained 100% completion of risk assessments between January and November 2018.

For the last two years, the Quality Assurance Team has continued to review the Trust's audit process, striving to continue to create a system that enables maximum focus on improvement by equipping teams with quick access to clear data, and a robust system for planning and tracking actions.

The Trust's quarterly audit programme reports audit data entirely by means of time series analysis to enable services to track their progress over time. Building on the success of 2017/18, teams were better able to identify areas to celebrate success and areas in which to focus improvement by confidently identifying key trends and shits in the data. Regular Quality Report of all audit data is shared with Directorate Management Teams on a quarterly basis, bringing together all quality streams to ensure lessons are shared across the Trust.

At the end of 2018, Tower Hamlets Community Health Services Directorate launched their own locally-developed audit standards using a framework to identify key issues and trends from quality data to create their standards. Bedfordshire Community Health Services has also confirmed their newly agreed standards and will begin their Directorate audit practice in April 2019.

The Trust has a clear process to support learning and improvement from clinical audit:
- All audit results are available to all Trust staff at Directorate and service level via the Trust's Quality and Performance Dashboard
- Once teams have discussed their audit results, and agreed priorities for improvement and associated actions, they complete an audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker
- Progress against action trackers is reported on a monthly basis and discussed at local Management Team meetings. Then all learning from the audit action process is shared with relevant committees and across the Trust

- Audit leads disseminate the quarterly quality narrative report, which is shared with relevant committees and forms the basis for the Trust-wide annual audit report.

2.4 Research and Innovation

From its inception, the Trust has invested in research and innovation. ELFT regards research activities not as an appendix of service delivery, but as a core part of the Trust's work.

The number of patients receiving NHS services provided or sub-contracted by ELFT in 2018/19 that were recruited during that period to participate in research approved by a Research Ethics Committee was in excess of 500.

In spring 2018, ELFT appointed Professor Frank Röhricht to the new role of Medical Director for Research/Innovation and Medical Education created to support the research culture and the interface between medical education and research. He has implemented a five-year plan to:
- explore and develop the synergism between research, innovation and education for the benefit of service users
- link effectively Quality Improvement and research
- reinforce the notion of academic psychiatry and 'psychosomatics' in education and services
- promote collaboration, coproduction and inclusion (across all dimensions, groups, stakeholders).

Partnerships

A significant part of research at ELFT is conducted in international collaboration with a range of academic partners, mainly but not exclusively in Europe.

The Trust has developed strong links with academic partners:
- The Unit for Social and Community Psychiatry (USCP, now part of the new Population Health Institute) was originally established with Queen Mary University of London (QMUL) and the Strategic Health Authority to improve the reputation of Mental Health Services in East London, attract staff, and support service evaluation and development. By any measure, the Unit has attained these goals; research success in the form of grants, clinical success developing new and innovative treatments, and international recognition as a World Health Organisation (WHO) Collaborating Centre
- The Centre for Psychiatry (CfP, Wolfson Institute of Preventive Medicine, QMUL) has a significant track record on cultural and environmental aspects of public mental health research as well as psychological medicine (association of chronic physical disease and mental illness); CfP is leading on schemes providing high quality teaching for under- and postgraduate medical education
- ELFT is furthermore benefiting from a close collaboration with City University of London; the Centre for Mental Health Research (CMHR) is leading on research on the delivery of recovery-focused care planning, peer support and conflict resolution in inpatient settings. The CMHR has an international reputation for involving service users and carers in research and is also at the centre of the Joint Institute of Nursing (JIN), The JIN's primary aims are to ensure evidence-based practice is at the heart of

community and mental health nurse education and to enable nursing staff to maximise their potential in practice, research and teaching expertise.

With the increase in Trust provision of community health and the move towards more integrated care, there is work on looking to identify and work with partners to develop research in this field. A stronger emphasis on population health research has been initiated linked to the new Bart's Institute of Population Health Sciences which is being formed within QMUL. The Unit for Social and Community Psychiatry is a major part of the new Institute which also features strong research in primary care. Professor Priebe, who leads the Unit for Social and Community Psychiatry, is also the Research Director of the new Institute which underlines the links with ELFT.

Achievements

Researchers in the Trust published a large number of peer reviewed scientific papers with a range of important results. Most notably, they published the largest study ever conducted about a specific aspect of continuity of care, i.e. whether the same or different psychiatrists should be responsible for in- and out-patient care (Giacco et al. *Epidemiology and Psychiatric Sciences*, 2018, 1-9). The main result was that continuity of care leads to higher patient satisfaction after hospital admission, but is not linked with significant differences in long term outcomes.

Particular successes of research in the Trust during 2018/19 included a significant milestone for ELFT in service user involvement. The PRIDE study (Curwen et al. *Research Involvement and Engagement,* 2019, 5:5) was planned, conducted and published in collaboration between service users, clinicians and researchers and may be the first time service users actually not only defined the research topic but were also trained to become the research assistants and conducted the qualitative analysis of data.

The Trust continues to attract prestigious National Institute for Health Research (NIHR) research grants. The ERA trial started in September 2018 and is funded by the NIHR's Health Technology Assessment (HTA) programme. The trial is led by Catherine Carr and tests the effectiveness of art, music and dance-movement therapy delivered in diagnostically mixed groups for community patients. It is the largest and methodologically most rigorous trial ever conducted on arts therapies in such settings and run mainly in ELFT (with one further site in Avon and Wiltshire).

In May 2019 work will commence on an NIHR Health Services and Delivery Research (HS&DR) grant called *Accessibility and acceptability of perinatal mental health services for women from Ethnic Minority groups (PAAM)* which will be led by Professor Stefan Priebe in collaboration with Jelena Jankovic in Birmingham.

Finally, the Trust was awarded an NIHR Research for Patient Benefit (RfPB) grant to try *Improving the Accuracy and Efficiency of Autism Assessment for Adults*. This project is led by Will Mandy of University College London in collaboration with Jason Crabtree in ELFT's Learning Disabilities Services and will begin in September 2019.

In November 2018 renowned speakers and delegates from across the country took part in a thought-provoking conference held to explore and challenge a key issue in mental health care. The conference was organised by ELFT in partnership with the City University of London.

Professors Tom Burns, David Kingdon and Alan Simpson outlined the historical context to developments and explored whether the Care Programme Approach (CPA) model, now nearly 30 years old, is still relevant today following changes in thinking about the delivery of mental health care, the increasing involvement of service users, and a focus on recovery.

Professor Stefan Priebe presented the research evidence from trials on patient related outcome measures and a structured solution focused engagement (DIALOG+) underpinning recent developments, before Dr Sri Kalidindi concluded by summarising the importance of care planning in good rehabilitation services.

World Health Organisation (WHO) Collaborating Centre

The Unit for Social and Community Psychiatry is a WHO Collaborating Centre. The Unit is one of currently only 14 mental health related WHO Collaborating Centres in Europe and the only one specifically for 'mental health services development' in the world. The role of the this Centre involved the publication of a *Technical Guidance for Mental Health Promotion and Mental Health Care for Refugees and Migrants*, which the WHO issued to all Governments in Europe (authors Domenico Giacco and Stefan Priebe), and the advisory role of Professor Priebe on the National Mental Health Strategy for Malta which was launched in December 2018.

The Unit is supported both by the Trust and QMUL. It is based at the Trust's Newham Centre for Mental Health.

2.5 Regulatory compliance - Care Quality Commission (CQC) Inspection

ELFT is required to register with the CQC and its current registration status is 'Registered with no conditions applied'.

The Trust has no conditions on registration and the CQC has not taken enforcement action against the Trust during 2018/19

The Trust received the following ratings following comprehensive inspection in 2016:

Safe	Effective	Caring	Responsive	Well-Led
Good	Good	Outstanding	Outstanding	Outstanding

During March 2018 the Trust received inspections of its Community and In-patient Learning Disabilities Services, and Forensic Mental Health Services as part of its wider annual 'well-led' inspection that took place during April 2018.

Following this most recent inspection activity the CQC Trust-wide ratings remain as above. Core service ratings for Learning Disabilities Services remain good, whilst Forensic Services are now rated outstanding overall. Current core service ratings are set out below:

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Acute mental health wards for adults of working age and psychiatric intensive care	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Child and adolescent mental health wards	Good	Good	Outstanding	Good	Outstanding	Outstanding
Community mental health services with learning disabilities or autism	Good	Good	Not rated	Good	Not rated	Good
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Mental health crisis services and health-based places of safety	Good	Good	Good	Outstanding	Good	Good
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Outstanding	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Outstanding	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Community based mental health services for older people	Good	Good	Outstanding	Requires improvement	Outstanding	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good

Special Reviews

The Trust has participated in one CQC Special Review during the reporting period relating to Sexual Safety on Mental Health Wards.

CQC reviewed Sexual Safety on Mental Health Wards during 2017/18 and published their report in September 2018. ELFT contributed to the review alongside a number of other NHS Providers. The Trust has considered the findings and its recommendations carefully and undertaken a range of actions in response. To ensure that the Trust is doing

everything it can, in December 2018 it commissioned an independent review of sexual safety in its services.

The report of the CQC review can be found on their website, [here](#).

2.6 Striving for excellence – highlighting the cornerstones of our drive for quality

2.6.1 People Participation

People participation is about helping our service users and their carers to have a say in how we run the Trust. But more than that, it is also about working together so that we can offer a better service for all.

We believe the success of our approach to people participation is one of the things that really sets us apart. We see it as absolutely central to what we do, and have created the structures to sustain and improve the meaningful involvement of our service users and carers accordingly.

Our service users are already involved in the life of the Trust in numerous ways:
- Our Trust-wide People Participation Committee (a sub-committee of the Trust Board)
- Our Patient and Carers Experience Committee
- Local Working Together Groups
- Contributing to Trust induction for all new staff
- Participating in the recruitment of all new staff (band 5 and above)
- Co-production of training sessions for staff
- Designing our recovery syllabus
- Project work, such as the redesign of our CPA process, staff training/inclusion project with the Docklands Light Railway (DLR)
- Service user/care research group
- Involvement in quality improvement projects.

So much work is being done locally to take people participation forward and deliver on local priorities, notably to:
- Offer more people the option to get involved via people participation
- Increase access to peer support
- Reduce isolation and loneliness
- Work towards equity and parity in carer support and services across all directorates/boroughs
- Deliver more robust transitions from inpatient to community, Secondary care to primary care and CAMHS to Adult Mental Health
- Provide support for real employment opportunities
- Training for staff on how to identify carers
- Work towards patient/service user run services (e.g. crisis care)
- Improve the experience of ward rounds
- Reduce stigma
- Support healthier lifestyles.

This year has seen two really significant Trust-wide developments for people participation:

- **Service user and carer involvement in Quality Improvement – a step change**
  This year the Trust has really looked to ramp up service user involvement in our improvement work. We have been monitoring involvement by 'big I' (project membership) and 'little i' (involvement in projects by providing specific expertise or advice), and seeking to increase big I involvement, supporting this effort with training for service users and carers.

  Increasingly Quality Improvement projects are becoming a partnership between staff and service users and carers. A great example of this is our 'Reshaping Community Services Project'. In his blog, Senior Improvement Advisor Francisco Frasquilho describes a significant evolution in partnership working:

  "As this work evolved, the pilot teams improved not only the quantity of data received through standard collection surveys such as the Family and Friends Test (FFT), but also the nature of service user involvement in the Quality Improvement work. The real transformation for this work came from the commitment of a handful of service users who joined the original pilot teams as full members of the Quality Improvement projects. Alongside improvement work, these service users also participated in the Learning Sets with the Trusts central Quality Improvement Team, bringing together all the project teams in one place to share learning and progress.

  Both pilot teams also created their own regular spaces to have co-design conversation with service users and staff, as part of change ideas geared to developing an environment for co-production. These local 'Co-production Workshops' have become a space where service users and staff work together but equally, if not more importantly, they also are becoming opportunities to exchange knowledge and experiences.

  Now these workshops are part of the business as usual of the pilot CMHTs. They hold a promise of becoming a means to transform the relationships between staff and service users."

  And to really drive home this change, our annual Quality Conference 2019 is a co-production with service users entitled 'Whose improvement is it anyway', exploring further the centrality of service user and carer involvement in improvement, and how to deliver it

- **Service User Led Accreditation**
  This pioneering project is an evolution of the Trust's innovative Service User Led Standard Audit (SULSA) programme which featured service users measuring the standards that mattered to them in in-patient mental health services, which ran from 2014.

  Review of this audit process revealed an appetite to develop the audit process to incorporate more clinical services, enable greater levels of service user involvement, refresh and broaden the standards being measured and increase the level of engagement in the process from clinical services.

  Our accreditation programme has been designed to recognise excellence, and support improvement, in delivering the standards of care that matter most to service users. The programme has been designed with the Trust's core values at heart, placing the

service user at the heart of what we do, with over 55 service users, carers and staff have shaped the standards and process to ensure the system is accessible, transparent, built around the needs of patients, and engaging for staff.

Assessment for accreditation is led and undertaken exclusively by service users, awards are approved by an Accreditation Committee attended and chaired by service users. We are currently testing the process by assessing eight services for accreditation, and will be extending the programme Trust-wide in July 2019.

2.6.2 Staff engagement

In section 2.2 we highlighted our Quality Improvement work around bringing 'joy in work'. This represents an extension of our longstanding and successful efforts to improve staff engagement, which the Trust sees as critical in delivering its mission.
The NHS Staff Survey takes place annually across the country and is a significant benchmarking tool for our Trust enabling us to track progress in this work. This feedback is also 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 staff.

2018 Staff Survey was completed by 48% of our staff which is 2,529 respondents out of 5,282 eligible staff. The response rate has gone down by 2% comparing to 2017, however, the target audience was higher this year. The highest-responding Directorate was Corporate (59.10%) and the lowest was Community Health Bedfordshire (42.50%).

Our Trust-wide results suggest that we have done significantly better on six questions, made no significant difference on 69 questions, and have scored significantly worse on seven questions. However, we are doing significantly better on 18 questions comparing to our counter-part organisations in the same category.

Our key Trust-wide improvements and strengths are outlined in the below table:

Question	2017	2018	Improvement
Q19d. The review or training left me feeling that my work is valued by my Trust.	32%	36%	**+4%**
Q21c. I would recommend my Trust as a place to work.	66%	70%	**+4%**
Q5a. How satisfied are you with the recognition you get for good work.	60%	63%	**+3%**
Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?	71%	74%	**+3%**
Q19f. Were any training, learning or development needs identified?	76%	79%	**+3%**
Q9c. Senior managers here try to involve staff in important decisions.	46%	47%	**+1%**
Q21d. If a friend or relative needed treatment I would be happy with the standard of care provided by the Trust.	69%	70%	**+1%**
Q21a. Care of service users is my organisation's top priority.	80%	81%	**+1%**
Q9d. Senior managers act on staff feedback.	43%	43%	↔
Q9b. Communication between senior management and staff is effective.	53%	53%	↔
Q22c. Feedback from service users is used to make informed decisions within my department.	65%	65%	↔

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, as per the below table:

Question	2017	2018	Reduction
Q16b. In the last month I have not seen any incidents that could have hurt service users.	79%	72%	**-7%**
Q11a. Does your Trust take positive action on health and well-being?	34%	29%	**-5%**
Q12d. The last time you experienced physical violence at work, you or a colleague reported it.	93%	88%	**-5%**
Q11b. In the last 12 months I have not experienced musculoskeletal problems as a result of work.	79%	75%	**-4%**
Q13a. In the last 12 months I have not experienced harassment, bullying or abuse at work from the public.	69%	66%	**-3%**
Q16a. In the last month I have not seen any incidents that could have hurt staff.	82%	79%	**-3%**
Q15a. In the last 12 months I have not experienced discrimination at work from the public.	88%	87%	**-1%**
Q14. Does your organisation act fairly with regard to career progression / promotion?	79%	79%	↔
Q12a. In the last 12 months I have not experienced physical violence at work from the public.	79%	80%	**+1%**

There are consistent themes across all Directorates which feature in all of their lowest-scoring and top-scoring questions, as follows:

Top performing areas

1. Knowing how to report unsafe clinical practice

2. Reporting incidents

3. Collecting service user feedback

4. Feeling the role makes a difference to service users

5. Feeling trusted to do work

6. Knowing who the senior managers are

7. Acting on concerns raise by service users

Bottom performing areas

1. Positive action on wellbeing

2. Putting yourself under pressure to come in when unwell

3. Having unrealistic time pressures

4. Working additional unpaid hours

5. Quality of appraisals

6. Being satisfied with level of pay

7. Having enough staff in teams to do work

There is still a degree of variation of experience within staff in various protected characteristics. For example, younger workforce (16-30) are reporting to not have appraisals as frequently and having less opportunities for training and development; are being less satisfied with recognition for good work; and more often coming in to work when feeling unwell. On the other hand, older workforce (51-66+) report to more often experience harassment, bullying or abuse from managers and are less likely to report their last experience of this.

In terms of our disabled staff, their responses have scored lower an all questions consistently apart from the question on not working additional paid hours and not experiencing physical violence from their managers. On the positive note, the Trust has improved on the provision and accommodation of reasonable adjustments with an increase of 3%.

Our BAME staff report lower scores on the majority of areas as oppose to our White staff. They are reporting to feeling less valued and less satisfied with the level of pay, and more

often think about leaving the Trust. The questions around bullying, harassment, and physical abuse still score high in comparison to last year with BAME staff reporting these still being an area for concern. Only 71.8% of BAME staff think that the organisation acts fairly on career progression as oppose to 84.7% white staff.

Female staff are more likely to put themselves under pressure to come in to work when unwell, are not satisfied with Trust's actions on wellbeing, and are less satisfied with the level of pay (only 35.2% said they are). Women are less likely to be able to meet conflicting demands for their work and experience more strained relationships at work as oppose to our male staff. They also are less satisfied with the extent the Trust values their work (52.1%) and are also less satisfied with the opportunities for flexible working (60.7%).

In regards to the experiences of LGBTQ staff, gay men are less likely to report their experiences of harassment, bullying, and abuse; are more likely to experience physical violence from the service users; and are feeling more pressure from their managers to come in to work when feeling unwell. Lesbian women think that the organisation does not take enough positive action on wellbeing (only 25.8% do), are having more strained relationships at work with their colleagues (74.2% as oppose to 38.8% of gay men), and are less satisfied with their level of pay.

Lastly, there is also a degree of variation for our staff in regards to their religion/belief. For example, our Hindu, Muslim, and Sikh staff are more likely to look for another job in the next 12 months; only 56.1% of our Muslim colleagues said that they are involved in deciding changes that affect their work; and feel less secured about raising concerns of unsafe clinical practice (68.7% as oppose to 75.2% Christian staff).

Overall, the Trust has made strong improvements on a number of questions and areas such as training, reasonable adjustments, involvement in decision-making, and recognition. However, some further improvement is required on the areas of incidents, wellbeing, bullying/harassment/physical violence, and musculoskeletal problems.

Further analysis of the data will be undertaken upon receipt of follow-up reports from Picker which will allow us to calculate our engagement scores and compare those to other Trusts in the country.

Each Directorate has already started planning their activities to sustain their strengths and map out their potential improvements for lower-scoring areas.

Freedom to Speak Up

Sir Robert Francis' Freedom to Speak Up review published in February 2015 sets out 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works right across the NHS and get all organisations up to the standard of the best and provide redress when things go wrong in future. NHS Improvement on 1 April 2016 published a standard integrated Freedom to Speak Up: Raising Concerns (whistleblowing) policy for NHS organisations in England to adopt as a minimum standard to help normalise the raising of public interest concerns.

ELFT appointed a Freedom to Speak Up Guardian in October 2017. Staff have responded positively to the service. There were 217 concerns raised in the first 12 months of the service being available. The increase in the number of cases being brought to the Freedom to Speak Up Guardian is encouraging as staff become more familiar with and

confident in this new route for speaking up. It is positive that many of the staff who have given feedback said that they would speak up again.

The Trust sends quarterly data to the National Guardian Office.

Of the 217 concerns raised in the first year of the service:
- 28 of these cases included an element of patient safety / quality of care
- 45 included behaviours with elements of bullying and harassment as reported by staff raising the concern
- The remaining 144 concerns related mostly to concern raised as result of organisational changes and restructuring in teams which has impacted on staff wellbeing and the quality of care provided.

The Workforce Committee approved the development of a Trust initiative to tackle bullying and harassment which will be disseminated Trust-wide. There is close working with the Trust People and Culture Team to provide better support to staff prior and during organisational changes. As the Freedom to Speak Up service develops there is continued focus on using Quality Improvement methodologies to demonstrate effectiveness in the role. Already, a significant number of concerns raised to the Freedom to Speak Up service have enabled concerns raised to be addressed at an early stage, managed locally and decreased formal actions.

Doctors in Training

There are (as of 31 March 2019) 173 training posts for junior doctors in the Trust. 159 posts are filled as of 31 March 2019. Over the period of the report the vacancy rate has been between 10 and 11%. The highest number of vacancies has been on the higher trainee rota in Newham.

Locum bookings are made to cover vacant shifts on call rotas. Reflecting high level of vacancies, the highest number of locum bookings has been in Newham, City and Hackney and in Bedfordshire where there are unfilled posts and trainees working less than full-time.

Consultants have been asked to be more proactive and receptive to addressing workload with trainees as part of their weekly supervision, and in reviewing work schedules as required. To improve timely access to on call rotas, the Chief Medical Officer has agreed additional support for medical staffing and medical education departments in the production of on call rotas.

Research is underway led by doctors in training to identify barriers to choosing particular posts and localities, and is due to be reported on shortly. Most of the ongoing staffing issues for doctors in training within ELFT are related to factors outside the control of the Trust, namely the ongoing difficulties with recruitment into psychiatry and the consequent difficulties faced by Health Education England in placing trainees in all available training posts within the Trust. The Guardian of Safe Working Hours, Medical Workforce Manager, Director of Medical Education and Clinical Directors keep this issue under regular review and remediate wherever possible.

2.7 Goals Agreed with Commissioners for 2017/18

Use of the CQUIN Payment Framework

£8.27 million (2%) of the Trust's income in 2018/19 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 £7.1million for the 2017/18 period.

Further details of the agreed goals for 2018/19 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 2018/19 CQUIN targets.

National CQUINs	Description of Goal	Predicted Achievement *
Mental Health Goals		
1a (b) Improvement of health and wellbeing of NHS staff	Achieving a 5% improvement (over 2 years) in two of three NHS annual staff survey questions on H&WB, MSK and stress.	**Part Achievement**
1b Healthy food for NHS staff, visitors and patients	Build on the 2016/17 work by maintaining: 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 Ensuring that healthy options are available at any point including for those staff working night shifts Secondly, introducing three new changes to food and drink provision: a. 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of	**Achieve**

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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

National CQUINs	Description of Goal	Predicted Achievement *
	over 10grams per 100ml) b. 60% of confectionery and sweets do not exceed 250 kcal c. At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g2	
1c Improving the uptake of flu vaccinations for frontline clinical staff	75% of frontline health care workers have taken up flu vaccinations	**Part Achievement**
3 1a Cardio metabolic assessment and treatment for patients with psychoses	To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a. Inpatient wards b. All community based mental health services for people with mental illness (patients on CPA), excluding EIP services c. Early intervention in psychosis (EIP) services	**Part Achievement ***
3 1b Communication with General Practitioners	• Establish clear plans for aligning and cross checking SMI QOF and CPA registers • Establish a Shared Care Protocol • 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	**Part Achievement**
4 Improving services for people with mental health needs who present to A&E	Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable	**Part Achievement**
5 Transitions out of Children and Young People's Mental Health Services (CYPMHS)	This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: a. a case-note audit in order to assess the extent of Joint-Agency Transition Planning; and b. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness) c. a survey of young people's transition experiences after the point of transition (Post-Transition Experience).	**Part Achievement**

2 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf

National CQUINs	Description of Goal	Predicted Achievement *
9 Alcohol and Tobacco	a. **Tobacco Screening:** 90% of all eligible patients (7 days or more) have been screened b. **Tobacco brief advice:** 90% of all patients who have been identified as smokers have been given brief advice c. **Tobacco referral:** 30% of all patients who have been identified as smokers have been given a referral d. **Alcohol screening:** 50% of all eligible patients (7 days or more) have been screened e. **e. Alcohol brief advice and referral:** 80% of those drinking about the lower risk level have received brief advice and/or a referral	**Part Achievement**
10 Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	**Achieve**
11 Personalised Care and Support Planning	1. Submission of a plan to ensure care & support planning is recorded by providers and how patients will be identified will be a yes/no requirement 2. For all patients identified as having one or more LTCs, all patients to have a patient activation score recorded To confirm the final cohort as the number of patients with one more LTCs and who have a low activation level (as described above) 3. The provider to identify the number of staff who have undertaken training in personalised care and support planning	**Achieve**
Local Goals		
12 BME/ MHA	1. To explore whether there is overall high rates of use of the Mental Health Act for the three East London CCGs particularly in BAME minority groups and understand what can be done to reduce this 2. To analyse detention data in Year 1 to identify whether any BAME minority group is over-represented and identify cohort(s) of patients who are receiving multiple detentions	**Achieve**
13 Implementation of the Greenlight Toolkit	Increasing the Learning Disability Service, to improve their score against the Greenlight Toolkit. The Greenlight Toolkit is a guide to auditing and improving your mental health services so that it is effective in supporting people with autism and people with learning disabilities	**Part Achievement**
14 Homeless	Improving access to mental health and wellbeing services for people experiencing street homelessness in Luton and improving the skills of our homeless sector partners who support them	**Achieve**
15 Upskilling staff in the identification and management of dementia and delirium. With particular reference to BAME communities	Training staff in identifying and managing dementia in those patients from BAME communities. Also, increasing the number of dementia diagnoses	**Part Achievement**

National CQUINs	Description of Goal	Predicted Achievement *
NHSE Goals		
MH2 Recovery Colleges	Increasing the level of engagement and participation in Recovery Colleges	
MH3 Restrictive Practices	Implementation of action plan to: 1. Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself 2. Reduce episodes of supportive observations by developing an appropriate framework, e.g. care-zoning 3. Reduce seclusion and long term segregation by utilising best practice guidance in this area	**Achieve**
MH5 CAMHS Inpatient Transitions	Deliverables to improve CAMHS to AMHS transitions: • Audit of discharge/transition process • Survey of all patients discharged [at point of discharge], that is anyone who has been discharged from CAMHS to AMHS • Audit of liaising early with other agencies – children's//adult social care, CAMHS/AMHS, education. • Delayed discharges: - Number of delayed discharges - Clear action plans in place to address and evidence progress - Submit minutes from each quarterly CQUIN delivery group (or similar) meeting	**Achieve**
Local Secure Learning Disability	Undertaking assessments of Learning Disability patients across London	**Achieve**
Local Repatriation Local	Develop a reporting system and report on numbers of admissions and discharges for out of area placements.	**Achieve**
Learning Disability Goals (Tower Hamlets)		
LD2 Health Action Plans	Increased number of health action plans developed for people with a learning disability who have had an annual health check	**Achieve**
LD3 Care coordination	Increased identification of a Care Co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition	**Achieve**
STP & Risk Reserve Goals		
STP CQUIN	If in 17/18 the STP has been agreed through STP governance and agreed by the individual Board of every other organisation in the STP, the provider's board must have approved the plan. Where the STP has not been agreed through STP governance and individual boards, the provider (and all other organisations) must agree a plan to reach timely agreement on the STP. If during 2017/18 and 2018/19 the provider makes the required contribution to STP transformation initiatives and demonstrates to the STP governance arrangements how it is supporting and engaging in the local STP initiatives, the 0.5% for 2018/19 will be paid.	**Achieve**

* 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 2019.

2.8 Data Security and Quality

Clinical coding accuracy was audited this year. 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.

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
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
2017/18	96.00%	95.00%	N/A	N/A	0
2018/19	98.00%	94.53%	N/A	N/A	0

ELFT's Data Security & Protection Toolkit Assessment Report overall score for 2018/19 was 85% and was graded 'Standards not fully met with an improvement plan'.

The Trust has reviewed its evidence of compliance and submitted an action plan based on training, contracts and information assets. If approved, this will alter the compliance rating to 'Compliant with an action plan'.

Internal audit of processes supporting data quality indicated the Trust can take substantial assurance that controls are in place to manage the identified risks.

A number of actions for improvement were identified and are being implemented, ensuring clear processes for the ongoing review of data quality policy, as well as ensuring it is reflecting current practice.

The Executive Director for Planning and Performance has established Directorate performance meetings with each of the Directorates which includes data quality ad action planning for any areas where performance has dropped. Data Quality Reporting for Directorates and the Board are being reviewed and revised in line which national changes to data quality indicators.

The Trust was not subject to the Payment By Results clinical coding audit during 2018/19.

The Trust submitted records during 2018/19 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 latest published data (February 2019) are as follows:
- which included the patient's valid NHS number was:
  - 98.9% for admitted patient care
  - 100% for outpatient care
- which included the patient's valid General Medical Practice Code was:
  - 99.9% for admitted patient care
  - 100% for outpatient care.

2.9 Learning From Deaths

Numbers of Patient Deaths Reported by ELFT in 2018/19

During the reporting period 1 April 2018 to 31 March 2019, ELFT reported a total of 1,473 patient deaths of which 1,109 were reported as expected and 364 were reported as unexpected. This demonstrates a reduction in deaths by 186* compared to the previous reporting period (2017/18), when 1,659 patient deaths were recorded by the Trust.

Table 1 Total deaths reported by ELFT 01 April 2018- 31 March 2019

Period	Number of reported deaths
Quarter 1	378
Quarter 2	338
Quarter 3	403
Quarter 4	354*
Totals	1,473

Due to potential delays in the Trust being notified of some deaths, this figure may change if a further report is produced.

Patient Deaths Subject to an Investigation

A total of 55% (803) of all reported deaths were subject to an investigation in this reporting period. Of which 538 were investigated through the Trust's Structured Judgment Review/Case Record Reviews (SJR/CRR) and 261 were investigated through the Trust's internal incident review process (97 48hr Reviews, 81 Concise Reviews and 83 Comprehensive/Serious Incident [SI] Reviews) and 4 Learning Disabilities Mortality Reviews (LeDeR).

Table 2 Investigations per quarter and types

Period	Reported deaths	Investigation Type				Total Investigations (%)
		SJR/CRR	48hr	Concise/SI	LeDeR	
Quarter 1	378	45	15	43	0	103 (27%)
Quarter 2	338	171	27	42	0	240 (71%)
Quarter 3	403	147	27	40	4	218 (54%)
Quarter 4	354*	175	28	39	0	242 (68%)
Totals	**1473**	**538**	**97**	**164**	**4**	**803 (55%)**

Patient Deaths Investigated and Adjudged to be Potentially Due to Patient Care Provided

One (representing 0.07%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

None of the 538 SJRs undertaken during the reporting period concluded that care provision was contributory to the patient deaths. However, one of the deaths subject to a serious incident review was considered to be potentially due to the care provided. These numbers have been estimated through a review of prevention of future death reports issued by HM Coroners to the Trust during the reporting period.

Table 3 Estimated deaths adjudged to be potentially due to patient care provided by quarter

Period	Deaths reported	Deaths likely to be related to care provide	%
Quarter 1	378	1	0.26
Quarter 2	338	0	0
Quarter 3	403	0	0
Quarter 4	354	0	0
Totals	**1473**	**1**	**0.07**

Summary of ELFT's Learning from Case Record Reviews and Investigations Undertaken in 2018/19

The age range of expected deaths throughout the reporting period has predominantly been 65 years and over. However, it has been noted during this period there has been six infant deaths (0-6 years old), fourteen deaths of adults between 40 and 65 years old. The analysis of the expected deaths of the age range 40-65 indicates different forms of cancer have been a primary cause for the mortalities.

From the mortalities that were reviewed most of the patients were over the age of 65, however, cases where the patient was below the age of 60 were reviewed as a 48 hour internal investigation report in supplement to the structured judgement review.

Of the 1,109 expected deaths, reported during 2018/19 900 occurred within community health settings. Of the 900 community deaths it has been identified that 80% of them had an end of life care plan. End of life care plans for patients who died in a hospice or a hospital were not available on ELFT systems for review.

The structured judgement reviews conducted during the reporting period identified a significant number of cases where patient care was being managed by their GP or the local authority and where the patient had died in a nursing home or a care home. In these cases there was limited or no access to the GP or hospital records. During the reporting period there were four cases that were reported to and reviewed through the LeDeR process.

Actions Taken and Planned From the Learning From Deaths

At the start of the reporting period 2018/19 50% of all expected deaths were reviewed. Due to the number of community based deaths across the Trust this process has changed to a 100% of all community based deaths now being reviewed through the structured judgment review process.

Assessment of the Impact of the Actions Taken by the Trust During the Reporting Period

Completed investigations due to patient deaths in prior period
In the previous reporting period, the Trust undertook a total of 65 investigations into patient deaths reported in 2018/19.

Estimated numbers of deaths (as reported in section 3/table 3) which following review were more likely than not due to problems in the care provided
One representing 0.07% of the patient deaths recorded during the reporting period was judged to be more likely than not to have been due to problems in the care provided to the patient.

Table 4 Deaths per quarter, adjudged to be more likely than not to be due to patient care provided

Period	Deaths reported	Deaths more likely than not to be related to problems in the care provide	%
Quarter 1	378	1	0.26
Quarter 2	338	0	0
Quarter 3	403	0	0
Quarter 4	354	0	0
Totals	**1,473**	**1**	**0.07**

Revised estimate of the number of deaths in 2017/18 where the patient deaths were judged to be due to problems in the care provided
In the last reporting period four deaths, representing 0.24% of the patient deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient; on review, this figure has not changed.

2.10 Reporting against core indicators

2.10.1 NHS Improvement Assurance

ELFT has a range of NHS Improvement (NHSI) targets on which we report throughout the year. The indicators reported in this section are part of the Single Oversight Framework (SOF) which has replaced the Monitor 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'.

The targets outlined in this section are tested by external auditors to provide assurance that the data provided are reliable. They include indicators and targets from the SOF and DTOC and CPA indicators which are locally defined.

The figures below show the Trust has exceeded on two of the local targets. As set-out in section 2.8 the ELFT 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 and 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 Data Quality Maturity Index dashboard information.

The tables below show the results for the three indicators:

Table 1 CPA inpatient discharges followed up within 7 days (face to face and telephone) *

Timeframe	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2018/19	95%	95%	95%	95%	95%
Q1	92.0% (1104/1200)	95.8% 16594/17329	95.4% 2915/3057	100.0% 205/205 RPG and others	73.4% 292/398 RT5
Q2	90.3% 1149/1272	95.7% 16350/17080	94.4% 2926/3098	100% 135/135 R1A and others	83.0% 303/365 RT5
Q3	89.4% 1146/1282	95.5% 16104/16860	93.6% 2994/3203	100% 189/189 RV9 and others	81.6% 266/326 RT5
Q4	85.91% 1006/1171	National comparison data is not available			

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

The table above shows that the Trust has not met this target.
During 2017/18 we clarified the seven day follow up indicator definition with the Unify Team as there seemed to be a confusion of the wording in the guidance compared to what the Trust was submitting. The Trust was submitting on CPA cases for this national return but the guidance states that all patients discharged from a Psychiatric In-patient Ward are regarded as being on CPA.

Detailed Definition:
The number of patients on CPA (described as new CPA in the refocusing CPA guidance) who were discharged from psychiatric in-patient care during the Quarter. All patients discharged from a psychiatric in-patient ward are regarded as being on CPA.

The change to all reported discharges has meant that this has impacted on performance from when this was changed in October 2017 with the introduction of the wider cohort and new recording practices.

The Trust has taken the following actions to improve the performance against the seven day follow up indicator, and so the quality of its services by:

- Introducing new recording practice for non-CPA cases by ward staff
- Creation of new automated reports for services and performance leads to monitor performance against the target
- Introduction of a new operational policy to support staff with the changed process for following up non-CPA cases and recording
- Performance managers continue to work with clinicians to improve and correct recording and ensure all appointments are recorded on the system in a timely way.

Table 2 Patients occupying beds with delayed transfer of care - Adult and Older Adult**

Timeframe	East London NHS Trust	NHS England	Highest NHS Trust	Lowest NHS Trust
Target 2018/19	7.5%			
Q1	1.0% 661/69587	National comparison data is not available		
Q2	0.6% 476/73709			
Q3	0.7% 487/65639			
Q4	0.7% 397/66472			

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

The table above shows that all targets have been met for this indicator for 2018/19.

Table 3 Admissions to inpatient services had access to crisis resolution home treatment team*

Timeframe	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2018/19	95%	95%	95%	95%	95%
Q1	99.9% 1054/1055	98.1% 16392/16707	98.6% 3677/3729	100% 350/350 RLY	81.5% 123/127 RH5
Q2	**99.7%** 1145/1148	**98.4%** 16307/16565	**98.4%** 3641/3701	**100%** 586/586 RXY and others	**81.4%** (RHA – 180/221)
Q3	99.7% 1098/1101	97.8% 15586/15935	98.4% 3577/3635	**100%** 516/516 RXY and others	78.8% 535/679 RT2
Q4	100% 990/990	National comparison data is not available			

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

The table above shows that this target has been met for all quarters.

The indicator relating to admissions to inpatient services having access to Crisis Resolution Home Treatment Teams has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

Table 4 Readmission rate (28 days)

Timeframe	East London NHS Trust		
	Adult	**Older People**	**Children's Services**
Target 2018/19	7.5%	7.5%	7.5%
Q1 (YTD)	5.8% (74/1285)	0.9% (1/108)	4.0%(1/25)
Q2 (YTD)	5.7% (152/2664)	1.0%(2/200)	5.2% (3/58)
Q3 (YTD)	6.4% (257/4027)	1.4% (4/286)	4.3% (4/92)
Q4 (YTD)	6.1% (324/5286)	1.1% (4/362)	6.6% (8/122)

National comparison data is not available.

The Indicator relating to re-admissions within 30 days has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

The data presented above is in line with national averages, with the exception of CPA inpatient discharges followed up within 7 days data which is below the 95% target.

2.10.2 Single Oversight Framework Indicators

These indicators form part of appendices 1 and 3 of the Single Oversight Framework. The table below details each of the Trust's Performance against the Quality of Care Indicators and the Operational Performance Metrics (if not shown elsewhere in this report):

Quality of Care Indicators		Target 2018/19	Actual 2016/17 (Q4)	Actual 2017/18 (Q4)	Actual 2018/19 (Q4)
Admission to adult facilities of patients under 16 years old		0	0	0	0
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral		50%	92%	94%	88.24%
Operational Performance		Target 2018/19	Actual 2016/17 (Q4)	Actual 2017/18 (Q4)	Actual 2018/19 (Q4)
Cardio-metabolic assessment in mental health environments	a) inpatient wards	90%	69.7%	77.1%	70%
	b) early intervention in psychosis services	90%	94%	90%	87%
	c) community mental health services (people on Care Programme Approach)	60%	87.5%	83.7%	84%
Proportion of people completing treatment who move to recovery (from IAPT MDS)		50%	50.2%	50.1%	53.3%
Improving Access to Psychological Therapies (IAPT) - Patients referred with 6 weeks measure		75%	96.4%	98.1%	97.1%
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure		95%	99.7%	99.9%	99.6%
Inappropriate Out of Area Placements for adult mental health services		n/a	New	0	0

2.10.3 Care Programme Approach (CPA)

The CPA is the framework through which care and treatment is delivered for a large proportion of the Trust's service users. The table below contains locally defined indicators and targets agreed with commissioners. The Quarter 4 data shows that for the vast majority of services users on CPA are seen every month by their care coordinator and we now meet this target but the number of care plan in date are below target at 87.4%.

However, the proportion of service users on CPA is below the level we would hope to achieve. Increasing contact time and ensuring care plans are in place are the Trust's priorities for the year ahead.

The Trust has implemented new ways of working in 2018/19 using a more recovery focused approach and has rolled out DIALOG+ / eCPA. This includes closer collaborative working with service users and carers, and includes a formal review of CPA patients every twelve months.

Indicator	Target	Actual 17/18 Q4	Actual 18/19 Q1	Actual 18/19 Q2	Actual 18/19 Q3	Actual 18/19 Q4
CPA patients – care plans in date (documents 12 months old)	95%	89.3%	87.3%	87.7%	87.9%	87.4%
CPA patients – care plans in date (documents 6 months old)	N/A	73.8%	73.9%	73.7%	74.0%	73.5%
% CPA patients seen per month – face to face only	85%	86.6%	85.0%	84.3%	83.2%	85.8%

Trust figures for CPA have slightly decreased for both six month and 12 month reviews as Bedfordshire and Luton services embed the new process and the use of RiO. They continue to monitor reviews regularly focusing on supporting teams that are not meeting the target.

PART 3 – Other Quality Performance Information 2018/19

3.1 An Overview of Key Dimensions of Quality During 2018/19

The Trust pays close attention to a whole range of a set of quality measures. The Trust Board monitors measures that enable oversight of delivery of the Trust strategy. A broader selection of quality and performance measures are available to all staff at Trust-wide, Directorate and Service level via our quality and performance dashboard.

Key metrics in the domains of patient safety, clinical effectiveness and patient experience are drawn from both dashboards and set out below as a Trust-wide view. They are intended to give a flavour of the quality data that the Trust generates and uses, and, read alongside the other content of this report, of the prevailing quality of Trust services. Some measures are Mental Health specific, others relate to Community Health Services, reflecting the increasing diversity of the Trust. Each is relevant to priority areas for the Trust, encompassing improving physical health, access, experience of care.

Data shows progress over time, enabling informed decision-making in relation to assurance and improvement. Data is generated from the Trust's internal reporting systems, and is not benchmarked but triangulated with relevant internal data to build an accurate picture of the quality of services.

3.1.1 Patient Safety

The Trust reported 17,938 patient safety incidents during 2018/19. This represents a rate of 65 incidents per 1,000 occupied bed days across the organisation. The chart below shows the rate of patient safety incidents across the past year, with the data source being our incident reporting system at ELFT:
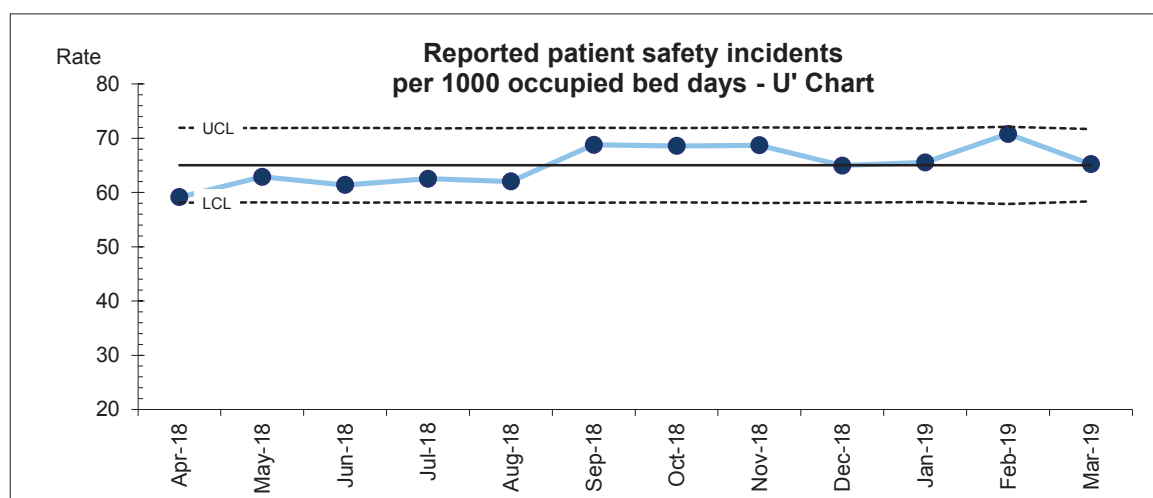
The chart below sets out the level of harm associated with patient safety incidents reported during 2018/19:

Patient safety incidents reported 2018/19 by severity of harm
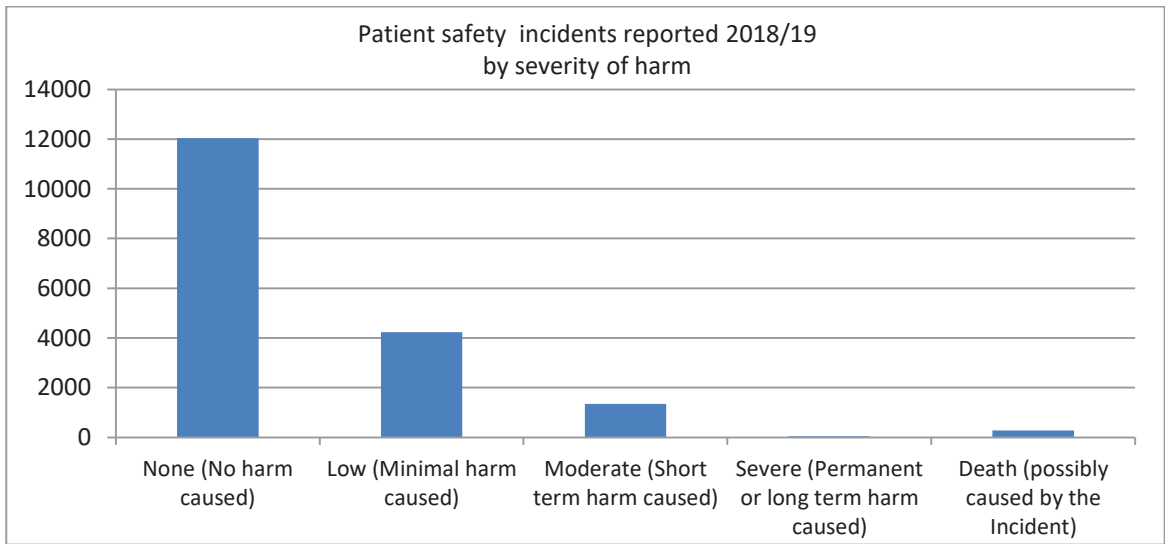
The Trust considers that this number is as described for the following reasons:

- The Trust has a clear and robust policy for incident reporting and management
- All staff have access to the online incident reporting system
- The Trust has worked hard to develop an open, fair and just culture
- The Trust monitors incident reporting, and patient safety data, closely and observed an increase in incident reporting that outstrips the growth of the organisation that is indicative of improvement in safety culture
- Most recent data from the National Reporting and Learning System (NRLS) show improved reporting, and does not suggest current under reporting of incidents
- Data in the charts below compare overall incident reporting to reporting of patient safety incidents and those resulting in harm over the past two years, along with the percentage of patient safety incidents resulting in harm over the same period. They demonstrate an increase in overall incident numbers, but no increase in the proportion of incidents resulting in harm. Again indicative of a good and improving reporting culture.

Incidents reported over the past 2 years:
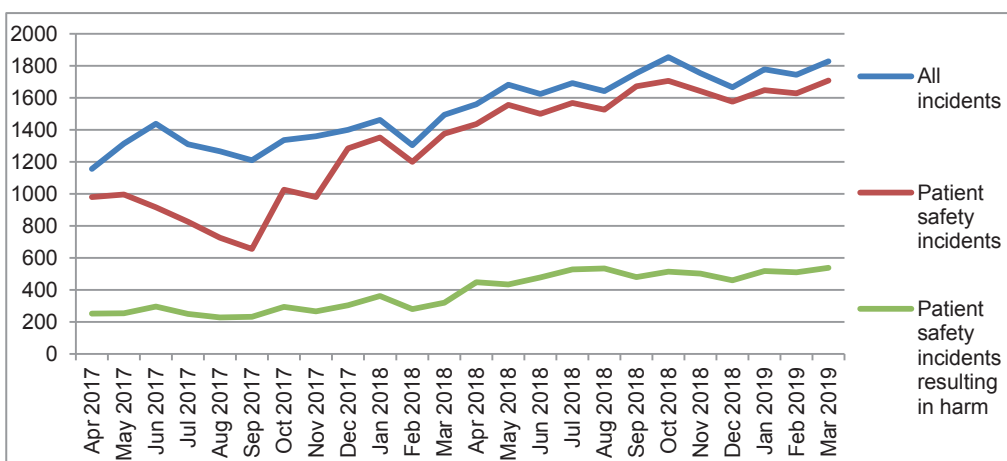
Percentage of patient safety incidents resulting in harm over the past two years (P Chart):
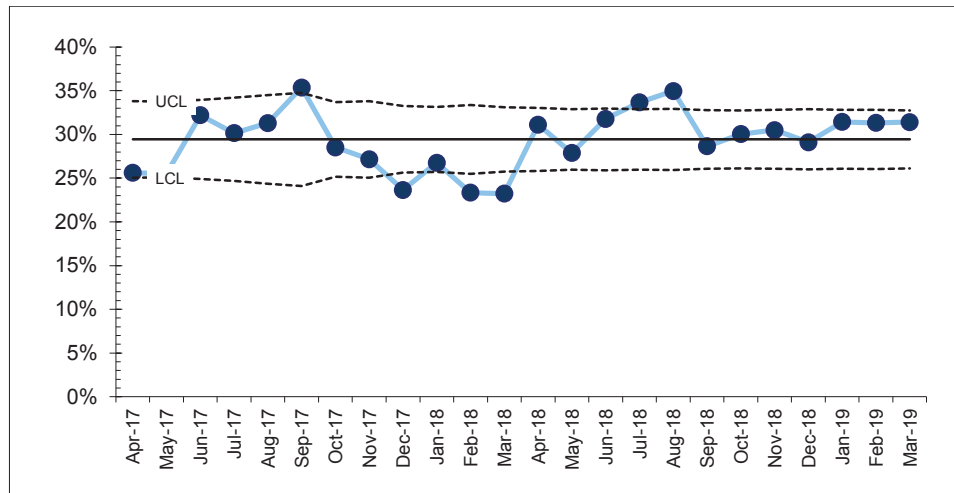
The Trust has taken the following actions to improve the number and so the quality of its services:

- The Trust is committed to continuous improvement. As such it collects and shares a range of quality and safety data to monitor safety and to identify and measure areas for improvement
- Patient safety data is available to all Trust staff at Service, Directorate and Trust level
- All Directorates have established fora for the review of safety data, where actions and improvement plans can be discussed and agreed
- All Directorates report regularly to the Quality Assurance Committee and to Executive Directors on the quality and safety of services
- The Trust has a robust Incident Policy, and a process for the reporting and escalation of incidents, and investigation of serious incidents
- All serious incidents are subject to rigorous root cause analysis with the aim of learning and producing recommendations for improvement and/or the reduction of risk of reoccurrence of incidents, leading to the implementation of appropriate action plans
- Learning from serious incidents is shared through the Trust's Serious Incident Committee and the dissemination of findings to Directorates
- Annual analysis of serious incidents and the review findings enable the identification of themes and trends to further inform and drive learning and improvement
- In addition, the Trust organises regular 'learning lessons seminars' to support the sharing of learning from particular incidents or from identified themes
- The Trust has been engaged in a number of Quality Improvement projects related to improving specific aspects of patient safety, most notably, reducing inpatient physical violence through a series of violence reduction collaboratives.

Further key patient safety measures, with the data source for all these being our incident reporting system at ELFT:

Serious Incidents - C Chart
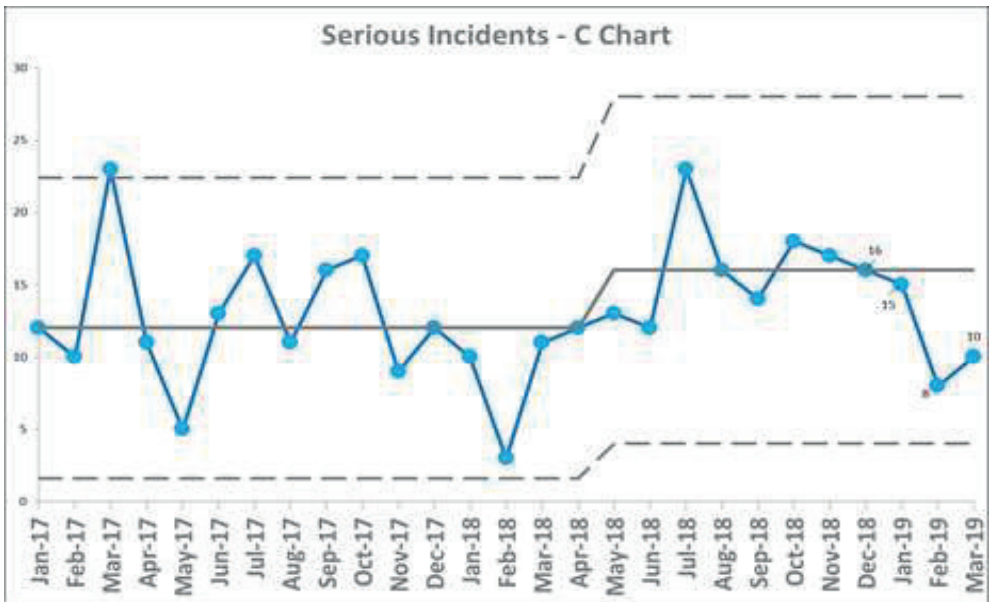
As the Trust has grown the number of serious incidents has increased as one might expect. The chart below highlights that whilst incident numbers have increased in line with the increase in services provided, the proportion of serious incidents taking place has not changed.

Serious Incidents as a percentage of all incidents reported - U chart
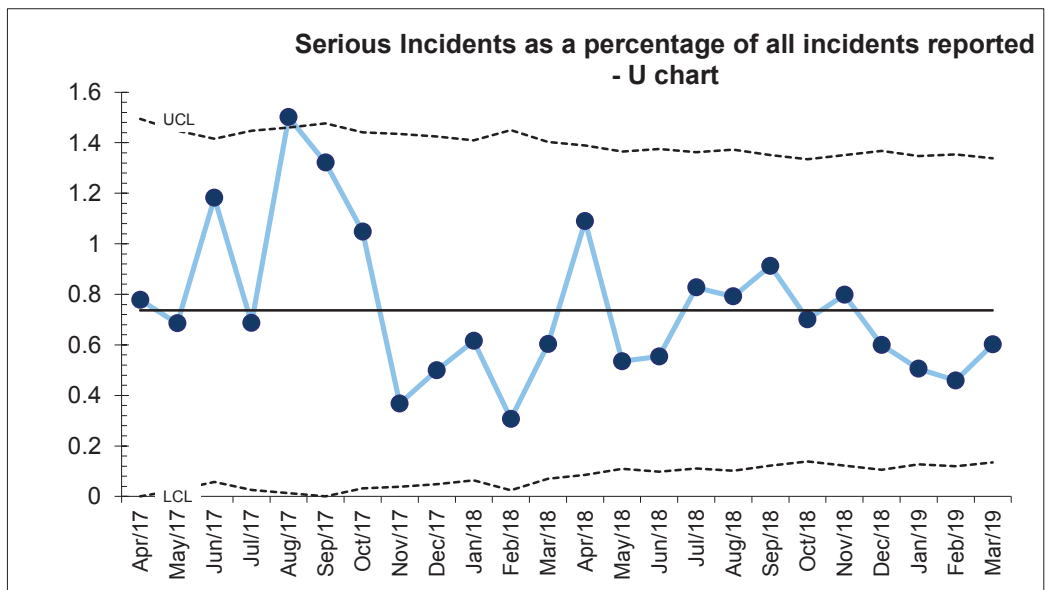
The rate of violent incidents remains stable and work is ongoing through our violence reduction Quality Improvement work, and our 'time to think' project' to bring about further reductions in physical violence in our services.

Number of incidents resulting in physical violence per 1000 occupied bed days, U Chart - (Monthly)
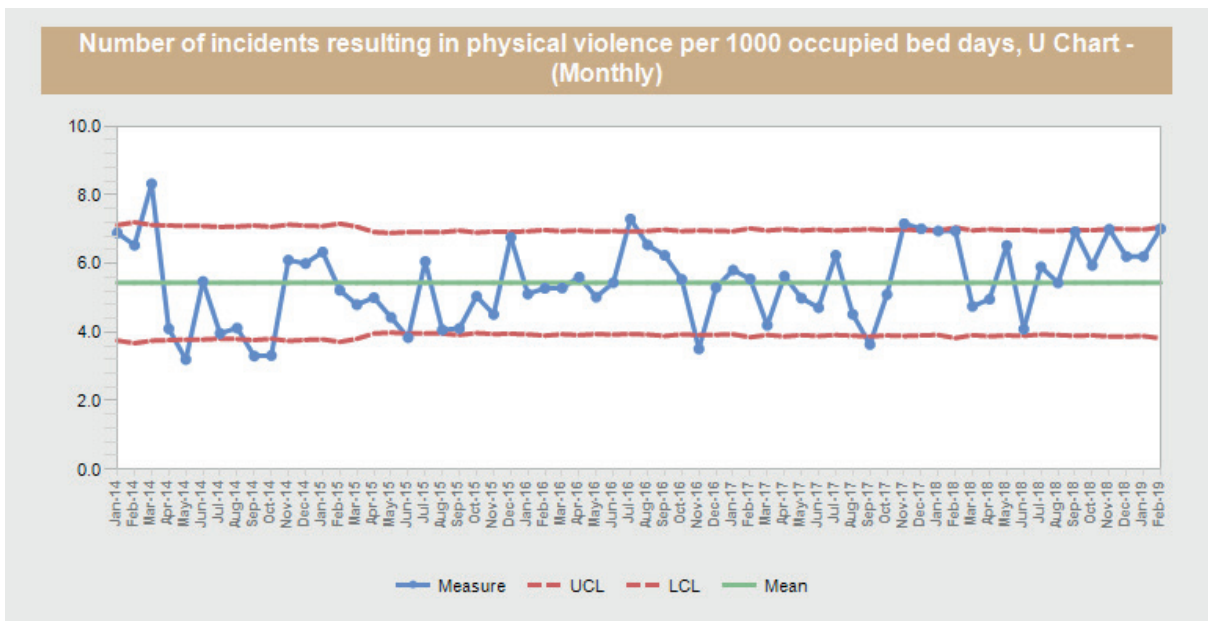
With Bedfordshire Community Services joining the Trust in April last year we might have expected an increase in the occurrence of pressure ulcers. However, the chart shows that the number of reported cases has remained consistent. Improvement work continues to reduce the number of incidents further.


Grade 3 or 4 Pressure Ulcers - C Chart
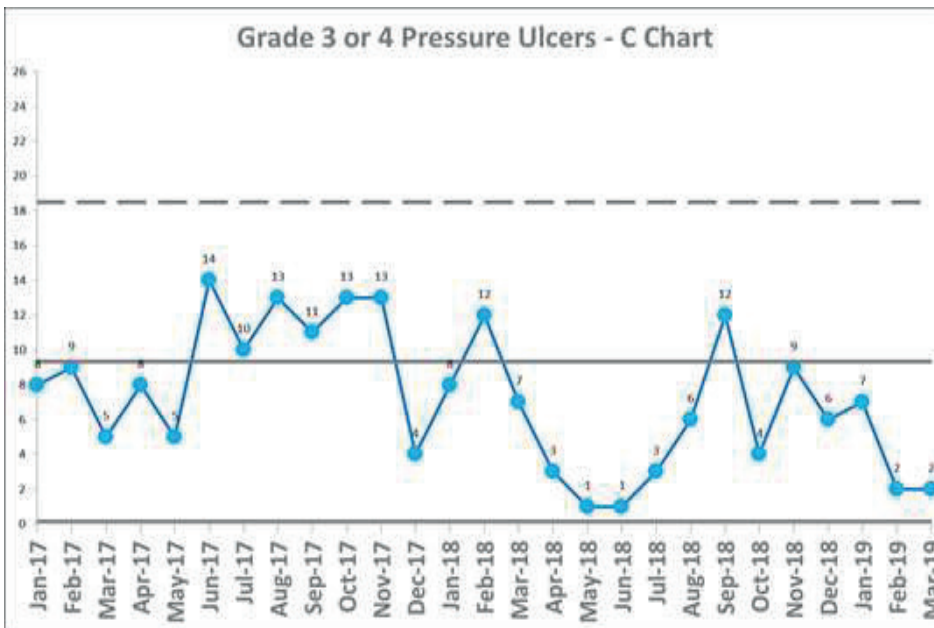
3.1.2 Clinical Effectiveness

The Trust monitors a range of measures of clinical effectiveness as part of its view on the quality of its services. The measures feed into our understanding of patient experience and value within our strategy.

The charts below show some of the measure the Trust Board sees every month as it tracks progress towards our objectives. We can see that we are reliably seeing urgent referrals to our Extended Primary Care Teams within our 24 hour target (data source: EMIS clinical record system).

EPCT - Percentage of Urgent referrals within 2 working days
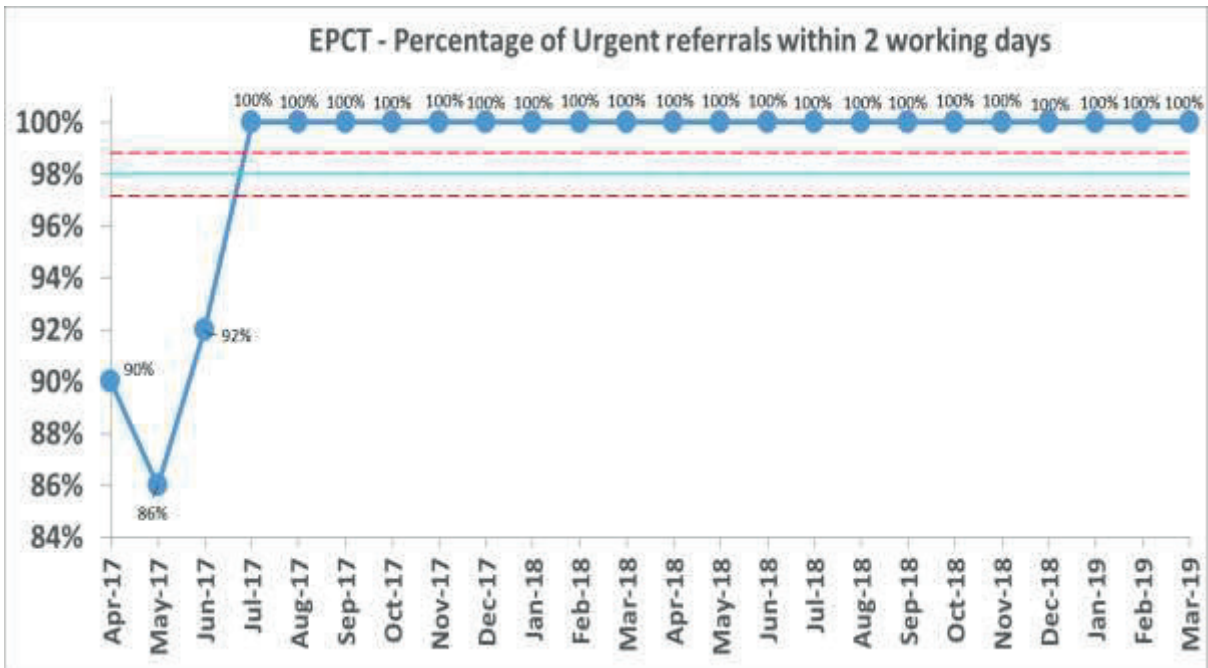
Improving the physical health of our service users is a priority for us, and this year ensuring all of our service users cared for under the Care Programme Approach (CPA) has been a CQUIN. Progress has been monitored closely and the data shows some early signs of improvement that we expect to be maintained going into 2019/20 (data source RiO clinical record system).

% of Patients On CPA Having Physical Check
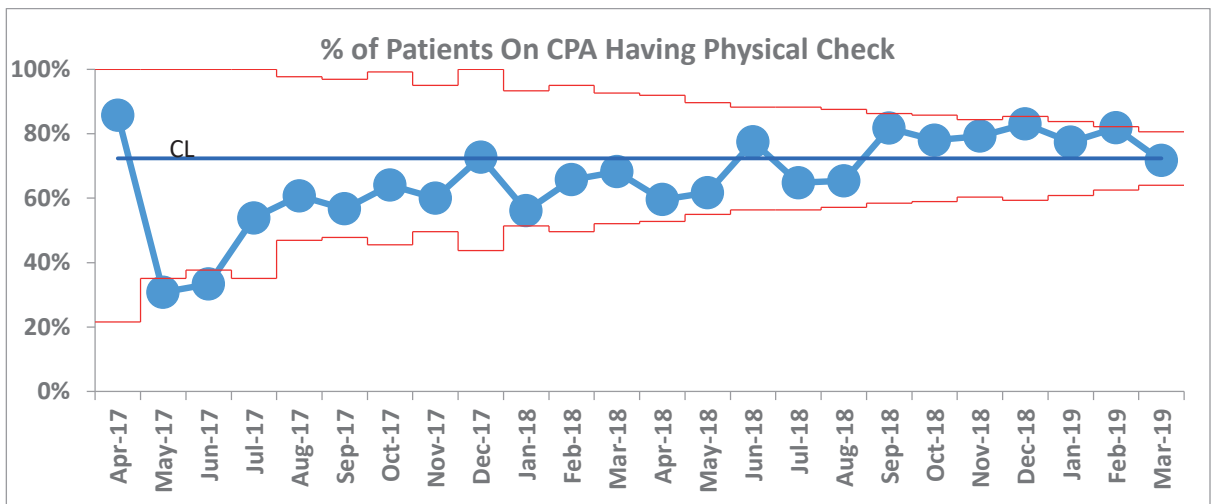
We also see the return on our increased focus on smoking cessation in our mental health services. The Trust is now smoke free in all of our sites, and has smoking cessation advisors across all Directorates. A smoking reduction work plan is in place, focusing on ensuring access to Nicotine Replacement Therapy and the provision of support to stop smoking.

% of people on CPA who smoke
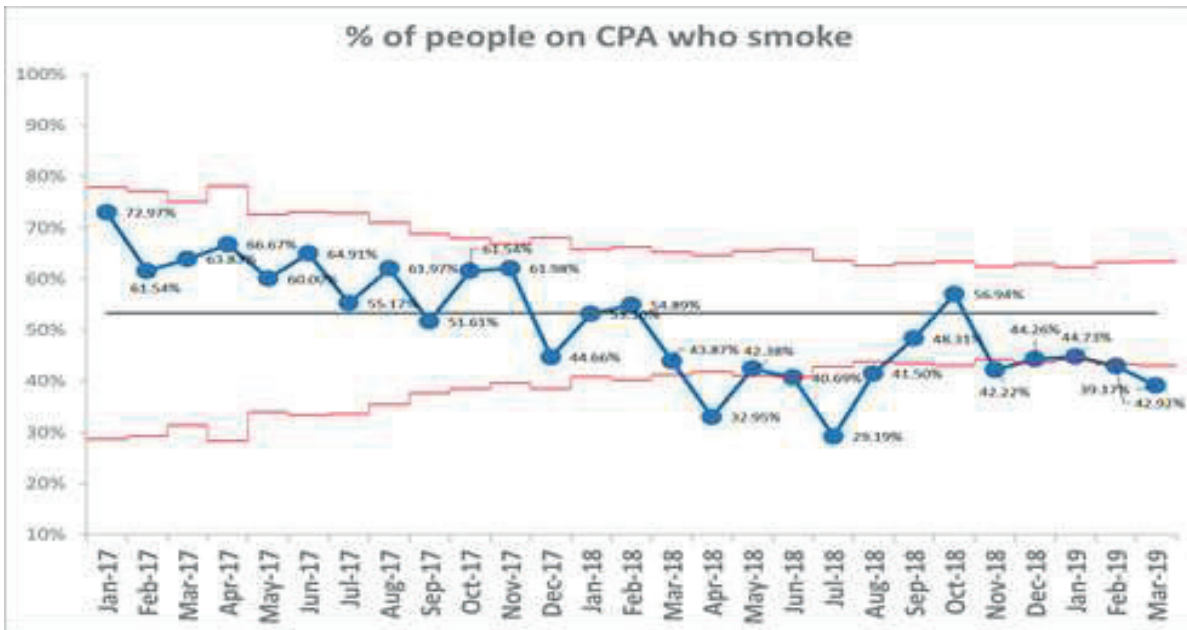
3.1.3 Patient Experience

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.

Our FFT results are set out below, showing generally positive feedback (data source: electronic patient experience feedback system across all sites at ELFT).

Would you recommend the service to friends and family? - P Chart

The change apparent in the data above from April 2018 reflects the decision to exclude the data collected by our Phlebotomy Services from the chart. Phlebotomy services experience extremely high volume of service users and as such have developed their own simple and effective method of data collection that enabled collection of feedback from many hundreds of service users each month. This, overwhelmingly positive, feedback on such a scale was affecting the overall data to the extent that it was necessary to exclude it in order to properly understand the feedback received across the rest of our services.

This has been a year of transition for the Trust. The Quality Assurance Team support the collection of service user experience feedback by services. During 2017/18 the Team undertook a consultation exercise with services, service users and carers to review the process and it's functioning, with a view to improving engagement and outputs. This identified a range of ideas, the most significant of which was the need for an improved platform for data collection and reporting. A new system was duly procured and implemented in June 2018.

Over the last three months, the Quality Assurance Team have consulted with services and service users to redesign, simplify and shorten the questions being asked, to ensure they explore what matters most to service users, and provide most meaning and potential to measure and drive improvement.

The new core questions are:
- *I feel listened to by the Team*
- *I feel I have been given enough information regarding my care*
- *I feel involved in the decisions made about my care*
- *The professionals involved in my care talk to each other. We all work as a Team*
- *What can we do to improve the care we offer?*

After a period of time when data collection decreased, there are now early signs of improvement in the continuous collection of service user feedback.

Over the coming year the focus will be on helping services find simple ways to collect and engage with the data in order to support improvement. Alongside this service user experience data, the Trust is required to collect data on the 'Friends and Family Test' (*Would you recommend the service to friends and family*?). In most cases this information is collected as part of the continuous measure of service user experience.

Externally, the Trust also receives feedback on service user experience via the annual Mental Health Community Service User Survey. This is an annual postal survey that provides a snapshot of service user experience. It is administered by an appointed contractor and sponsored by the CQC. Over the past seven years of participation the response to the survey has been consistently low, around 20%, amounting to fewer than 150 service users (as compared to the circa 500-1,000 PREM survey responses received each month).

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 2017/18	Patient responses 2018/19	Compared with other trusts	Change Since last reporting period
Health and social care workers	7.0/10	6.9/10	About the same	- 0.1
Organising Care	8.2/10	8.3/10	About the same	+ 0.1
Planning Care	6.6/10	6.6/10	About the same	No difference
Reviewing Care	7.3/10	7.2/10	About the same	- 0.1
Changes in who people see	5.4/10	6.6/10	About the same	+ 1.2
Crisis Care	6.3/10	7.1/10	About the same	+ 0.8
Medicines	7.5/10	7.1/10	About the same	- 0.4
NHS Therapies	Not available	7.5/10	About the same	n/a
Support and wellbeing	5.2/10	4.8/10	About the same	- 0.4
Overall views of care and services	6.9/10	7.2/10	About the same	+ 0.3
Overall experience	**Not available**	**6.5/10**	About the same	n/a

This year, in light of the limited response to the Community Mental Health Service User survey, the overlap in both sample and questions asked, the Trust considered the findings together with those of the National Clinical Audit of Psychosis. Discussion of the findings and next steps took place across two meetings of the Trust-wide Quality Committee. The discussion identified priority areas of focus, linked those areas to any existing improvement work, identified ongoing measures to obtain further baseline and monitor improvement, and agreed next steps.

The priorities were based on individual scores but also triangulated across the two reports and wider trust intelligence around service user experience:

- **Improving overall patient satisfaction**
  This is closely aligned to the Reshaping Community Services Quality Improvement workstream, which has been active for 18 months and is sponsored by the Chief Operating Officer and Director of Psychological Services. Numerous change ideas have been tested locally that have included staff and service users working together, such as service user and staff workshops and joint attendance at Recovery College courses. Locally, teams have been using daily huddles and mindfulness sessions to improve the patient experience. Community Teams are focusing on the functioning of key processes such as depot clinics and duty systems. We have seen an increase in service user satisfaction within the participating five community teams. Further change ideas to be tested include remote working with service users (in City and Hackney), and the use of the Reframe Tele-health System in Newham and Tower Hamlets.

- **Improving provision of information about care and treatment**
  As part of the medicines reconciliation annual plan, there will be various benefits of the implementation of electronic prescribing in adapting pharmacy practice and further improving pharmacy provision in community services. It is anticipated that there will be the opportunity to provide increased time to deliver community based sessions supporting clinical teams and increasing direct patient contact where information provision tends to be most effective. A standard operating procedure will be developed around the provision of written information to improve the reliability of availability and supply of information. Allied to this, work is underway with the communications team to raise awareness around the various types and sources of information available about all aspects of care and treatment.

- **Improving access to psychological therapies**
  Through the improving access and flow priority Quality Improvement workstream, a large number of changes have been tested and implemented to improve flow across a range of services. In relation to Psychological Services, the most significant developments include a rolling programme of training to ensure we are well placed to deliver NICE recommended interventions for people with psychosis. There is an annual exercise to identify skills and capacity within teams to deliver NICE recommended therapies to all people requiring them.

  All services have introduced and now implemented a group session as the first contact, to find out more about the therapy before committing to it. Teams have been testing changes to the approach to non-attendance, and assessment processes are being reviewed to shorten the length of time it takes to assess someone and/or accepting assessments from other clinicians/services. First stage treatment groups have been introduced, e.g. Tower Hamlets have a Psychodynamic Group as first treatment and have seen improvements in different outcome measures. City & Hackney and Newham are testing shorter treatment groups as the first stage of treatment rather than individual therapy. There is continued collaborative working in this area as teams continue to test and learn.

- **Improving physical health monitoring**
  This work is aligned with both physical health strategy implementation and the specific work to improve access to health monitoring in community mental health services. The Trust has taken actions to strengthen the delivery of high quality physical health care to the users of mental health services, notably the appointment of a Lead Nurse for physical health, and introducing access to the diagnostics module on RiO. With regards to smoking cessation, two new advisors are now in post, and a monthly smoke free

implementation group is up and running. All Directorates have physical health/wellbeing groups, and physical health training is available that has been tailored for the needs of mental health services. There are a range of local Quality Improvement projects looking at improving specific aspects of physical health for example, improving access to blood testing for people with a learning disability, smoking cessation, improving satisfaction with wellbeing clinics.

The Trust is working to improve the processes and resources available so that all Community Mental Health Teams can physically assess patients to the NHSE standards. All Community Mental Health Teams measure pulse, BP and calculate BMI and all have access to blood testing and ECGs for appropriate patients.

Audits of local arrangements for the collection and processing of samples has been undertaken, under the direction of the Chief Medical Officer. In City and Hackney ELFT has an Service Level Agreement (SLA) with the CCG to employ a Health Care Assistant based in each of the North and South bases. They will carry out physical health checks where indicated and ensure that the data is available in EMIS as well as RiO. Patients will be called into the service from GP practice SMI registers and the ELFT caseload. This service went live in November 2018; there are regular reviews in place to address any issues that have been arising with the new arrangements.

- **Improving access to employment**
  This work forms a central part of the implementation of the people participation strategy, and significant progress has been made this year. This includes ensuring each Directorate has specialised Employment Support Workers linked to Community Mental Health Teams, and that individual Placement Support schemes are in place across all Directorates. The Trust continues to maintain strong links to local Job Centre Plus via people participation leads. Going forward, there is the intention to increase the number of available internal work placements, and extend opportunities through exploring work placements with partner organisations, increasing the number of Peer Support Workers, and increasing the number of Recovery College tutors.

In 2014, the Trust pioneered the use of service user led standards audits (SULSA). This is the audit, carried out by service users, of standards set by service users. After a number of years this innovation is evolving into a unique service user led system of accreditation in which service users will measure standards of care provision that matter most to them. Over 50 service users and clinicians have worked together to develop a brand new accreditation process and associated set of standards that is due to be tested across Bedfordshire and in Tower Hamlets Community Health Services from April 2019.

As well as enhancing our overall understanding of service user experience, this exciting new programme will also:
- strengthen the involvement of service user and carers in helping us improve our services
- help in understanding how well services are meeting the standards that matter most to our service users and identify areas for improvement
- provide a stretch goal for our services to aspire to attain
- recognition and celebrate the meeting of accreditation standards.

Further measures of patient experience:

% of people given easy to understand information about their visit - Community Health Services
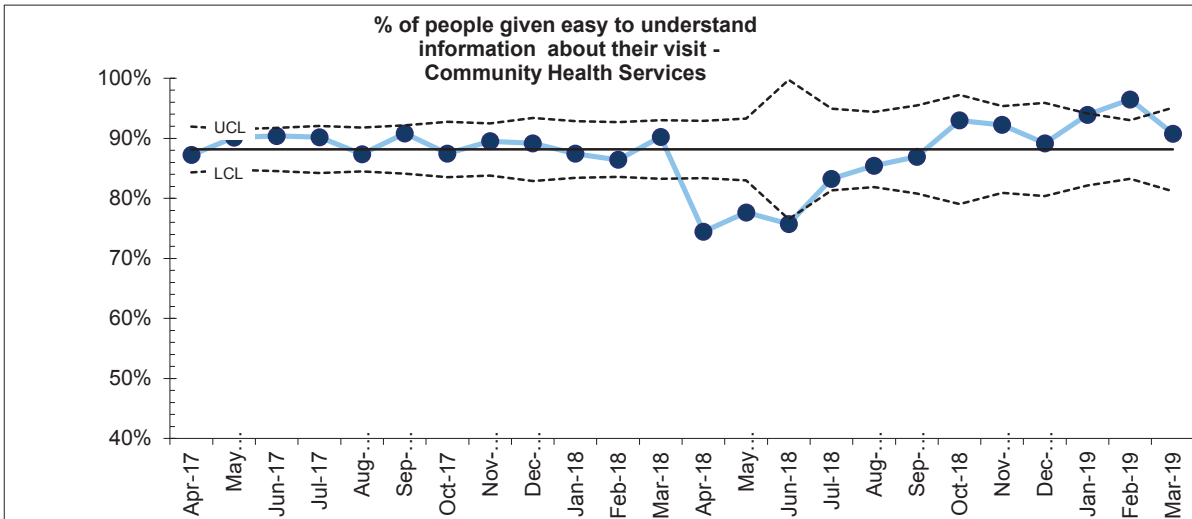
Data source: EQ-5D patient-reported outcome measure used in community health services.

Community Health Services have been using their 'Working Together Group' to bring together clinical staff and service users and carers to co-produce their patient information leaflets. This has been a significant step towards ensuring that the content is both understandable and useful, and this style of working has really helped the service stay close to the needs of their service users and what matters to them.

% of patients that have always felt treated with dignity and respect by staff
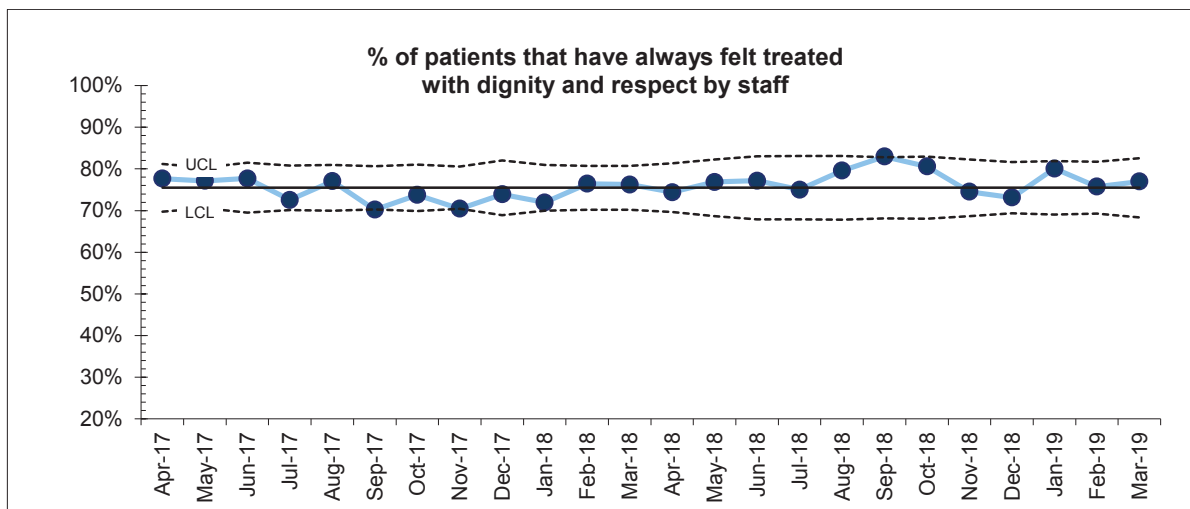
Data source: Electronic patient experience feedback system used across all sites at ELFT

Respect and dignity form a core part of our Trust values. Through our values based approach to recruitment, continuing that thread through our training and development, and by putting the service user at the centre of what we do, we strive to ensure all of our service users are treated with dignity and respect all of the time.

3.1.4   Achievements and Awards

First Trust To Pledge A Carbon Fuel Free Future

21 March is NHS Sustainability Day and was a fitting time to announce that all electricity used by the Trust will now come from renewable sources. Wind, solar and wave-generated electricity will now power the Trust as part of its pledge to reduce its carbon footprint. ELFT is the first NHS Trust to register with Crown Commercial Services, the largest public sector energy broker, to secure a 100% renewable electricity contract. Strategic work to reduce our carbon footprint was underpinned with a 'Green ELFT' campaign encouraging individuals across the Trust to take personal responsibility for promoting sustainability. Green ELFT posters and stickers are displayed at sites across the organisation encouraging staff to think about the small steps they can take to save energy and resources.

Trust Leading The Way in £78m NHS Digital Prescription Programme
The Trust is at the forefront of a national programme to further improve patient safety through the introduction of electronic prescribing and administration (ePMA). ELFT was one of 13 NHS Trusts among the first to receive a share of £78m to support ePMA. The £740k project was piloted at Mile End Hospital in Tower Hamlets, and will be rolled out across all services from early in 2019. The use of ePrescribing removes the need for handwritten prescriptions and dramatically reduces the risks of medication error. It supports the prescribing of the best medication options and improves patient outcomes where medicines are used in treatment.

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

- **2018 Student Nursing Times Awards (May 2018)**
  Student Innovation in Practice Award:
  Fern Glenister

- **RCNi (Royal College of Nursing Institute) Nurse Awards (July 2018)**
  Commitment to Carers Award Winner: The Tower Hamlets Carers Hub
  Nasima Begum and Hannah Bjorkstrand

- **National Mental Health Awards Ceremony (October 2018)**
  Highly Commended: Innovation in community MH services (1) and Quality Improvement (2)
  Tower Hamlets Community Learning Disabilities Service
  Quality Improvement Award Winner:
  The Bridging the Bedford Gap project

- **FT OUTstanding 30 LGBT Public Sector Executives (October 2018)**
  Ken Batty, Non-Executive Director

- **Anna Freud National Centre for Children and Families Awards**
  Best Participation Worker:
  Niki Scott, Service User Participation Lead for CAMHS in Bedfordshire and Luton
  Best Project of the Year Award:
  CAMHS Service Users Film Project

- **HSJ Top 100 Most Influential People in Health (December 2018)**
  CEO Dr Navina Evans - No 45 of 100

- **National Unsung Hero Award 2019**
  Ancillary Staff Leader of the Year: Amanda Piper, Housekeeper (Newham)

The Trust's CEO Dr Navina Evans has been named as the second most influential NHS Chief Executive in the country. She is named amongst three female CEO's that are leading this year's HSJ Top 50 Trust Chief Executive list.

The Chair of the Trust, Marie Gabriel, was awarded a CBE in the Queen's Birthday Honours in recognition of her services to the NHS and dedication to promoting equality.

3.2 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 Trust Board, Quality Committee, People Participation Committee and the Patient Experience Committee meetings.

3.3   Statements of Clinical Commissioning Groups (CCGs)

Comments from Bedfordshire Clinical Commissioning Group on East London Foundation NHS Trust (ELFT) Quality Account 2018/19

Bedfordshire Clinical Commissioning Group (BCCG) acknowledges the receipt of East London NHS Foundation Trust (ELFT) Quality Accounts 2018/19, which has been shared for comment. BCCG recognise that Tower Hamlets CCG has been identified as the coordinating commissioner for all commissioner comments, however due to the population size covered for community and mental health services across Bedfordshire, BCCG have provided the following statement of response on these accounts. The Quality Account was shared with BCCGs Medical Director, Clinical Chair, Executive Directors, Performance and Quality teams and systematically reviewed by key members of the CCGs' Integrated Commissioning and Quality Committee (ICQC), as part of developing our comments.

We have appraised 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 and the opportunity with the addition of Bedfordshire community services to move towards much more integrated care provision. 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.

BCCG acknowledges the Trusts outstanding CQC rating and continues to work with the Trust on maintaining assurances of safe services and areas requiring a trust focus. Over the course of 2018 we have seen improvement in leadership and delivery of care in our inpatient mental health wards and flexibility on how bed stock is managed to ensure our patients in need of inpatient mental health beds are predominantly managed in Bedfordshire, close to friends family and loved ones. In addition we continue to work closely on assurances from ELFT with regard to delivery on mandatory training and learning from serious incidents.

A key area of focused work for BCCG and ELFT over 18/19 has been the review of serious incidents in Bedfordshire mental health services and number of unexpected deaths of mental health service users. It is noted that the ELFT quality account reflects only 1 patient death was "more likely than not to be related to problems in the provision of care". We know from our work with ELFT and discussions with ELFTs Medical Directors, Chief Nurse and Director of Nursing that we do need to see established improvements in the delivery of Care Programme Approach (CPA) reviews for patients discharged from inpatients facilities, as this has been identified as a recurrent theme in several of ELFT Serious Incident reports and associated action plans for Bedfordshire mental health services. We look forward to seeing improvement in performance on CPA in Bedfordshire in 2019/19.

Bedfordshire community health services have been commissioned from ELFT in conjunction with our local authority in 2017/18 and throughout this period we have been

working with ELFT to assure transformation pace to deliver against the outcomes based agreed contract. We identify the statement within the quality accounts and reflections on 18/19 priorities that quality improvement work for community health is delayed until September 2019 (to allow for staff consultation period). We will be working with ELFT over this period to increase pace where possible on this high priority area to support our wider system collaboration on population health management and service delivery.

The ELFT quality account reflects on priorities for 2018/19 and achievement and progress against these. 18/19 focussed on the Trusts "Big Conversation" and a priority to improve quality of life for all populations served. This work has been underpinned by a strategy which outlines 4 specific aims, Improving population health, Improving patient experience, Improving staff experience and Improving value. We recognise the demonstration of improvement that is outlined in these accounts e.g. service led accreditation of mental health services.

EFFTs quality priorities for 2019/20 are a continuation of the quality strategy priories outlined in 18/19 and we recognise that a developed structure is in place for measurement and reporting of performance against these priorities.

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 and increased service user input in the wide range of service provision for patients in Bedfordshire community and mental health services.

Anne Murray
Chief Nurse
Bedfordshire, Luton & Milton Keynes Commissioning Collaborative

3.4   Statement from Tower Hamlets Healthwatch

East London Healthwatch response to the ELFT Quality Account

Thank you for giving the Healthwatch of the East London Boroughs the opportunity to comment on the Quality Account (QA). We recognise the pressure and complex areas that health service staff and volunteers work within and would like to thank them for their contribution to the health and wellbeing of our patients, service-users, residents, families and carers.

2018-19 Priorities

We welcome the Trust's progress against its 2018-19 priorities, recognising that service-users have told us that physical health and employment services are two of the key ways to help maintain wellbeing and independence. However, we are also concerned about the impact of universal credit and increasing financial constraints placing greater strain on local residents. Again, an increase in integrated care centres or health and wellbeing hubs that include benefits support would by beneficial.

We endorse the 'next steps' for CAMHS and Adult Mental Health. Service-users consistently tell us of their difficulties with the appointment systems (particularly staff attitude and system difficulties if appointments have to be cancelled), being 'lost' in the systems and the challenges of raising these issues and them being resolved in a constructive manner. In particular, we understand that Newham will be reviewing mental health services, wellbeing and prevention for young people in the next year and we look forward to seeing partners including ELFT can work collaboratively to create a co-ordinated programme of treatment and care. We welcome the opportunities that a growth in community health services will provide for improved service integration.

We note the commitment to vulnerable residents shown in the work with homeless people in Newham, and particularly in enabling peers to be instrumental in delivering this service. We recently gathered insights from 80 people who were homeless and/or suffering from a substance misuse problem in Tower Hamlets. We found that individual services tend to work well (Reset, the ELFT homeless GP service), but services users can feel let down by the system as a whole. A lot of good services don't add up to a supportive system. Services were not particularly well integrated, particularly for those with co-morbidities, and most find the system quite difficult to navigate with mental health the weakest in terms of access and availability. We think that co-locating services that are aimed at supporting services users with physical and mental health, employment, benefits and financial advice, housing and substance misuse support and social activities and life skills would lead to improved outcomes. Service users who have a named person within the system they can trust and rely on to help navigate between wide-ranging services are more likely to have positive experiences. This may not necessarily be a key worker but someone who they trust, and they feel is knowledgeable and dependable. We therefore welcome the Health Champions for the Homeless project approach in Newham and would hope to see this expanded to other boroughs.

Healthwatch Newham worked with ELFT and Newham CCG to review the patient experience in 7 community health services. Generally, the feedback was positive, but patients consistently reported confusion or lack of information about the appointment system or waiting times. This is key to patients feeling in control of their healthcare.

2019-2020 Priorities

It's good to see that peer support, a focus on those that are lonely and those that are also carers are part of the priorities. We have significant feedback from service-users about their on-going confusion and distress about community mental health care, eligibility, sign-posing, appointments and liaison with other services and so we welcome the priority on integrated health and social care packages and partnership work. The broader developments in integration, should surely help these service-users who have long experienced and raised these issues and also the staff that work within these complex systems.

The complexity of the referral process, waiting times to be seen and changing staff are frequently cited as contributing to, rather than alleviating, people's mental health concerns. People report having to go through repetitive assessments before being given a care plan. Providing community navigators who could support both staff and service users to access and navigate a very complex system would be beneficial.

ELFT's review last year, of service-user experience feedback, is good to see. We also note the low response to the Mental Health Community Service survey. Mental health service-users express their concern at raising issues or taking forward formal complaints, which is perhaps reflected in the CQC rating of 'Requires Improvement' for responsiveness for community mental-health services for older adults. This could be an opportunity for ELFT to explore this, focusing on how to develop its engagement with these service-users and improve their confidence in engagement.

Concerns were raised about the implementation of new criteria limiting access for patients to toe nail cutting services as part of ELFT's commenced delivery of the Tower Hamlets Community Health Services. Following our concerns and recommendations we were pleased to see ELFT facilitated the provision of an affordable toe nail cutting service in the community. We are however, still concerned that the reduction of the service is leading to patients presenting to acute care services with more serious concerns that are more dangerous for patients and more expensive to the care system. Clearer planning and contingencies need to be in place to ameliorate the consequence of any reduction in services on people's overall health outcomes and an integrated person-centred approach adopted.

From a Healthwatch Hackney perspective we continue to be concerned Hackney families have to now travel to Mile End Hospital to visit their relatives who are patients in the Older People's Mental Health Wards. However we welcome ELFT's efforts to support Hackney families' travel to the hospital and urge it to continue this support. We also welcome the improved quality of treatment, particularly for dementia patients, as a result of the move of provision from Homerton to Mile End. We ask ELFT to continually monitor the level of Older People's Mental Health beds provision to ensure there is sufficient capacity on the wards for the all the people of East London.

Through its public engagement, when ELFT staff have attended Healthwatch and other community forums and through its own events and development sessions (that often have

good representation from service-users) we know that staff are committed to listening to residents and improving services.

We look forward to working with ELFT in the coming year.

3.5 Statement from NHS North East London Commissioning Alliance

NHS North East London Commissioning Alliance

NHS City and Hackney CCG, NHS Newham CCG and NHS Tower Hamlets CCG Joint Commissioner Statement for East London NHS Foundation Trust 2018-19 Quality Account

NHS City and Hackney, NHS Newham and NHS Tower Hamlets Clinical Commissioning Groups (CCGs) are responsible for commissioning Mental Health services from East London NHS Foundation Trust (ELFT) as a consortium on behalf of their population. Each CCG also commissions a range of health services from ELFT individually including community health services in Newham and Tower Hamlets. The CCGs welcome the opportunity to provide this statement on the Trust's Quality Account. The 2018/19 Quality Account was reviewed by the CCGs and we commend the Trust for engaging with us throughout the review process.

We congratulate the Trust for retaining its outstanding status following the Care Quality Commission (CQC) inspection of some of its services earlier in the year. ELFT as an organisation prides itself as a leader in the area of innovation with its Quality Improvement (QI) programmes. The Trust has our support for its thorough approach to quality improvement. The involvement of service users in QI projects, further demonstrates its strength and commitment to embedding evidence based practice across its care and service provisions. The yearly QI event organised by the Trust, which brings various stakeholders in the health economy under one roof to share learning and experience, is a testament to ELFT's commitment to excellence. It is positive that ELFT is an expanding organisation and as this expansion occurs, it is important that we are assured that the Trust has a good oversight of the local and organisational pictures to ensure no pockets of poor quality practice go unidentified or unaddressed.

As identified by the Trust, we feel there is improvement required in the areas of incident reporting, staff wellbeing, bullying/harassment/physical violence against staff and musculoskeletal problems. These areas have been persistent sources of concern for staff over the last couple of years. We appreciate that the Trust is committing resources to address these concerns but we feel it would be useful to adopt a more innovative and inclusive programme of engagement with staff going forward in order to reverse the trend. In addition, the Trust experienced overwhelming challenges in capturing staff training data in 2018/19 and we look forward to a better system of capturing data in 2019/20. The transition of young people from Child and Adolescent Mental Health Services (CAMHS) into adult services remains an area that is challenging for the Trust given that a significant percentage of those transitioned in 2018/19 did not meet their transition goals and objectives post transition. We expect a more systematic and robust

approach in addressing this challenge. The commissioners look forward to seeing improvement in the way outcome measures are recorded for service users in 2019/20 particularly in the Psychological Therapy Services across the three boroughs.

We support the Trust's quality priorities for 2019/20:

- Improved population outcomes

- Improved patient experience

- Improved staff experience

- Improved value

We recognise that the implementation of these priorities will positively improve the quality of life of the population they serve. We will therefore continue to work collaboratively with the Trust and constructively challenge them as required to ensure the full delivery of these priorities.

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.

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

Jane Milligan
Accountable Officer

NHS North East London Commissioning Alliance
(City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)

Senior Responsible Officer North East London Sustainability and Transformation Partnership

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3.6   Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Chief Quality Officer, Dr Amar Shah, on 020 7655 4000.

A copy of the Quality Report is available via:
- East London NHS Foundation Trust website (http://www.eastlondon.nhs.uk/)
- NHS Choices website (http://www.nhs.uk/Pages/HomePage.aspx)

2018/19 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 Report) Regulations to prepare Quality Report for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report (which incorporate the above legal requirements) and on the arrangements that NHS 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 <annual 2018/19 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

  o Board minutes and papers for the period April 2018 to May 2019 papers relating to quality reported to the Board over the period April 2018 to May 2019

  o feedback from commissioners dated 17 May 2019 (Bedfordshire CCG) and 23 May 2019 (North East London Commissioning Alliance)

  o feedback from Governors discussed at planning meetings held during February and March 2019

  o feedback from local Healthwatch organisations dated 24 May 2019

  o the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

  o the national patient survey within Quality Report

  o the national staff survey within Quality Report

  o the Head of Internal Audit's annual opinion of the Trust's control environment dated April 2019

  o CQC inspection report within Quality Report

- 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 and supporting guidance (which incorporates the Quality Report 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.

Signature

Marie Gabriel CBE
Chair

Date   **24 May 2019**

Signature

Dr Navina Evans
Chief Executive

Date   **24 May 2019**

Independent Practitioner's Limited Assurance 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 limited assurance engagement in respect of East London NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and additional supporting guidance in the 'Detailed requirements for Quality Reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

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 2018/19' and supporting guidance 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 2018/19' and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for External Assurance for Quality Reports 2018/19'; 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the ''Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance 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 2018 to May 2019;

- papers relating to quality reported to the Board over the period 1 April 2018 to May 2019;

- feedback from commissioners dated 24/05/2019;

- feedback from governors dated 24/05/2019;

- feedback from local Healthwatch organisations dated 24/05/2019;

- the Trust's internal complaints reports over the period April 2018 to January 2019

- the 2018 national patient survey;

- the 2018 national staff survey;

- the Head of Internal Audit's annual opinion over the Trust's control environment dated 30/04/2019; and

- the Care Quality Commission's inspection report dated 26th June 2018;

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

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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 East London 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 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and East London NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;

- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;

- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is narrower 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 that 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 2018/19' and supporting guidance.

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

Our audit work on the financial statements of East London NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as East London NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to East London NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to East London NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of East London NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than East London NHS Foundation Trust and East London NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- 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 2018/19' and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for External Assurance for Quality Reports 2018/19'; and

- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2018/19' and supporting guidance.

Ciaran McLaughlin

Grant Thornton UK LLP

Chartered Accountants

110 Bishopsgate, London, EC2N 4AY

28th May 2019

CONTACT US

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

ANNUAL ACCOUNTS 2018-2019

Independent auditor's report to the Council of Governors of East London NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of East London NHS Foundation Trust (the 'Trust') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended;

- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; and

- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

Financial statements audit

- Overall materiality: £8,150,000, which represents 2% of the Trust's gross operating expenses;

- Key audit matters were identified as:

  - Valuation of land and buildings

  - Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances

We have tested the Trust's material income and expenditure streams and assets and liabilities covering 99.5% of the Trust's income, 99.8% of the Trust's expenditure, 99.7% of the Trust's assets and 92.2% of the Trust's liabilities.

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.
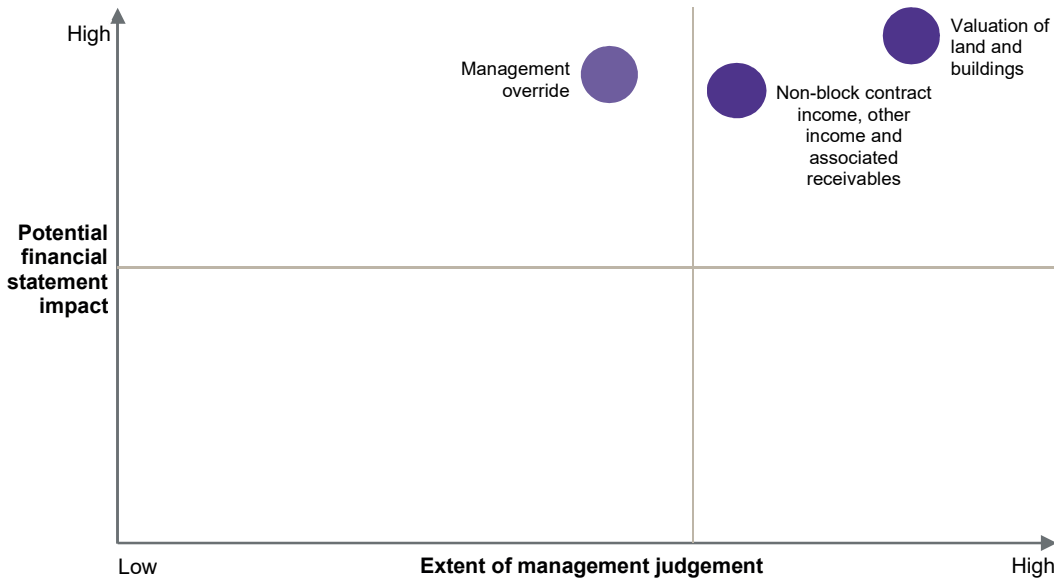
Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
Risk 1 – Valuation of land and buildings	Our audit work included, but was not restricted to:
You revalue your land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements. Management has engaged the services of a valuer to estimate the current value as at 31 March 2019. The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions. We therefore identified valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement	• Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work; • Evaluating the competence, capabilities and objectivity of the valuation expert; • Obtaining an understanding from the valuer of the basis on which the valuations were carried out; • Challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding; • Testing, on a sample basis, revaluations made during the year to ensure they have been recorded accurately in the Trust's asset register; • Evaluating the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value in existing use. The Trust's accounting policy on valuation of property, plant and equipment, including land and buildings, is shown in note 1.6 to the financial statements and related disclosures are included in note 14.

Key Audit Matter	How the matter was addressed in the audit
	Key observations
	The Trust incorrectly processed the revaluation movements on some of its non-freehold assets in its asset register, and as a result overstated the revaluation gains in the draft financial statements by £8.4 million. This error was corrected on audit, resulting in a net downward revaluation to land and buildings of £1.1 million for the year, as opposed to the net upward gain which was disclosed in the draft financial statements.
	Subject to the amendment highlighted above, we obtained sufficient audit assurance to conclude that the basis of the valuation of land and buildings was appropriate, and the assumptions and processes used by management in determining the estimate were reasonable, and the revised valuation of land and buildings disclosed in the audited financial statements is reasonable.
Risk 2 – Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances	Our audit work included, but was not restricted to:
The Trust's significant income streams are operating income from patient care activities and other operating income.	• Evaluating the Trust's accounting policies for recognition of income for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2018-19;
The Trust recognises income from patient care activities during the year based on the completion of these activities. This includes the block contract, which is agreed in advance at a fixed price, and non-block contract income.	• Obtaining an understanding of the Trust's system for accounting for income and evaluating the design of the associated controls.
Patient care activities provided that are additional to those incorporated in the block contracts with NHS commissioners are subject to verification and agreement of the completed activity by commissioners. As such, there is a risk that income is recognised in the financial statements for these additional services that is not subsequently agreed to by the commissioners. Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts.	In respect of patient care income: • Obtaining an exception report from the DHSC that details differences in reported income and expenditure and receivables and payables between NHS bodies, agreeing the figures in the exception report to the Trust's financial records; and obtaining supporting information for all differences over £300,000, to corroborate the amount recorded in the financial statements by the Trust; • Agreeing, on a sample basis, amounts for under and over-performance of contracted patient care activities with the Trust's main NHS Commissioners to invoices or alternative evidence;
The Trust also receives other operating income which is predominantly in respect of Provider Sustainability Funding (PSF). The risk in respect of other operating income is related to the improper recognition of revenue. We have not identified a significant risk of material misstatement in respect of the education and training income element of other operating income as it is principally derived from contracts agreed in advance at a fixed price.	• Agreeing, on a sample basis, non-contract receivables at year end to invoices and subsequent cash receipts or, for cases in our sample where cash was yet to be receipted, to alternative evidence.
We therefore identified occurrence and accuracy of non-block contract patient care income and other operating income and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	In respect of other operating income: • Agreeing, on a sample basis, income to invoices or alternative evidence. • For PSF, agreeing income recognised for quarters 1, 2 and 3 to NHS Improvement (NHSI) notifications. For quarter 4, we obtained supporting evidence to confirm that the Trust met NHSI's requirements for recognition of the income.
	The Trust's accounting policy on income recognition is shown in note 1.3 to the financial statements and related disclosures are included in note 3.
	Key observations
	We obtained sufficient audit evidence to conclude that the Trust's accounting policy for recognition of patient care income and other operating income complies with the DHSC group accounting manual 2018-19 and has been properly applied, and income from non-block patient care income and other operating income, and the associated receivable balances, are not materially misstated.

## Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£8,150,000 which is 2% of the Trust's gross operating expenses. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding.
	Materiality for the current year is at the same percentage level of gross operating expenses as we determined for the year ended 31 March 2018 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Trust

25%

75%

- Tolerance for potential uncorrected mis-statements
- Performance materiality
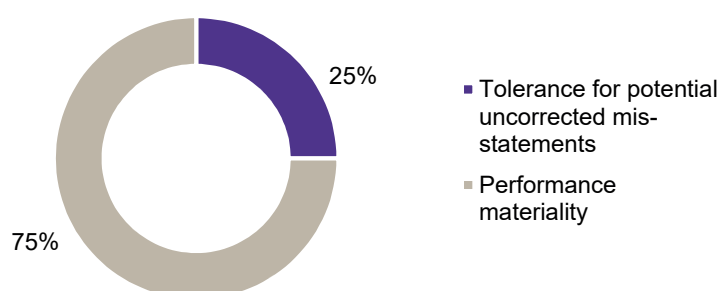
An overview of the scope of our audit

Our audit approach was based on a thorough understanding of the Trust's business, was risk based and included an evaluation of the Trust's internal controls environment including relevant IT systems and controls over key financial systems.

The scope of our audit included:
- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 99.5% of the Trust's revenues;
- obtaining supporting evidence, on a sample basis, for 99.8% of the Trust's operating expenses;
- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.

There were no changes in the scope of the current year audit from the scope of the prior year.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report**,** other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable**,** set out on Page 57,in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or

Audit Committee reporting set out on Page 71, in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee/

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency**.**

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, set out on page(s) 120 to 121, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risk	How the matter was addressed in the audit
The Trust's Financial Position The Trust's financial target for 2018/19 was to deliver a surplus of £2.5 million after receipt of £7.3 million from the Provider Sustainability Fund (PSF). This was based on the identification and delivery of £12.3 million of planned cash releasing efficiency savings (CRES). By September 2018 the Trust was forecasting that it would only make a surplus of £0.15 million for the year and it still needed to identify £2 million of its planned CRES. The risk is whether the Trust has adequate arrangements in place to ensure it meets its financial targets and therefore retains it entitlement to PSF income.	Our audit work included, but was not restricted to: • Monitoring the Trust's performance against its financial target for 2018/19; • Evaluating the Trust's forecast position throughout the year and its final outturn against budget; • Assessing the Trust's overall arrangements for achievement of its financial target, including the identification and delivery of CRES; and Considering any improvements made to the Trust's financial management arrangements during 2018/19.; **Key findings** • The Trust delivered a retained surplus position of £21.0 million, which is an increase of £5.2 million over the position in the previous year. This unlocked the full Provider Sustainability Funding available to the Trust, which totalled £7.3 million; • The Trust delivered £9.1 million of CRES, which was 74% of its aspirational £12.3 million target. • For 2019-20 the Trust has set a budget surplus of £2.3 million, which excludes any Provider Sustainability Funding. To achieve this budget the Trust has a £9.5 million CRES target for 019-20.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its Use of Resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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 guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place

NHS

East London

NHS Foundation Trust

East London NHS Foundation Trust
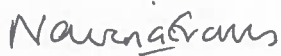
Audited Annual Accounts
for the year ended 31 March 2019

Audited Annual Accounts
for the year ended 31 March 2019

NHS
East London
NHS Foundation Trust

FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2019, 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: 24 May 2019

ANNUAL GOVERNANCE STATEMENT 2018/19

Scope of Responsibility

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

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 policies, aims and objectives of East London NHS Foundation Trust (ELFT) to evaluate the likelihood of those risks being realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in ELFT for the year ended 31 March 2019 and is up to the date for the approval of the Annual Report and Accounts.

Capacity to Handle Risk

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

The Trust has a Risk Management Framework which is approved by the Board and operational policies. Leadership is given to the risk management process through a number of measures including designation of Executive and Non-Executive Directors to key committees.

The Audit Committee has delegated responsibility for ensuring the Board Assurance Framework (BAF) is well maintained, and other Board committees review risks relevant to their terms of reference. Directorate Management Team (DMT) meetings review their Directorate Risk Registers.

The Chief Nurse has delegated responsibility for ensuring the implementation of the Assurance Framework within services and is assisted by the Associate Director of Governance and Risk who manages the Trust's Assurance Department. All Executive 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
- Maintains the Trust's incident and risk reporting system, and Corporate and Directorate Risk Registers
- Plays 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
- Is responsible for the dissemination of good practice and lessons learned from incidents or near misses through information sharing, cascading of information, maintenance of the incident register and consequent learning from such incidents.

The Risk and Control Framework
Key Elements of the Risk Management Framework

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 strategic objectives, safety and quality of services, and in which it relates to patients, staff, the wider community and partner organisations.

The management of risk underpins the achievement of the Trust's strategic objectives. The Trust believes that effective risk management is imperative not only to provide a safe environment and improved quality of care for service users and staff, it is also significant in the business planning process where a more competitive and successful edge and public accountability in delivering health services is required. Risk management is the responsibility of all staff from Ward to Board.

Risk management is a fundamental part of both the operational and strategic thinking of every part of service delivery within the organisation and applies to all staff. This includes clinical, non-clinical, corporate, business and financial risks. Risk management processes involve the identification, evaluation and treatment of risk as part of a continuous process aimed at helping the Trust and individuals to reduce the incidence and impact of the risks they face.

The Trust considers risk management to be an essential element of the entire management process and not a separate entity. The Risk Management Framework includes the Trust's risk appetite statement and during the year the Board has considered the levels and types of risk the Trust is prepared to accept in pursuance of its objectives.

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

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

ANNUAL GOVERNANCE STATEMENT 2018/19 (continued)

Key Elements of the Risk Management Framework (continued)
The Trust has quality governance arrangements in place. The Chief Quality Officer is the executive lead for quality. The Trust has a Quality Strategy and the Board receives a regular report on quality issues at each Trust Board meeting. The quality of performance information is assessed through the annual Quality Account's audit. Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Assurance and Quality Committees, and the performance framework, as well as from the Trust's own schedule of unannounced visits to services. Regular quality and performance reports are received by the Board to ensure that members are informed of key quality issues relating to patient experience, patient safety and clinical effectiveness.

The Trust strengthened its arrangements for information security risk in 2018-19. The Chief Financial Officer is the Senior Information Risk Owner (SIRO) and is the executive lead for information risk. The Executive Director of Planning and Performance is the executive lead for information governance.

Information risk is managed through the Information Governance Steering Group and the Digital Board. The quality of performance information is assessed through the Data Security Protection Toolkit.

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

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

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.

The Board receives regular reports that allow it to assess compliance with the Trust's licence, e.g. the Board receives finance, performance and compliance reports at each meeting. Individual reports address elements of risk, such as reports on safe staffing levels. This enables the Board to have clear oversight over the Trust's performance. There are clear reporting lines and accountabilities throughout the organisation that ensures quality and performance reporting requirements are mirrored from Board sub-committee level to local level with information flowing both ways.

As part of its submission of the 2018-2019 Operational Plan, the Trust submitted to NHSI a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above and through regular review of governance developments as part of the Board development programme.

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

Involvement of Stakeholders
The interests of service users, carers and stakeholders are embedded in our values and demonstrated in our ways of working.

The Trust has a continuing positive relationship with stakeholders and staff through the delivery of our strategic plans and delivering performance against contracts. Risks to public stakeholders are managed through formal review processes with the NHSI and the local commissioners through joint actions on specific issues, such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health and Overview Scrutiny Committees.

The Council of Governors (Council) represents the interests of members and has a role to hold the Non-Executive Directors both individually and collectively to account for the performance of the Board.

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

Following a CQC well-led review in April 2018, the Trust was rated "Outstanding" for the second time.

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 and 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. In addition, strategies are in place to further quality, diversity and inclusion.

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.

ANNUAL GOVERNANCE STATEMENT 2018/19 (continued)

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Executive Director of Planning and Performance is the executive lead for information governance, and is supported by key staff within the Assurance Team and directorate leads. The Trust has a nominated Caldicott Guardian who is the Chief Medical Officer and the Chief Finance Officer is the Senior Information Risk Owner (SIRO). Policies are in place that 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 Board receives reports on compliance with the Data Security and Protection Toolkit.

There were three information governance incidents during 2018-19 that were reportable to the Information Commissioner. These involved:
• 667 emails regarding a money management course sent using 'cc' rather than 'bcc'
• A notebook containing patient details left on a bus
• Keypad contact details of community health patients stolen during a break-in to a clinician's house.

All incidents have been investigated and action plans put in place to reduce the likelihood of reoccurrence, including training and support to staff. No sanctions have been issued by the Information Commissioner.

The Finance, Business and Investment Committee considers the cyber security policies and procedures to ensure that they are fit for purpose. During the year the Trust received a cyber security briefing from Templar Executives, cyber security specialists who have been working with NHS England.

The Trust's Workforce

The Trust recognises that providing high-quality in-patient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. Given the national staffing challenges it is even more important to recognise the link between high-quality staff experience and the impact on patient care and is committed to ensuring that every member of staff feels valued and is able to contribute to the best of their ability. The Trust's Workforce Plan has been created to reflect the Trust's commitment in terms of its strategy.

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.

As Chief Executive, I have a personal commitment to quality in everything we do and this is shared by our Chair and all members of the Board. The Chief Quality Officer is the Executive Director lead for the Quality Report and work is coordinated by the Trust's Quality Committee which reports to the Board's Quality Assurance Committee.

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2019-2020; and performance against quality indicators for 2018-2019. The Trust has taken steps to assure the Board that the Quality Report presents a balanced view of quality and that there are appropriate controls in place to ensure the accuracy of data that it contains. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

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.

The quality priorities for 2019-2020 have been developed in conjunction with senior clinicians and managers, the Council of Governors and service user groups. They form part of the Trust's Quality Strategy which has been approved by the Board.

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

Internal Control Issues

During 2018-2019, the Trust's Internal Auditors have not issued any no assurance reports and issued the following:
• Substantial assurance opinion in relation to Community Health Service governance
• Reasonable assurance opinions in relation to:
 - Fire safety
 - Trust internal clinical assurance process
 - Divisional governance
 - CIP benefits realisation
 - Accounts payable
 - Risk management culture and BAF (draft)
 - STP/place based system governance
 - Payroll
 - Supplier contract management
• Partial assurance opinions in relation to:
 - Mental Health Act
 - Data quality
• Advisory reviews:
 - Information governance review including GDPR and DSPT
 - Risk management and quality performance framework.

ANNUAL GOVERNANCE STATEMENT 2018/19 (continued)

Internal Control Issues (continued)
Actions taken to address the issues raised in these reports include:
• Data quality: reporting systems and data visualisation tools being developed for implementation in August/September 2019 to improve data quality improves. Data quality processes for documenting clinical changes developed.
• Mental Health Act: guidance, support and training for nurses preparing for mental health tribunals reviewed and implementation being determined.

Progress against outstanding actions will be monitored by the Audit and Quality Assurance Committees.

There are no red-rated risks on the Trust's Board Assurance Framework as at 31 March 2019.

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

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

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 Board on a regular basis. The Board discusses and approves the Trust's strategic and operational plans taking into account the views of the Council. The operational plan includes the annual budgets. Throughout the year the Board receives regular finance, quality and performance reports which enable it to monitor progress in implementing the operational plan and the performance of the Trust. This enables the Board to take corrective action where necessary and ensure value for money is obtained. The in-year resource utilisation is monitored by the Board and its committees via a series of detailed reports covering finance, activity, capacity, human resource management and risk.

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

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

As Accounting Officer, I have overall accountability for delivery of the Annual Operational 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.

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 issued in April 2019 confirms that there have been no issues identified as part of the internal audit work that is considered as requiring reporting as a significant control issue within the Trust's Annual Governance Statement. The opinion confirms that the Trust 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 required enhancements to internal control framework are driven by partial assurance opinions for Data Quality and Mental Health Act.

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 BAF at each meeting as well as assurance reports together with approved minutes from all sub-committees within its governance framework, namely the Appointments and Remuneration; Audit; Finance, Business and Investment; Mental Health Act; People Participation; and Quality Assurance Committees. The assurance reports submitted to the Board identify risk and are linked to the Board Assurance Framework where relevant.

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

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

The Audit Committee has delegated responsibility for the BAF and 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 Executive Director of Planning and Performance, and the Chair of the Quality Assurance Committee. The Quality Assurance Committee receives an assurance report from the Quality Committee.

ANNUAL GOVERNANCE STATEMENT 2018/19 (continued)

Review of Effectiveness (continued)

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 these committees and groups, with participation from managers from various disciplines and services. The Quality Committee reports to the Quality Assurance Committee, and also 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 Trust'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.

Executive Directors ensure that key risks have been identified and monitored within their directorates and the necessary action taken to address them. They are also directly involved in producing and reviewing the Board Assurance Framework, and attend the Appointments and Remuneration; Finance, Business and Investment; 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 establishment of the People Participation Committee as a standing committee of the Board as well as the inclusion of representatives on various groups of the Trust and the role of the Council of Governors.

Our regular reporting to NHSI provides additional assurance with regard to the Trust's governance arrangements and compliance with the Trust's provider licence.
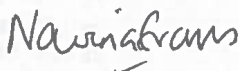
The net result of these processes is that risk is assessed systematically with internal reviews ensuring checks and balances, and a local chain of reporting which ensures follow-through of recommendations and actions are in place as well as wide staff involvement ensuring effective communication throughout the Trust.

Conclusion

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

The Audit Committee and the Board will continue to monitor these areas closely and agree additional action as required.

Signed:

Navinafrans

Dr Navina Evans
Chief Executive Officer

Date: 24 May 2019

Audited Annual Accounts
for the year ended 31 March 2019

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 Department of Health and Social Care Group Accounting 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: 24 May 2019

Audited Annual Accounts
for the year ended 31 March 2019

NHS
East London
NHS Foundation Trust

Statement of Comprehensive Income
for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	407,648	366,904
Other operating income	4	21,055	23,364
Total operating income from continuing operations		**428,704**	**390,268**
Operating expenses	5	(407,628)	(365,586)
Operating surplus/(deficit) from continuing operations		**21,076**	**24,682**
Finance income	10	649	319
Finance expenses	11	(2,365)	(2,393)
PDC dividends payable		(5,804)	(5,699)
Net finance costs		**(7,520)**	**(7,773)**
Movement in the fair value of investment property and other investments	15	6	(63)
Surplus/(deficit) for the year from continuing operations		**13,562**	**16,846**
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations		-	-
Surplus/(deficit) for the year		**13,562**	**16,846**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	6	(1,105)	(1,131)
Remeasurements of the net defined benefit pension scheme liability/asset		106	75
Total comprehensive income/(expense) for the year		**12,563**	**15,790**

The notes on pages 14 to 48 form part of these accounts.

Audited Annual Accounts
for the year ended 31 March 2019

NHS
East London
NHS Foundation Trust

Statement of Financial Position
as at 31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	13	424	579
Property, plant and equipment	14	235,278	232,764
Investment property	15	131	125
Total non-current assets		**235,833**	**233,468**
Current assets			
Inventories	16	198	210
Trade and other receivables	17	38,533	26,787
Cash and cash equivalents	19	85,298	73,681
Total current assets		**124,028**	**100,678**
Current liabilities			
Trade and other payables	21	(65,555)	(54,970)
Borrowings	23	(488)	(441)
Provisions	25	(10,133)	(9,708)
Other liabilities	22	(2,404)	(1,290)
Total current liabilities		**(78,581)**	**(66,409)**
Total assets less current liabilities		**281,281**	**267,737**
Non-current liabilities			
Borrowings	23	(18,350)	(18,838)
Provisions	25	(186)	(210)
Other liabilities	22	(1,799)	(1,878)
Total non-current liabilities		**(20,335)**	**(20,926)**
Total assets employed		**260,946**	**246,811**
Financed by			
Public dividend capital		81,258	79,685
Revaluation reserve		64,804	66,609
Retained earnings		114,884	100,517
Total taxpayers' equity		**260,946**	**246,811**

The notes on pages 14 to 48 form part of these accounts.

[signature]

Dr Navina Evans
Chief Executive Officer

Date: 24 May 2019

Audited Annual Accounts
for the year ended 31 March 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	79,685	66,609	100,517	246,811
Surplus/(deficit) for the year			13,562	13,562
Impairments		(1,105)		(1,105)
Remeasurements of the defined net benefit pension scheme liability/asset			106	106
Public dividend capital received	1,573			1,573
Transfer of excess depreciation over historic cost depreciation		(700)	700	-
Taxpayers' equity at 31 March 2019	**81,258**	**64,804**	**114,885**	**260,947**

223

Audited Annual Accounts
for the year ended 31 March 2019

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	77,341	68,464	82,872	228,677
Surplus/(deficit) for the year			16,846	16,846
Impairments		(1,131)		(1,131)
Remeasurements of the defined net benefit pension scheme liability/asset			75	75
Public dividend capital received	2,344			2,344
Transfer of excess depreciation over historic cost depreciation		(724)	724	-
Taxpayers' equity at 31 March 2018	79,685	66,609	100,517	246,811

Audited Annual Accounts
for the year ended 31 March 2019

Statement of Cash Flows
for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus/(deficit)		21,076	24,682
Non-cash income and expense:			
Depreciation and amortisation	5	7,248	6,742
Impairments and reversals of impairments		(638)	946
Non-cash movements in on-SoFP pension liability	24.2	15	62
(Increase)/decrease in receivables and other assets		(12,451)	(7,158)
(Increase)/decrease in inventories		133	20
Increase/(decrease) in payables and other liabilities		10,746	8,665
Increase/(decrease) in provisions		401	1,712
Other movements in operating cash flows		3	1
Net cash generated from/(used in) operating activities		26,533	35,672
Cash flows from investing activities			
Interest received		649	319
Purchase of intangible assets		(104)	(234)
Purchase of property, plant, equipment and investment property		(8,981)	(7,732)
Net cash generated from/(used in) investing activities		(8,436)	(7,647)
Cash flows from financing activities			
Public dividend capital received		1,573	2,344
Capital element of PFI, LIFT and other service concession payments		(441)	(399)
Interest paid on PFI, LIFT and other service concession obligations		(2,127)	(2,169)
Other interest paid		(238)	(224)
PDC dividend paid		(5,000)	(6,183)
Net cash generated from/(used in) financing activities		(6,233)	(6,631)
Increase/(decrease) in cash and cash equivalents		11,864	21,394
Cash and cash equivalents at 1 April		73,681	52,287
Cash and cash equivalents transferred under absorption accounting	35	(247)	-
Cash and cash equivalents at 31 March	19	85,298	73,681

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 Department of Health and Social Care Group Accounting Manual 2018/19 (' the GAM'). Consequently, the following financial statements have been prepared in accordance with the GAM. 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 14.

- 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 14.

- Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, Bedfordshire LGPS, NHS Resolution 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 25.

- 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 21.

1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

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.

NHS Pensions

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes 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, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. 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.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

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 (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported 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 2009, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. From 1 April 2009, 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 2019.

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 2009, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2009 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 the GAM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

a) the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
b) the sale must be highly probable ie:
   - management are committed to a plan to sell the asset;
   - an active programme has begun to find a buyer and complete the sale;
   - the asset is being actively marketed at a reasonable price;
   - the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
   - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as "Held for Sale" and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

Notes to the Accounts

1.6 Property, plant and equipment (continued)

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.7 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.

1.8 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the 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 as 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.

1.9 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.

Notes to the Accounts

1.10 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.

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.

1.11 Contingencies

Contingent liabilities are not recognised, but are disclosed in Note 27, 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.

1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes 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 and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Financial liabilities classified as subsequently measured at fair value through income and expenditure.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Notes to the Accounts

1.13 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.

1.14 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 20 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.15 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 and Social Care (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.

1.16 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.

1.17 Accounting standards issued that have not yet been adopted

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.

Change published	Financial year for which the change first applies
IFRS 14 Regulatory Deferral Accounts	Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.19 Transfers of functions from other NHS bodies

Community health services in Bedfordshire transferred to the Trust from Essex Partnership University NHS Foundation Trust on 1 April 2018. Assets and liabilities relating to the transfer have been recognised in the accounts as a Transfer by Absorption.

For functions that have transferred to the Trust from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition.

For plant and equipment assets, the cost and accumulated depreciation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts.

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 provided wholly in the UK, are subject to similar risks and rewards and all assets are managed as one central pool.

Audited Annual Accounts
for the year ended 31 March 2019

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Mental health services		
Cost and volume contract income	7,935	8,121
Block contract income	298,520	284,683
Other clinical income from mandatory services	14,420	22,233
Community services		
Community services income from CCGs and NHS England	73,684	51,867
Community services income from other commissioners	9,489	-
All services		
AfC pay award central funding	3,600	-
Total income from activities	**407,648**	**366,904**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	53,373	47,792
Clinical commissioning groups	321,408	291,170
NHS foundation trusts	2,746	2,799
NHS trusts	8,679	5,999
Local authorities	17,639	16,221
Department of Health and Social Care	3,600	-
Non-NHS: overseas patients (chargeable to patient)	-	103
Non NHS: other	203	2,820
Total income from activities	**407,648**	**366,904**
Of which:		
Related to continuing operations	407,648	366,904

East London
NHS Foundation Trust

Note 3.3 Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2018/19 £000	2017/18 £000
Income recognised this year	-	103
Amounts added to provision for impairment of receivables	-	86
Amounts written off in-year	-	7

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Research and development	1,463	1,402
Education and training	8,804	9,890
Rental revenue from operating leases	457	524
Provider sustainability fund (PSF / STF)	7,326	6,041
Other income	3,006	5,507
Total other operating income	**21,056**	**23,364**
Of which:		
Related to continuing operations	21,056	23,364

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:

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	407,648	366,904
Income from services not designated as commissioner requested services	21,056	23,364
Total	**428,704**	**390,268**

Within the 2018/19 financial statements, management has taken the view to define the following as commissioner requested services:

Adult Mental Health Services
Adult Community Health
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)
Learning Disability Services

Audited Annual Accounts
for the year ended 31 March 2019

Note 5 Operating expenses

	2018/19	2017/18
	£000	£000
Services from NHS & DHSC Bodies	29,609	22,970
Purchase of healthcare from non NHS bodies	10,692	10,018
Employee expenses - non-executive directors	205	176
Employee expenses - staff & executive directors	290,856	262,975
Supplies and services - clinical	7,091	4,748
Supplies and services - general	12,574	11,189
Establishment	4,218	5,460
Research and development	2,868	1,881
Transport	2,975	2,902
Premises	13,659	13,669
Increase/(decrease) in provision for impairment of receivables	-	2,240
Movement in credit loss allowance: contract receivables / contract assets	2,236	-
Drug costs	4,158	5,061
Rentals under operating leases	7,138	1,166
Depreciation on property, plant and equipment	6,989	6,461
Amortisation on intangible assets	259	281
Impairments	(638)	946
Audit fees payable to the external auditor		
audit services- statutory audit	52	52
other auditor remuneration (external auditor only)	7	7
Internal audit costs	102	93
Clinical negligence	997	802
Legal fees	362	273
Consultancy costs	563	1,318
Training, courses and conferences	2,228	2,165
Redundancy	388	402
Hospitality	65	78
Insurance	75	95
Other services, eg external payroll	954	1,139
Losses, ex gratia & special payments	90	78
Other	6,856	6,941
Total	**407,628**	**365,586**
Of which:		
Related to continuing operations	407,628	365,586

Note 5.1 Other auditor remuneration

Remuneration of £7k (£7k in 2017/18) was paid to the external auditors for audit-related assurance services on the Quality Accounts.

Note 5.2 Limitation on 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 12 December 2017, states that the liability of Grant Thornton, 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.

Note 6 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(638)	946
Total net impairments charged to operating surplus / deficit	(638)	946
Impairments/(reversals) charged to the revaluation reserve	1,105	1,131
Total net impairments	467	2,077

236

Note 7 Employee benefits

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	195,420	25,170	**220,590**	199,218
Social security costs	23,761	-	**23,761**	21,274
Apprenticeship levy	1,092	-	**1,092**	988
Employer's contributions to NHS pensions	25,854	-	**25,854**	23,755
Pension cost - other	376	-	**376**	461
Agency/contract staff	-	19,183	**19,183**	17,279
Total staff costs	**246,503**	**44,353**	**290,856**	**262,975**

Note 7.1 Average number of employees (WTE basis)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	350	32	**382**	390
Administration and estates	1,133	125	**1,258**	1,178
Nursing, midwifery and health visiting staff	2,402	621	**3,023**	2,799
Scientific, therapeutic and technical staff	1,276	55	**1,331**	1,185
Other	6	-	**6**	5
Total average numbers	**5,167**	**833**	**6,000**	**5,557**

Note 7.2 Retirements due to ill-health

During 2018/19 there was 1 early retirement from the Trust agreed on the grounds of ill-health (5 in 2017/18). The estimated additional pension liabilities of these ill-health retirements is £21k (£188k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

NHS
East London
NHS Foundation Trust

Note 7.3 Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	4	1	4
£10,001 - £25,000	11	225	11	225
£50,001 - £100,000	1	52	1	52
£100,001 - £150,000	1	107	1	107
Total	**14**	**388**	**14**	**388**

There were no other departures during the year.

Note 7.4 Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	1	1	1
£10,001 - £25,000	5	96	5	96
£25,001 - £50,000	1	49	1	49
£100,001 - £150,000	2	256	2	256
Total	**9**	**402**	**9**	**402**

There were no other departures during the year.

Note 7.5 Directors' remuneration

The aggregate amounts payable to directors were:

	2018/19 £000	2017/18 £000
Salary	1,186	1,238
Employer's pension contributions	115	141
Total	**1,301**	**1,379**

Further details of directors' remuneration can be found in the remuneration report.

Notes to the Accounts

8 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 for Health 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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'.

Note 9 Operating leases

Note 9.1 East London NHS Foundation Trust as a lessor

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	457	524
Total	**457**	**524**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year	457	468
- later than one year and not later than five years	1,774	1,804
- later than five years	2,792	3,211
Total	**5,023**	**5,483**

Note 9.2 East London NHS Foundation Trust as a lessee

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	7,138	1,166
Total	**7,138**	**1,166**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	7,138	941
- later than one year and not later than five years;	27,039	2,192
- later than five years.	43,683	478
Total	**77,860**	**3,611**
Future minimum sublease payments to be received	-	-

Note 10 Finance income

	2018/19 £000	2017/18 £000
Interest on bank accounts	456	145
Interest income on employee pension fund assets	193	174
Total	**649**	**319**

Note 11 Finance expenditure

	2018/19 £000	2017/18 £000
Interest expense:		
Interest on employee pension fund obligations	238	224
Main finance costs on PFI and LIFT schemes obligations	2,127	2,169
Total	**2,365**	**2,393**

Note 12.1 Better Payment Practice Code - measure of compliance

	2018/19 Number	2018/19 £000
Total Non-NHS trade invoices paid in the year	58,021	169,908
Total Non-NHS trade invoices paid within target	53,760	166,222
Percentage of Non-NHS trade invoices paid within target	93%	98%
Total NHS trade invoices paid in the year	2,137	49,836
Total NHS trade invoices paid within target	1,977	49,555
Percentage of NHS trade invoices paid within target	93%	99%

	2017/18 Number	2017/18 £000
Total Non-NHS trade invoices paid in the year	50,207	153,933
Total Non-NHS trade invoices paid within target	46,385	150,864
Percentage of Non-NHS trade invoices paid within target	92%	98%
Total NHS trade invoices paid in the year	1,638	29,487
Total NHS trade invoices paid within target	1,506	29,199
Percentage of NHS trade invoices paid within target	92%	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 12.2 Late Payment of Commercial Debts (Interest) Act 1998

There are no amounts included within other interest payable arising from claims made under this legislation

NHS
East London
NHS Foundation Trust

Note 13.1 Intangible assets - 2018/19

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	2,712	2,712
Additions	104	104
Gross cost at 31 March 2019	2,816	2,816
Amortisation at 1 April 2018 - brought forward	2,133	2,133
Provided during the year	259	259
Amortisation at 31 March 2019	2,392	2,392
Net book value at 31 March 2019	424	424
Net book value at 1 April 2018	579	579
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

Note 13.2 Intangible assets - 2017/18

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	2,478	2,478
Additions	234	234
Valuation/gross cost at 31 March 2018	2,712	2,712
Amortisation at 1 April 2017 - brought forward	1,852	1,852
Provided during the year	281	281
Amortisation at 31 March 2018	2,133	2,133
Net book value at 31 March 2018	579	579
Net book value at 1 April 2017	626	626
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

Note 13.3 Intangible assets financing 2018/19

	Software licences £000	Total £000
Net book value at 31 March 2019		
Purchased	424	424
NBV total at 31 March 2019	424	424

Note 13.4 Intangible assets financing 2017/18

	Software licences £000	Total £000
Net book value 31 March 2018		
Purchased	579	579
NBV total at 31 March 2018	579	579

Audited Annual Accounts
for the year ended 31 March 2019

Note 14.1 Property, plant and equipment - 2018/19

	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 2018 - brought forward	31,306	190,707	228	886	5,731	93	17,048	4,128	250,127
Transfers by absorption	-	-	-	-	-	-	99	-	99
Additions	-	2,171	-	2,106	383	-	5,045	186	9,891
Impairments charged to revaluation reserve	-	(1,105)	-	-	-	-	-	-	(1,105)
Reversals of impairments	50	(36)	(14)	-	-	-	-	-	-
Reclassifications	-	702	-	(883)	-	-	181	-	-
Revaluation Surpluses	39	(2,663)	(4)	-	-	-	-	-	(2,628)
Valuation/gross cost at 31 March 2019	31,395	189,776	210	2,109	6,114	93	22,373	4,314	256,384
Accumulated depreciation at 1 April 2018 - brought forward	-	2,025	-	-	3,956	70	8,730	2,582	17,363
Transfers by absorption	-	-	-	-	-	-	20	-	20
Provided during the year	-	3,435	4	-	563	9	2,443	535	6,989
Impairments recognised in operating expenses	3	330	-	-	-	-	-	-	333
Reversals of impairments recognised in operating expenses	(42)	(929)	-	-	-	-	-	-	(971)
Revaluation Surpluses	39	(2,663)	(4)	-	-	-	-	-	(2,628)
Accumulated depreciation at 31 March 2019	-	2,198	-	-	4,519	79	11,193	3,117	21,106
Net book value at 31 March 2019	31,395	187,578	210	2,109	1,595	14	11,180	1,197	235,278
Net book value at 1 April 2018	31,306	188,682	228	886	1,775	23	8,318	1,546	232,764
Useful economic life									
- Minimum useful economic life		60	60		3	5	5	3	
- Maximum useful economic life		60	60		15	5	10	12	

Audited Annual Accounts
for the year ended 31 March 2019

East London
NHS Foundation Trust

Note 14.2 Property, plant and equipment - 2017/18

	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 2017 - brought forward	30,999	190,865	196	1,970	5,709	93	13,574	3,605	247,011
Additions - purchased/ leased/ grants/ donations	-	3,488	-	886	22	-	3,474	523	8,393
Impairments charged to revaluation reserve	(150)	(7,737)	-	-	-	-	-	-	(7,887)
Reclassifications	54	1,970	-	(1,970)	-	-	-	-	54
Revaluation gains/(losses) charged to revaluation reserve	211	6,510	35	-	-	-	-	-	6,756
Revaluation Surpluses	192	(4,389)	(3)	-	-	-	-	-	(4,200)
Valuation/gross cost at 31 March 2018	31,306	190,707	228	886	5,731	93	17,048	4,128	250,127
Accumulated depreciation at 1 April 2017 - brought forward	-	1,875	-	-	3,264	51	6,892	2,074	14,156
Provided during the year	-	3,401	3	-	692	19	1,838	508	6,461
Impairments recognised in operating expenses	-	1,817	-	-	-	-	-	-	1,817
Reversals of impairments recognised in operating income	(192)	(679)	-	-	-	-	-	-	(871)
Revaluation Surpluses	192	(4,389)	(3)	-	-	-	-	-	(4,200)
Accumulated depreciation at 31 March 2018	-	2,025	-	-	3,956	70	8,730	2,582	17,363
Net book value at 31 March 2018	31,306	188,682	228	886	1,775	23	8,318	1,546	232,764
Net book value at 1 April 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855
Useful economic life									
- Minimum useful economic life	60	60	60		3	5	5	3	
- Maximum useful economic life	60	60	60		15	5	10	12	

Audited Annual Accounts
for the year ended 31 March 2019

Note 14.3 Property, plant and equipment financing - 2018/19

	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 2019									
Owned	31,395	155,012	210	2,109	1,595	14	11,180	1,197	202,712
On-SoFP PFI contracts and other service concession arrangements	-	27,612	-	-	-	-	-	-	27,612
Donated	-	4,954	-	-	-	-	-	-	4,954
NBV total at 31 March 2019	31,395	187,578	210	2,109	1,595	14	11,180	1,197	235,278

Note 14.4 Property, plant and equipment financing - 2017/18

	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 2018									
Owned	31,306	152,269	228	886	1,775	23	8,318	1,546	196,351
On-SoFP PFI contracts and other service concession arrangements	-	31,350	-	-	-	-	-	-	31,350
Donated	-	5,063	-	-	-	-	-	-	5,063
NBV total at 31 March 2018	31,306	188,682	228	886	1,775	23	8,318	1,546	232,764

Note 15 Investment property

	31 March 2019 £000	31 March 2018 £000
At 1 April	125	242
Gain/(loss) from fair value adjustments	6	(63)
Reclassifications to PPE	-	(54)
At 31 March	131	125

Note 16 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	198	210
Total inventories	198	210

The total value of inventories recognised in expenses for the year was £3,412k (£3,399k in 2017/18).

Note 17 Trade and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables (invoiced and accrued) *	36,441	
Contract assets *	3,745	
Trade receivables		21,907
Allowance for impaired contract receivables / assets *	(5,767)	
Provision for impaired receivables *		(5,693)
Prepayments (non-PFI)	2,173	1,808
Accrued income *		6,260
PDC dividend receivable	94	898
VAT receivable	1,480	1,090
Other receivables	367	516
Total current trade and other receivables	38,533	26,787

* Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 18.1 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
At 1 April brought forward	5,693	-
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	(773)	-
New allowances arising	2,950	-
Utilisation of allowances (write offs)	(1,389)	-
Reversals of allowances	(714)	-
At 31 March	5,767	-

Note 18.2 Allowances for credit losses - 2017/18

	All receivables £000
At 1 April brought forward	3,623
Increase in provision	2,343
Amounts utilised	(170)
Unused amounts reversed	(103)
At 31 March	5,693

Note 18.3 Analysis of trade receivables

	31 March 2019 £000	31 March 2018 £000
Ageing of impaired trade receivables		
0 - 30 days	785	423
30 - 60 Days	21	301
60 - 90 days	132	-
90 - 180 days	1,196	1,080
Over 180 days	3,633	3,889
Total	5,767	5,693
Ageing of non-impaired trade receivables		
0 - 30 days	17,944	7,350
30-60 Days	2,625	3,484
60-90 days	702	1,131
90- 180 days	2,053	2,643
Over 180 days	3,190	1,607
Total	26,514	16,215

Audited Annual Accounts
for the year ended 31 March 2019

NHS
East London
NHS Foundation Trust

Note 19 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.

	2018/19 £000	2017/18 £000
At 1 April	73,681	52,287
Transfers by absorption	(247)	-
Net change in year	11,864	21,394
At 31 March	85,298	73,681
Broken down into:		
Cash at commercial banks and in hand	142	188
Cash with the Government Banking Service	85,156	73,493
Total cash and cash equivalents as in SoFP	85,298	73,681

Note 20 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 2019 £000	31 March 2018 £000
Bank balances	656	698
Monies on deposit	265	333
Total third party assets	921	1,031

Note 21 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	21,080	20,630
Capital payables	3,201	2,291
Other taxes payable	6,717	5,403
Other payables	4,685	3,383
Accruals	29,872	23,263
Total current trade and other payables	**65,555**	**54,970**

Note 22 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income	2,404	1,290
Total other current liabilities	**2,404**	**1,290**
Non-current		
Net pension scheme liability (Bedfordshire LGPS)	1,799	1,878
Total other non-current liabilities	**1,799**	**1,878**

Note 23 Borrowings (PFI liability)

	31 March 2019 £000	31 March 2018 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	488	441
Total current borrowings	**488**	**441**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	18,350	18,838
Total non-current borrowings	**18,350**	**18,838**

Note 24 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 24.1 & 24.2.

Note 24.1 Amounts recognised in the Statement of Financial Position

	31 March 2019 £000	31 March 2018 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(8,833)	(8,414)
Current service cost	(346)	(411)
Interest on pension obligations	(238)	(224)
Member contributions	(61)	(71)
Remeasurements recognised in other comprehensive income	(153)	199
Benefits paid	69	88
Defined benefit obligation as at 31 March	(9,562)	(8,833)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	6,955	6,523
Interest income on plan assets	193	174
Expected return on plan assets (excluding interest income)	259	(124)
Employer contributions	376	399
Administration expenses	(12)	-
Member contributions	61	71
Benefits paid	(69)	(88)
Fair value of plan assets as at 31 March	7,763	6,955
Net asset/(liability) as at 31 March	(1,799)	(1,878)

Note 24.2 Amounts recognised in the Statement of Comprehensive Income

	31 March 2019 £000	31 March 2018 £000
Current service cost	(346)	(411)
Interest on pension obligations (note 11)	(238)	(224)
Interest income on plan assets (note 10)	193	174
Total pension cost recognised	(391)	(461)

Note 24.3 Principal actuarial assumptions

The sensitivity regarding the principle assumptions used to measure the scheme liabilities are set out below.

	2019 % p.a.	2018 % p.a.
Pension increase rate	2.4%	2.4%
Salary increase rate	2.7%	2.7%
Discount rate	2.4%	2.7%

Audited Annual Accounts
for the year ended 31 March 2019

Note 25 Provisions for liabilities and charges analysis

	Pensions - other staff £000	Other legal claims £000	Other £000	Total £000
At 1 April 2018	236	108	9,574	9,918
Arising during the year	-	121	9,986	10,107
Utilised during the year	(24)	(108)	(9,574)	(9,706)
At 31 March 2019	212	121	9,986	10,319
Expected timing of cash flows:				
- not later than one year	26	121	9,986	10,133
- later than one year and not later than five years	104	-	-	104
- later than five years	82	-	-	82
Total	212	121	9,986	10,319

Note 26 Clinical negligence liabilities

At 31 March 2019, £12,834k was included in provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Trust (£11,353k at 31 March 2018).

Note 27 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	77	86
Net value of contingent liabilities	77	86

Note 28 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	2,095	1,800
Total	2,095	1,800

Note 29 Events after the end of the reporting period

On 1st April 2019 the Trust paid £2m for a 50% stake in Health & Care Space Newham Limited (HCSN), a Joint Venture between the Trust and London Borough of Newham to purchase and manage strategic healthcare estate in Newham.

The objective of HCSN is to bring the key players in Newham primary and community/social care together within a local Joint Venture to consolidate the estate and fund the development of new, fit for purpose healthcare facilities, providing tenants affordable rent and the flexibility to develop an estate that meets the Trust's needs.

Newham Health Collaborative have the option to purchase 50% of the Trust's stake in HCSN for £1m and they have indicated that they intend to do so.

Note 30 On-SoFP PFI, LIFT or other service concession arrangements

Note 30.1 Imputed finance lease obligations

	31 March 2019 £000	31 March 2018 £000
Gross PFI, LIFT or other service concession liabilities	**41,443**	**44,012**
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	28,602	31,170
Finance charges allocated to future periods	(22,605)	(24,733)
Net PFI, LIFT or other service concession arrangement obligation	**18,838**	**19,279**
- not later than one year	488	441
- later than one year and not later than five years	2,525	2,282
- later than five years	15,825	16,555

Note 30.2 Payments committed in respect of the service element

	31 March 2019 £000	31 March 2018 £000
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	3,246	3,056
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year	3,685	3,532
- later than one year and not later than five years	16,341	15,692
- later than five years	61,148	65,481
Total	**81,174**	**84,705**

Note 30.3 Analysis of amounts payable to service concession operator

	31 March 2019 £000	31 March 2018 £000
Unitary payment payable to service concession operator (total of all schemes)	5,814	5,624
Consisting of:		
- Interest charge	2,127	2,169
- Repayment of finance lease liability	441	399
- Service element	3,246	3,056
Total	**5,814**	**5,624**

Note 31 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 17).

Liquidity risk
The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament . The Trust also largely finances its capital expenditure from internally generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

Note 32.1 Carrying values of financial assets

	Held at fair value through I&E £000	Total £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	34,786	34,786
Cash and cash equivalents at bank and in hand	85,298	85,298
Total at 31 March 2019	**120,084**	**120,084**

	Held at fair value through I&E £000	Total £000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	15,472	15,472
Cash and cash equivalents at bank and in hand	73,681	73,681
Total at 31 March 2018	**89,153**	**89,153**

Note 32.2 Carrying value of financial liabilities

	Held at fair value through I&E £000	Total £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Obligations under PFI, LIFT and other service concession contracts	18,838	18,838
Trade and other payables excluding non financial liabilities	58,838	58,838
Total at 31 March 2019	**77,676**	**77,676**

	Held at fair value through I&E £000	Total £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Obligations under PFI, LIFT and other service concession contracts	19,279	19,279
Trade and other payables excluding non financial liabilities	49,568	49,568
Total at 31 March 2018	**68,847**	**68,847**

Note 32.3 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	58,838	49,567
In more than one year but not more than two years	488	441
In more than two years but not more than five years	2,525	2,282
In more than five years	15,825	16,555
Total	**77,676**	**68,845**

Note 33 Losses and special payments

	2018/19		2017/18	
	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	1	3	1	7
Total losses	1	3	1	7
Special payments				
Compensation payments	8	78	7	68
Ex-gratia payments	41	8	45	10
Personal injury	1	1	-	-
Total special payments	50	87	52	78
Total losses and special payments	51	90	53	85

258

Note 34 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.

Marie Gabriel, Chair, is Chair at Norfolk & Suffolk NHS Foundation Trust. The Trust received £4k income for services provided.

Mary Elford, Vice Chair, is a Non Executive Director at Health Education England. The Trust received £8,842k income for services provided.

Dr Mohit Venkataram, Director of Commercial Development, is a Director of Compass Wellbeing CIC. The Trust paid £4k for services received.

The Trust's parent is the Department of Health and Social Care and has had material dealings with the following bodies:

NHS England
NHS City & Hackney CCG
NHS Newham CCG
NHS Tower Hamlets CCG
Homerton University Hospital NHS Foundation Trust
Barts Health NHS Trust
NHS Richmond CCG
NHS Luton CCG
NHS Bedfordshire CCG
Central Bedfordshire Unitary Authority
Cambridgeshire Community Services NHS Trust

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 35 Transfers by absorption

Bedfordshire Community Health Services (BCHS) transferred from Essex Partnership University NHS Foundation Trust on 1 April 2018. Assets and liabilities relating to the transfer have been recognised in the accounts as a Transfer by Absorption. Income in respect of the BCHS contract for 2018/19 was £41,340k, 425 FTE staff transferred to the Trust and the Trust took on 26 property leases.

BCHS provide a range of services 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.

Cambridge Community Services have been subcontracted by the Trust to deliver childrens services as part of this contract.

	31 March 2019 £000	31 March 2018 £000
Assets and liabilities transferred		
Value of property, plant & equipment transferred	79	-
Value of other assets transferred	211	-
Value of liabilities transferred	(43)	-
Cash (paid)/received to transfer working capital	(247)	-
Gains/(losses) arising from transfers by absorption	-	-

proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

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 to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of East London NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

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Use of our report

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 Trust's Council of Governors 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 Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Ciaran McLaughlin

Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London

28 May 2019