East London NHS Foundation Trust

Annual Report and Accounts 2019-2020

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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 CBE, CHIEF EXECUTIVE

We are delighted to introduce our annual report for 2019-2020, a year that has seen us start a revolution in mental health care and consolidate our role in supporting people with long term conditions effectively. But the end of the year presented the Trust and the NHS with one of the greatest challenges in our existence – coronavirus – which we will say more about later.

With our strategic focus on population health and supporting our communities at the very start of their journey, we were delighted to welcome two primary care GP practices into the ELFT fold. Leighton Road GP Practice, Bedfordshire, joined us in February 2020, and Cauldwell GP Practice, Bedford, joined us on 1 April 2020. Developing care pathways to provide optimum care to patients from the outset is a key way to truly enhance the health of our communities. GP services are usually the first contact that all people have with health and care services. Working in partnership, we will bring together our mutual expertise to benefit patients.

We have also been thrilled to lead transformation in mental health care. Mental health services underpinned by the Care Programme Approach has been the model in use for almost 20 years. We are on the cusp of a totally new way of supporting people with mental health issues to not so much support them to adapt, but work with them to change the things in their life that cause them to become ill or have a poor quality of life. It is early days and it is an ambitious programme but there is a lot of energy and belief that it is time for something completely different. Modern services for modern times.

This year has seen us work with partner organisations to expand crisis services across all areas of the Trust to engage with people at their most vulnerable and help them to access support that is meaningful and appropriate to their situation. We have embedded our ePrescribing programme which provides safer dispensing and administration of medication to inpatients; we ran an amazing 'Mile in My Shoes' campaign offering staff the chance to be involved in listening and sharing stories as part of our Dignity and Respect at Work campaign, in response to our Staff Survey results; we received funding from the School Trailblazer Programme which means young people in City and Hackney, Bedfordshire and Luton have early access to mental health support in school or college; and we installed our first electric charging points at the John Howard Centre, to name but a few of our achievements this year.

The last 12 months have been something of a rollercoaster concluding with COVID-19 outbreak, probably the most monumental challenge to the Trust and the NHS in our lifetime. We have all learnt to work differently and our major incident plans have stood up to the challenge. Staff have adopted new ways to support service users, and new ways to support each other. We have experienced a digital revolution and been propelled into new ways of communicating which would have happened over a longer period. We were not surprised that our staff not just rose to the challenge but exceeded expectations in every respect. We would like to thank each and every staff member for their care of patients and service users, and for their care of each other. We have never been prouder of them than we are at this time.

This has also been a personally devastating time for some individuals in our care and for many in our communities where the incidence of coronavirus and deaths from COVID-19 has been

high. We have lost vulnerable patients and service users which has affected their families, and the staff who supported them. Our thoughts are with you.

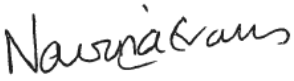
During the year we have been so fortunate to have the active participation of those we serve and our communities, ensuring that our decisions are informed, meaningful and appropriately delivered. Our thanks to our Council of Governors who have engaged with our membership and their wider networks to support the Trust. Their ideas, insights and challenge test our thinking, assist us to innovate and ensure population health and the delivery of quality truly are core business. We are proud that they won an NHS Providers Membership Showcase Awards in the Governor/Member Engagement Category.

We reserve our most heartfelt thanks to our service users and carers who have worked alongside us, shaping, challenging, delivering and evaluating in our drive for continuous improvement. Active people participation at every level, is truly an ELFT treasure, which has defined the Trust's success.

You will be aware that we are both to leave ELFT to take on leadership roles: Marie Gabriel as Independent Chair of North East London Integrated Care System, and Dr Navina Evans as Chief Executive at Health Education England.

We are both going to organisations that will continue to work with ELFT so will cherish the continuation of the Trust's development and the unique relationship we already have.

NB. The annual report covers activity up until 31 March 2020. However, we feel we should acknowledge world events which have taken place since then in relation to race and inequalities, and state publicly (as we have on the ELFT website) that we recognise the hurt and distress these issues have raised for BAME staff and for our diverse BAME communities. We are committed to addressing health inequalities and recognise that this is not a BAME issue but one that requires action by us all.



Marie Gabriel CBE
Chair
East London NHS Foundation Trust

Dr Navina Evans CBE
Chief Executive
East London NHS Foundation Trust

PERFORMANCE REPORT

Overview of Performance

The Performance Report includes an overview of the East London NHS Foundation Trust (ELFT) and our vision and values. We share with you informtion about our services, where we provide them, the population we serve and how many staff care for our patients and service users.

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.

Two years later, on 1 April 2017, Tower Hamlets community health services became part of ELFT. This was followed by community health services in Bedfordshire joining the Trust on 1 April 2018.

In 2020, Leighton Road GP Surgery in Leighton Buzzard, and Cauldwell Practice in Bedford, both in Bedfordshire joined us. They joined our other primary care services in Newham (Transitional GP Practice), Health E1 (Tower Hamlets) and The Greenhouse (Hackney) - primary care GP practices specialising in support for homeless people.

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
- Primary care services through a GP practice in Bedfordshire and three GP practices in East London that support homeless people with complex issues.
- Social enterprise in Tower Hamlets in partnership with Compass Wellbeing.

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 6,300 permanent staff and has an annual income of just under £467 million.

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 main inpatient areas in our localities are:

Bedfordshire
Mental Health Unit
Calnwood Road
Luton LU4 0ET

Oakley Court
Angel Close
Luton LU4 9WT

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

Community Health Bedfordshire
Archer Unit, Bedford Health Village
Kimbolton Road
Bedford MK40 2NT

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

Wolfson House
311-315 Green Lanes
London N4 2ES

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

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

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

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

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

The primary care sites in our localities are:

Bedfordshire
Leighton Road Surgery
Grovebury Road
Leighton Buzzard
Bedfordshire LU7 4SF

Hackney
Greenhouse GP Primary Care Practice
19 Tudor Road
Hackney
London E9 7SN

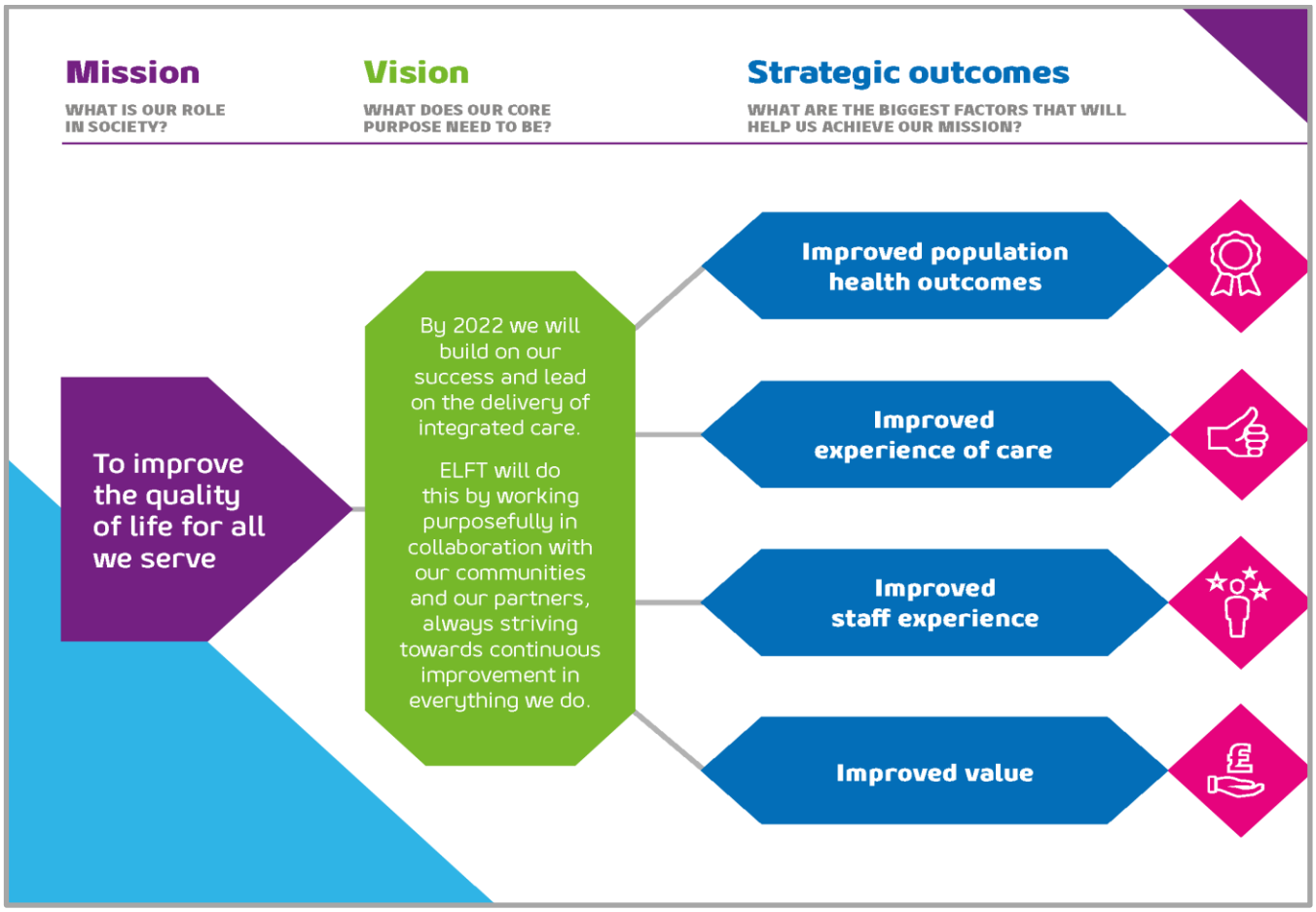
Newham
Newham Transitional Practice (NTP)
The Centre Manor Park
30 Church Road
London E12 6AQ

Tower Hamlets
Health E1 Homeless Medical Centre
9-11 Brick Lane
London
E1 6PU

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

Our Mission, Vision and Strategic Priorities



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.

Five Year Strategy

Launched in 2017, the Trust's five-year strategy was 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 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.

Strategic Objective	Priorities 2019-2020
Improved population health outcomes	**1** Increase the number of people with serious mental illness in employment and work to reduce the number of people in contact with all Trust services who feel lonely **2** Increase awareness of the Trust population health objective with staff and service users **3** Develop our mental and community health service offer to primary care networks **4** Deliver a population health "triple aim" projects in each directorate
Improved service user experience	**1** Providing a high quality experience of services **2** Improving provision of holistic care **3** Recovery orientated care
Improved staff experience	**1** Develop leadership for all staff groups **2** Equip our staff to be able to deliver integrated care **3** Create and environment in which our staff can thrive **4** Improve the health and wellbeing of our staff
Improved value	**1** New Infrastructure plans around efficient and effective use of digital and estate **2** Launching waste reduction campaigns and supporting teams to think value **3** Incorporating value and waste into the Trust's quality improvement (QI) work **4** Delivering high quality services using 97% of the resources available compared to FY18/19

ELFT Promise

Launched at our staff awards in February 2020, the #ELFTPromise is something that all our people can identify with throughout the Trust as we work to improve population health outcomes and experience of care through quality improvement and people participation, improve staff experience and value. Our promise statement that reaffirms our goals and helps underpin our mission, vision and values.

We promise:
To work together creatively
To learn what matters to everyone
To achieve a better quality of life
To continuously improve our services.

Highlights of the Year

The past year has seen many highlights for the Trust from innovative service transformations to national awards and recognition.

Achievements

- New ePrescribing technology to replace handwritten prescription charts was introduced across all East London services and being introduced in Bedfordshire and Luton
- Perinatal services were expanded across East London. The Trust hosted a launch event at the London Stadium in Stratford in partnership with the East London Health and Care Partnership, the North East London Foundation Trust (NELFT)
- The Trust launched The Lighthouse in Leighton Buzzard, a 'safe space' for anyone with mental health concerns inspired by carers and service users and led by trained volunteers
- The 24hr Newham Mental Health Assessment & Crisis Hub was launched as a single point of entry for all secondary mental health referrals across the whole borough
- Chief Executive Dr Navina Evans was named in the 2020 New Year's Honours List as the recipient of a CBE (Commander of the British Empire) in recognition of her services to NHS leadership and the Black, Asian and Minority Ethnic (BAME) community. Dr Evans was also named in the top three (Number 2) of the HSJ Top 50 Trust Chief Executives 2019 and FTSE BAME 'Women to Watch'.
- Non-Executive Director Anit Chandarana was named in the BAME 100 Business Leaders Index
- The Trust expanded its primary pare portfolio by welcoming colleagues from Leighton Road Surgery in Leighton Buzzard, Bedfordshire
- The pioneering Service User-Led Accreditation programme was launched to recognise excellence and support improvement in delivering standards of care that matter most to service users
- The Greenhouse primary care GP practice in Hackney joined the Trust. The practice is provided in partnership with Groundswell, a charity which works with homeless and vulnerable people
- The Trust supported Compass Wellbeing CIC to secure its future in Tower Hamlets. The Tower Hamlets-based social enterprise will continue to deliver services for local people in an agreement reached with the Trust which had recently secured the contract to provide Talking Therapy services in the borough, previously supplied by Compass Wellbeing
- Charging points for electric and hybrid vehicles have been installed at the John Howard Centre in Hackney. The new devices come as part of the Trust's ongoing 'Green ELFT' campaign and its commitment towards reducing ELFT's carbon-footprint. The Trust has been moving towards switching to efficient and cleaner energy alternatives and has turned to 100% renewable energy since the beginning of April 2019
- A specialist police officer has been appointed to provide direct support to mental health inpatient staff and service users across Bedfordshire and Luton. PC Andrew Harris is Bedfordshire Police's Mental Health Investigation Officer and works directly with the Trust's inpatient sites across the county
- A mental health hub has been launched by Bedfordshire Police in partnership with the Trust to provide joined-up help and support to officers and the public. It brings together mental health professionals working alongside police colleagues in response to people experiencing mental health crisis. The hub also acts as a central connection point for existing and new mental health support services provided in partnership with the police and ELFT
- Newham and Bedfordshire and Luton directorates have been delivering SIM (Serenity Integrated Mentoring) care in partnership with police colleagues. SIM is an

award-winning mentoring programme for high intensity service users who are struggling to cope and often end up being sectioned under section 136 of the Mental Health Act
- ELFT was named as a top health employer by Stonewall. The Trust was ranked at 202 out of 500 organisations that applied to be part of the Stonewall Top 100 Employers scheme. ELFT was also rated 24th of the 64 health organisations that applied.

Awards

- The Mental Healthcare of Older People Services team, based in Tower Hamlets, were finalists in the national British Medical Journal (BMJ) Awards 2019 for their work in reducing length of stay
- The Bedfordshire and Luton CAMHS Crisis Service team received the Liaison & Intensive Support Award as part of the Positive Practice National Children & Young People´s MH Awards 2019
- The Trust Legal Affairs team were named winners of the Most Effective Litigation Award in the Health Service Journal (HSJ) Value Awards for 2019. The City & Hackney CAMHS ADHD Pathway service from were finalists in the Mental Health Service Award
- The Pathway Homeless Team based at the Royal London Hospital were regional winners of The Excellence in Urgent and Emergency Care Award category, one of 10 NHS Parliamentary Awards
- Rachel Luby, a nurse working as clinical practice lead at the John Howard Centre won the 2019 RCNi Mental Health Nursing Award
- Tower Hamlets Crisis House was awarded 'Support and Care Team of the Year' in the national Housing Heroes Awards 2019. The service is provided in partnership by ELFT and Look Ahead.
- The Pathway Homeless Team in Tower Hamlets received the Excellence in Urgent and Emergency Care Award at the NHS Parliamentary Awards
- The Tower Hamlets Mental Health Liaison and Psychological Medicine Team were winners in the Integration of Physical & Mental Healthcare category of the National Positive Practice in Mental Health Awards 2019. *Shoreditch Ward at The John Howard Centre won the 'Quality Improvement and/or Service Transformation' category for their Quality Improvement (QI) project 'Flip the Triangle'*
- The partnership Royal London Hospital A&E Frequent Attenders Project was a finalist in the HRH The Prince of Wales Integrated Approaches to Care category of the Nursing Times 2019 Awards. Rosebank ward from Tower Hamlets Centre for Mental Health were also awards finalists their work to deliver trauma informed care for vulnerable women across London
- ELFT's Black and Asian Minority Ethnic Staff Network Lead, Diana Okoukoni, was shortlisted for the first edition of the National BAME Health and Care Awards 2019 in the Inspiring Diversity & Inclusion Lead category
- City & Hackney colleagues and partners were named winners in the Mental Health Innovation of the Year category of the HSJ Awards for the alliance model for primary care SMI physical health project. The multi-agency project was also highly commended in the Community/Primary Care Service Redesign and Primary Care Innovation of the Year categories. The Trust's Enjoying Work project was shortlisted in the Staff Engagement category

- The Deancross Personality Disorder Service in Tower Hamlets was named national Psychiatric Team of the Year 2019 in the Working-age Adults category at the Royal College of Psychiatrists (RCPsych) Awards 2019
- The Governors and Members Team won the NHS Providers Membership Showcase Award for the Governor/Member Engagement category
- The Bedfordshire and Luton Liaison and Diversion Service received a Howard League for Penal Reform in relation to their work with female offenders. The Trust team were recognised for their work diverting women from short term custodial sentences and into therapeutic community sentences, providing psychological interventions to women under a court endorsed Mental Health Treatment Requirement.

Accreditations

- City and Hackney Memory service was awarded a Memory Services National Accreditation Programme (MSNAP) award by the Royal College of Psychiatrists, as well as a Sustainable Mental Health Service Commendation Award
- ELFT received the 'Employer With Heart' recognition by 'The Smallest Things' charity which promotes the health of premature babies and their families
- The Trust was awarded a Healthy Workplace Award. The London Healthy Workplace Award (LHWA) is an accreditation scheme led by the Mayor of London's Office and supported by Public Health England
- The Tower Hamlets Peer Support Training Programme received Royal College of Psychiatrists CCQI accreditation. It is the first such accreditation in this field offered by the Royal College of Psychiatrists.

Quality Priorities for 2019-2020

The Trust continues to strive towards its strategic objectives. The quality priorities for 2019-2020 were developed following the review of a wealth of information available to us including staff and service user survey results, performance indicators, auditor and patient safety data, and engaging in wide-ranging conversations with partners and stakeholders such as our Council of Governors, People Participation Committee and service user groups, staff networks and commissioners.

Strategic Priorities	Annual Priorities 2019-2020
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: • 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 and care services, including working with our partners to develop the offer to primary care networks and their populations

Strategic Priorities	Annual Priorities 2019-2020
	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 Team • 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 including the 'Wheel of Partnership' • Incorporate the 'wheel of partnership and integrated care competences in appraisals for all Agenda for Change 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 people and culture and organisation development 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 quality improvement work

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 are incorporated into the Trust's people participation and carer strategies and plans 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 identified the following priorities for 1 April 2019 to 31 March 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 2020-2021

The Trust-wide Working Together Group identified the following priorities for 1 April 2020 to 31 March 2021 which focus on the quality of life as well as health:

- Support more social connections
- Support access to employment and education
- Focus on life skills, such as budgeting, internet use
- Improve letters/care plans so that service users receive letters to them (rather than copies of letters about them)
- Get the basics right, such as easier access and shorter waiting times

- Use service user input to improve supported housing
- More co-production with Councils, local businesses etc.
- Re-design and transformation to include service user input
- Integrated care needs to happen
- Increase the option of People Participation to all as an automatic offer.

Principle Risks and Uncertainties

The Trust has a comprehensive Risk Management Framework in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk. The Trust defines risk as uncertain future events that could influence the achievement of the Trust's objectives.

The Trust's Board Assurance Framework 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 Board Assurance Framework 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 Audit and Risk Committee has responsibility for ensuring that the Trust has good risk management processes in place, which operate effectively. To avoid duplication, the Audit and Risk Committee does not discuss in detail any risks which are the responsibility of other committees, but makes recommendations to those committees if this is felt to be required.

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

In March 2020 Trusts were faced with working in an unprecedented time. The COVID-19 pandemic and Government driven lock-down swept across the country with a significant impact on our staff, our services users, our services and our finances. The risks to the Trust were reviewed at both local and Trust-wide levels. The Board Assurance Framework was therefore reviewed with a COVID-19 lens and the Trust's response. Consideration was taken of the impact of the crisis, the actions identified/being undertaken to manage the risk and address the gap, if additional controls were needed and any recommended changes (including rationale) to the target and current risk scores.

As a consequence of the COVID-19 pandemic not all risks were reduced to their target score by year end and there were four red-rated risks. A summary is included in the Annual Governance Statement.

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 that are used to monitor the performance and quality of services.

The key ways in which the Trust measures performance includes:

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

The Trust 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.

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

- Integrated performance report
- Quality report
- Finance report
- People report
- Specific reports on national survey results and other periodic results.

Overall Performance of the Trust in 2019-2020

Category	Indicator	Performance
NHS England and NHS Improvement	NHS Oversight Framework 2019-2020 segmentation (1-4 with 1 being maximum autonomy)	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

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. The view was supported by a cash balance at as 31 March 2020 of £106m. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

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.

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.

Interest Liability

No interest was accrued and paid the Trust for failing to pay invoices within the 30 day period where obligated to do so.

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 Deputy Chief Executive is the executive lead for information governance. The Trust has a nominated Senior Information Risk Owner (SIRO) who is the Chief Finance Officer and a Caldicott Guardian who is the Chief Medical Officer. Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff.

An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Board receives reports on compliance with the 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 and Risk Committee. Further details are set out in the report on the Audit and Risk Committee.

Trust Auditors

The Trust's External Auditors for 2019-20 were Grant Thornton UK LLP and Internal Auditors were RSM Risk Assurance Services LLP. Further details are set out in the report on the Audit and Risk Committee.

Political Donations

The Trust made no political donations during 2019-2020.

Overseas Operations

The Trust did not undertake any overseas operations during the year 2019-2020.

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 2019 – 31 March 2020)

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
24	22.9 FTE

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%	24
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	£325,674.10
Total pay bill	
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	

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	11,732.175

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *2019-2020 NHS Foundation Trust Annual Reporting Manual* (the ARM) agreed with HM Treasury and issued by the foundation trust regulator, NHS Improvement (NHSI).

For 2019-2020, 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 2020; this is measured by Finance and Use of Resources metric within NHS England and NHS Improvement Single Oversight Framework 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 2019-2020.

The Trust achieved its key financial target for 2019-2020, achieving an annual surplus of £9.4m and exceeding the Control Total required surplus by £2.6m. The delivery of the annual surplus was supported by the receipt of an additional £1.9m additional income released by NSH England/NHS Improvement in recognition of additional spending by mental health trusts in 2019-2020.

The national operating framework required the Trust to achieve a 1.1% Cash Releasing Efficiency Saving (CRES). Some efficiency savings in 2018-2019 were not met equating to £2.5m, and these were also part of the total savings requirement for 2019-2020. In total, The Trust's internal planning cycle identified a challenging saving target of £9.5m for 2019-2020.

The Trust achieved in year savings of £7.1m 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 2019-2020 savings target will be eliminated by the full year effect of planned savings in 2020-2021.

The table below summarises and contrasts our performance for 2019-2020, including comparative information for 2018-2019.

2019-2020 Annual Report: I&E Extract

	2019-2020 £000	2018-2019 £000
Annual Income and Expenditure Summary		
Operating Income	467,131	428,703
Operating Expenditure	(450,470)	(407,597)
Operating Surplus/(Deficit)	**16,661**	**21,106**
Finance Costs		
Interest Receivable	843	649
PFI and Finance lease interest payment	(2,309)	(2365)
PDC Dividends payable	(5,804)	(5804)
Movement in fair value of investment Property		
Net Finance Cost	**(7,270)**	**(7,514)**
Surplus/(Deficit) for the year	**9,391**	**13,592**
Other comprehensive income		
Revaluation gains / (losses) and impairment losses	8,408	(1,015)
Re-measurement of net defined benefit pension scheme	4	106
Total Comprehensive Income / (Expense) for the year	**17,803**	**12,593**

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 £13m. The broad categories of spend are upgrades of clinical areas and buildings (£5.8m), plant and machinery / furniture and fittings (£0.5m) and Information Technology and informatics improvements (£6.9m, including £1m hosted on behalf of North East London).

Income

The Trust received £467m of income in 2019-2020. 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.

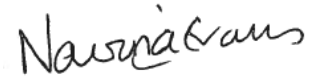
Annual Income	2019-2020 £000	2018-2019 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	418,845	374,586
Department of Health	10	3,600
Foundation Trusts	2,910	2,747
Local Authorities	15,685	17,639
NHS Trusts	9,000	8,680
Non-NHS: Overseas patients (chargeable to patient)	1	0
Non-NHS Other	1,216	202
Total Income from Activities	**447,677**	**407,648**
Other Operating Income		
Education and Training	8,902	8,803
Research and Development	2,630	1,462
Rental revenue form operating leases	480	460
Other Income	3,486	3,197
Provider Sustainability Funding	3,956	7,326
Total Other Operating Income	**19,454**	**21,056**
Total Operating Income from Continuing Operations	**467,131**	**428,704**

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 2018-2019. Staff pay cost for 2019-2020 account for 74% 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	2019-2020 £000	2019-2020 %	2018-2019 £000	2018-2019 %
Service from NHS Bodies	30,267	7%	30,601	8%
Service from Non NHS Bodies	8,907	2%	9,701	2%
Staff Salary	328,096	74%	291,061	73%
Establishment	4,600	1%	4,218	1%
Supplies and Services	16,744	4%	19,665	5%
Drugs	4,522	1%	4,158	1%
Premises and Transport	18,666	4%	16,633	4%
Other	39,675	7%	24,980	5%
Subtotal	**451,477**	100%	**401,017**	100%
Depreciation and Amortisation	7,116		7,248	
Impairments	(1,007)		(668)	
Subtotal	**6,159**		**6,580**	
Total Expenditure	**450,470**		**407,597**	



Dr Navina Evans CBE
Chief Executive
East London NHS Foundation Trust

Date: 25 June 2020

ACCOUNTABILITY REPORT

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
Marie has over 20 years in senior roles within local government and the third sector.

Marie has been the Chair of NHS East London and the City from March 2011 to March 2012 and then Chair of North East London and the City until October 2012, Chair of NHS Newham from 2003-2011, Chair of Newham Community Health Council and previously Vice Chair of Newham University Hospital Trust. She is currently Chair of Norfolk and Suffolk NHS Foundation Trust since February 2019.

Marie also runs own consultancy company specialising in action research, the delivery of regeneration projects and developing the not-for-profit sector. She has been appointed as Independent Chair of North East London Integrated Care System from 1 April 2020.

Marie was awarded Honorary Freedom of the Borough of by London Borough of Newham in 2010 and recognised on the Health Service Journal's inaugural 'Inspirational Women' list.

In 2018 she was awarded Commander of the British Empire (CBE).

Qualifications: BA (Hons) DMS

Aamir Ahmad
Appointed November 2018
Aamir is a well-versed entrepreneur, having founded a number of businesses in retail and hospitality including founder and CEO of furniture retailer Dwell. He was awarded Lloyds TBS Asian Entrepreneur of the Year (2008).

Other positions include Strategy Consultant with Boston Consulting Group and Senior Group Strategy positions at Laura Ashley and Diageo. He is also a former foster carer with Lambeth and Albert Kennedy Trust, working closely with disadvantaged LGBT teenagers.

Qualifications: BSc Hons

Ken Batty
Appointed November 2016
Ken worked for 30 years in the technology sector – at IBM and at Lenovo. At Lenovo he ran the Human Resources service in Europe, Middle East and Africa; and then in Asia Pacific. He currently runs his own company providing HR consultancy to organisations.

Since leaving full-time employment Ken has undertaken several public sector roles. In January 2019 he completed a four-year term as a lay member on The Speakers Committee for the Independent Parliamentary Authority. He is Vice Chair of Governors at Ark Action High School and a Trustee and Director of Regent's University London.

Ken was one of the founders of the Albert Kennedy Trust, the UK's LGBT Youth Homelessness Charity and is now an Ambassador for the Trust. In 2018 he was listed in the Financial Times as one of the ten most influential LGBT+ people working in the public sector and in 2015 was on the Financial Times list of the global top 100 most influential LGBT people in business.

Qualifications: BA (Hons) Politics

Anit Chandarana
Appointed November 2018
Anit is a qualified Finance Director with blue-chip experience and a track record of business partnership and commercial finance leadership.

Currently Chief of Staff at Network Rail, Anit has worked diligently within various senior financial roles at Network Rail including Director of Business Planning and Strategy (2018 – 2019) and Financial Director of Network Rail Infrastructure Projects (2013 – 2018). He has held multiple senior roles at Network Rail Finance Division (2007-2013) including Finance Director in the Asset Management Division, and was previously Financial Controller of Multiple Foods Ltd (2005-2007) and various financial roles at Shell Oil and J Sainsbury (1993-2013).

Anit has also been Non-Executive Director of Permanent Way Institution (2016-2018) and Chair of Trustees, Network Rail Pension Scheme (CARE and DC).

Anit has been recognised twice in the Financial Times list of 'The 100 Leading Ethnic Minority Executives'.

Mary Elford, Vice Chair – Bedfordshire and Luton
Appointed February 2012
Mary has held a range of director and leadership roles in the public and private sectors, and has experience in healthcare education and regulation.

During 2019-2020 Mary was a Non-Executive Director of Health Education England (since 2013) and a Director of Queen Mary Innovation and Queen Mary Bioenterprises. She is a member of the Independent Reconfiguration Panel for the NHS and the National Advisory Committee on Clinical Excellence Awards.

Mary has been appointed as the Chair of Cambridgeshire Community Services NHS Trust from 1 April 2020.

Mary was a Non-Executive Director at Barts Health (2002-2012) and has been a Council Member of the General Pharmaceutical Council, a Foundation Director at London North East Community Foundation and a Trustee at The Camden Society for Learning Disabilities. Mary has also been a lay adviser at the Department of Health and Kings Fund.

Mary's commercial career was with the John Lewis Partnership, where she held a range of senior executive positions.

Qualifications: BA (Hons) Oxford

Professor Sir Sam Everington, Non-Executive Director
Appointed 1 January 2020
Sam is recognised as a pioneer of the social prescription movement.

Sam has been a GP in Tower Hamlets since 1989 and is Chair of Tower Hamlet's Clinical Commissioning Group (CCG). He is part of the Bromley By Bow GP Partnership, with more than 100 projects under its roof supporting the wider determinants of health. In 2018 he was appointed to the role of Chair of the London Clinical Commissioning Council, London's 32 CCG Chairs.

Sam is a member of the British Medical Association (BMA) Council and Vice President of the BMA. He is a Fellow and Honorary Professor of Queen Mary University of London, Vice President of the Queen's Nursing Institute, and a Governor of a local primary school

In 1999 he received an OBE for services to inner city primary care, in 2006 the International Award of Excellence in Health Care and in 2015 a Knighthood for services to primary care.

Sam has previously been a member of GMC Council, Cabinet appointed Ambassador for Social Enterprise and Acting Chair of the BMA, and was one of the founders of THEDOC – the Tower Hamlets GP Out of Hours Service

Sam is also a qualified Barrister and has published a number of papers with Professor Aneez Esmail on discrimination in the NHS.

Jennifer (Jenny) Kay, Senior Independent Director
Appointed October 2014
Jenny was appointed to her role as Non-Executive Director at ELFT in 2014. She has extensive Board level experience in both Executive and Non-Executive Director roles.

Jenny has 15 years' experience in front line clinical roles culminating in her role as a children's ward sister at King's College Hospital. She has spent 18 years in NHS management notably in her role as Director of Nursing with Dartford and Gravesham NHS Trust (2001-2012). In this role she delivered a wide range of quality improvements in clinical practice and also supported the development of clinical staff, notably her work to strengthen the role of the ward sister. Jenny also has experience at the Department of Health and in nursing and quality leadership roles in a Strategic Health Authority (NHS South) and Merton Clinical Commissioning Group.

Jenny was appointed Non-Executive Director to Spire Healthcare in June 2019.

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

Eileen Taylor, Vice Chair - London
Appointed November 2018
Eileen is a veteran investment banker with 38 years of experience within global leadership roles based in Asia, US and the UK. She has held a range of senior roles in Deutshe Bank over 30 years including Global Head of Regulatory Management and CEO of DB UK Bank Ltd. Eileen has held Chief Operating Office roles at Global Markets Europe, Global Foreign Exchange and the Institutional Client Group. She has also Chaired the Catalyst Europe Advisory Board and the was the Co-Chair of the Task Force of Talent Innovation.

Eileen Taylor is now a Non-Executive Director of MUFG Securities EMEA, Ltd.

She has also served as a Trustee on the Board of the East London Alliance (ELBA) Charity as well as on the Advisory Council of Heart of the City Charity and is formerly a Board member of the British Bankers Association (2013 – 2016).

Eileen also volunteers with the elderly within her local community.

Robert Taylor
Appointed October 2013; left December 2019
Rob was formerly the Chief Executive of Kleinwort Benson Bank and a former Board Dember and Chair at the Whitechapel Gallery in East London.

Rob is the Head of Global Asset Management Strategy at the Financial Conduct Authority. He is also an investor and adviser to companies involved in virtual data storage, on-line therapies, online investment management and multi-media publishing and digital gaming technology. Rob is currently the Chair of the University for Creative Arts in Kent & Surrey and is a Non-Executive Director of Truman's Brewery.

Rob speaks publicly at financial services conferences and he an outspoken supporter of LGBT career opportunities in the City.

Qualifications: MSJ Columbia University

Executive Directors

Dr Navina Evans, Chief Executive
Appointed August 2016
Navina has held a number of positions across the Trust including Director of Operations and Deputy CEO. She was formerly the Director for Mental Health, Lead Clinician Newham CAMHS and Clinical Director Child and Adolescent Mental Health Services. Her experience is in Psychiatry and Paediatrics.

Navina is involved in Medical Education at Barts and The London Medical School as Honorary Senior Lecturer, Associate Dean, and Academic Year Tutor. She has been appointed as Chief Executive for Health Education England with effect from the autumn 2020.

Navina holds a MBBS, DCH and MRCPsych and is an Honorary Fellow at the Royal College of Psychiatrists.

Paul Calaminus, Deputy Chief Executive
Appointed March 2017
Paul joined the NHS management training scheme in 1995, completing training in the Oxford and Anglia regions.

Paul has worked as a Service Director in South London and Maudsley NHS Foundation Trust and then Chief Operating Officer at Camden and Islington NHS Foundation Trust. Paul was previously the Chief Operating Officer at ELFT.

Paul graduated from Oxford University in 1995. His qualifications include MA (Oxon), DMS (Health)

Steven Course, Chief Finance Officer
Appointed June 2015
Steven joined the NHS graduate national financial management training scheme in 2002. He has over 17 years' NHS experience in mental health, community, acute and strategic organisations including the Department of Health and a private sector audit firm.

Steven gained local experience in East London having worked at a local council, Whipps Cross Hospital, North East London Strategic Health Authority, and a number of commissioning organisations. He has also worked at Oxford University Hospitals NHS Trust.

Steven is a member the London Currency Development Board and the NHS Shared Business Services Strategy and Development Group. His qualifications include 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 (on secondment to Norfolk & Suffolk NHS Foundation Trust as Deputy CEO and Director of Strategic Partnerships from 1 November 2019)

Mason is a Qualified barrister, solicitor and company secretary (qualified in New Zealand and United States of America).

Mason joined the Trust in 2002. He was 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. In 2009 he was appointed as Associate Director of Governance where he played a major role in the Trust's acquisition and integration of Newham Community Health Services, and ensuring full compliance with CQC requirements. n 2012 he was appointed as Director of Governance and Corporate Planning and successfully led the Trust's bid to become the first mental health and community Trust to achieve NHSLA Level 3.

Mason was appointed as Deputy CEO and Director of Strategic Partnerships at Norfolk and Suffolk NHS FT in November 2019.

Mason's qualifications include B.Comm; LLB; LLM; ICSA Chartered Secretary; Associate Member CIPD

Dr Paul Gilluley, Chief Medical Officer
Appointed 1 March 2018
Paul joined the Trust in December 2012. He was previously the Clinical Director of Specialist and Forensic Services at West London Mental Health NHS Trust and has worked with the Department of Health.

Paul trained at the University of Glasgow and qualified as doctor in 1992 specialising in psychiatry and forensic psychiatry in 1993. He is a member of the Royal College of Psychiatrists and was appointed Chair of the Advisory Group for the Quality Network for Forensic Mental Health Services in 2009.

Paul's qualifications include MBChB BSc (Hons) FRCPsych.

Lorraine Sunduza, Chief Nurse
Appointed September 2017
Lorraine graduated from De Montfort University with a mental health nursing qualification.

Lorraine started her career working in adult mental health inpatient services and then joined the Trust in 2002 as a charge nurse in the forensic directorate. In 2010, she was appointed as Head of Nursing for Forensic Services and in 2015 was appointed as Deputy Director of Nursing for London - Mental Health. Lorraine became Interim Chief Nurse in November

2017 and substantially appointed in June 2018.

Lorraine's qualifications include RMHN and she is a Myers-Briggs Practitioner .

Dr Mohit Venkataram, Executive Director of Commercial Development
Appointed November 2016
Mohit has extensive operational management experience in acute trusts, community trusts, and social care and mental health organisations.

Mohit was the former Deputy Managing Director for Newham Health and Social Care Services across Newham Primary Care Trust and the London Borough of Newham. He has also worked as a practicing clinician in the private and statutory health sector abroad.

Mohit's qualifications include MBBS, MBA and a PGDMLS.

Kingsley Peter
Interim Chief Finance Officer (19 September 2019 to 31 March 2020)
Kingsley was previously a Non-Executive Director at ELFT from 2006-2018 and has extensive knowledge of the Trust. He is a Chartered Certified Accountant and has a background in senior finance management in the housing and engineering industries, and in the charity sector. He has extensive experience of financial management and business development and holds an MBA.

Kingsley has been the Executive Director of Finance and Corporate Services as well as the Company Secretary for Adolescent and Childrens' Trust (TACT), a well-known foster care charity. Prior to that, he was the Area Financial Controller in the National Grid plc (South East Area - Engineering). He was the Vice-Chair of the Charitable Assurance and Regulation Board of the Places for People Group(PfPG) following its acquisition of Kush Housing Association which was then chaired by Kingsley. During his tenure at Kush, Kingsley was nominated as Board Member of the Year.

Non-Voting Directors

Dr Amar Shah, Chief Quality Officer
Appointed October 2017
Amar is the Chief Quality Officer at the Trust and is a consultant forensic psychiatrist. He leads at executive and Board level on quality, performance, strategy, planning and informatics.

Amar is the National Quality Improvement lead for the mental health safety improvement programme in England commissioned by NHS Improvement and CQC, leading a number of large-scale improvement collaboratives on the topics of suicide prevention, reducing restrictive practice and improving sexual safety. He is also the quality

improvement lead for the Royal College of Psychiatrists and is an improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world.

Amar is a regular national and international keynote speaker at healthcare improvement conferences and has published over 20 peer-review articles in the fields of forensic psychiatry and quality management

Amar's qualifications include MBBS, MRCPsych, MA LLM MBA, PGCMedEd

Tanya Carter, Executive Director of People and Culture
Appointed July 2018
Tanya has Human Resource management experience spanning 20 years within a number of public sector organisations, a significant period of which has been spent in middle and senior management positions, managing multi-disciplinary teams.

Tanya has worked in a primary care trust and three acute care NHS trusts, as well as working in London local authorities and further education colleges. Her experience also includes lecturing on postgraduate programmes, and working as a management consultant with PriceWaterhouseCooper (PwC).

Tanya joined the East London Foundation Trust in 2016 as the Associate Director of Human Resources and was appointed as the Trust's interim Director of HR in May 2018, until her substantive appointment in July 2018.

Tanya's qualifications include: PGDipHRM, MA(Strategic HRM), FCIPD

Richard Fradgley, Executive Director of Integrated Care
Appointed October 2017
Richard joined the Trust as Director of Integrated Care in June 2015. He was previously Director of Mental Health and Joint Commissioning at NHS Tower Hamlets CCG where he worked as part of the East London Mental Health Consortium commissioning mental health services across east London. Prior to that, he worked in a variety of commissioning and provider roles, including General Manager and CMHT Manager roles in the Trust.

Richard is a qualified social worker with a degree in English Literature from University College London and an MBA from the University of Warwick. He graduated from University College London with a degree in English Literature. His qualifications include BA (Hons), DipSW, MA, MPA.

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* and all Trust Board Directors meet the Fit and Proper Persons Test described in the NHS Improvement provider licence.

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.

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.

Board of Directors Attendance Record

During the course of the year, the Trust Board met six times. All meetings were held in public and were preceded by a meeting held in private. The attendance record of meetings for the Trust Board for the year ended 31 March 2020 is as follows:

Name	Role	Attendance at Board meetings	Attendance at Council of Governor meetings
		Actual/Possible	
Marie Gabriel	Trust Chair	5 of 6	6 of 6
Aamir Ahmad	Non-Executive Director	6 of 6	5 of 6
Anit Chandarana	Non-Executive Director	3 of 6	1 of 6
Ken Batty	Non-Executive Director	6 of 6	1 of 6
Mary Elford	Vice Chair Bedfordshire and Luton	5 of 6	5 of 6
Professor Sir Sam Everington	Non-Executive Director (from 1 January 2020)	2 of 2	0 of 1
Jenny Kay	Senior Independent Director	6 of 6	6 of 6
Eileen Taylor	Vice Chair London	4 of 6	5 of 6
Robert Taylor	Non-Executive Director (until 31 December 2019)	2 of 4	1 of 5
Dr Navina Evans	Chief Executive	5 of 6	6 of 6
Paul Calaminus	Deputy Chief Executive	6 of 6	3 of 6
Steven Course	Chief Finance Officer	4 of 6	1 of 6
Mason Fitzgerald	Executive Director of Planning and Performance (on secondment from 1 November 2019)	4 of 4	2 of 5
Dr Paul Gilluley	Chief Medical Officer	6 of 6	6 of 6
Kingsley Peter	Acting Chief Finance Officer (from 19 September 2019 until 31 March 2020)	4 of 4	1 of 4
Lorraine Sunduza	Chief Nurse	6 of 6	6 of 6
Dr Mohit Venkataram	Executive Director of Commercial Development	6 of 6	1 of 6
Tanya Carter	Executive Director of People and Culture (non-voting)	5 of 6	2 of 6
Dr Amar Shah	Chief Quality Officer (non-voting)	6 of 6	0 of 6
Richard Fradgley	Executive Director of Integrated Care (non-voting)	6 of 6	5 of 6

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 Board of Directors 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 Board Directors are required to disclose their relevant interests in the Trust's register of Directors' interests which is formally received by the Board of Directors at the beginning of each of its meetings. 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

Chair's Significant Commitments

During 2019-2020 Marie Gabriel has declared an interest in the following:

- Chair, Norfolk and Suffolk NHS Foundation Trust
- Charity Trustee, West Ham United Foundation
- Charity Trustee, East London Business Alliance
- Charity Trustee, Foundation for Future London

- Independent Chair Designate, North East London Integrated Care System (from 1 April 2020).

Responsibilities of Directors for Preparing the Annual Report and Accounts

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

The accounts must 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
- 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 particularly provides details of the systems of internal control that have been established. There are no material inconsistencies between our Annual Governance Statement and this Annual Report.

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

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 England and NHS Improvement Oversight Framework

Segmentation

NHS England and NHS Improvement Oversight Framework provides the framework for overseeing providers, reviewing performance and identifying potential support needs across sustainability and transformation partnerships and integrated care systems. 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.

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.

The Trust is currently placed in segment 1. 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 Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

		2019-2020				2018-2019
Area	**Metric**	**Q1**	**Q2**	**Q3**	**Q4**	**Q4**
Financial Sustainability	Capital Service capacity	2	2	2	1	1
	Liquidity	1	1	1	1	1
Financial Efficiency	I&E Margin	2	2	2	1	1
Financial Controls	Distance from financial plan	1	1	1	1	1
	Agency Spend	2	2	3	3	3
	Overall Scoring	**2**	**2**	**2**	**1**	**1**

Navina Evans

Dr Navina Evans CBE
Chief Executive
East London NHS Foundation Trust

Date: 25 June 2020

Remuneration Report

For the purposes of this report, the disclosure of remuneration to senior managers is applicable to the Trust Chair, Chief Executive, all Executive Directors and Non-Executive Directors

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)

The Appointments and Remuneration Committee review the salaries of all Executive Directors in line with NHS England and NHS Improvements benchmarking and taking account of diversity and inclusion. A variety of other factors are also considered including the leadership needs of the organisation at an executive level, strategic and commercial issues affecting the Trust and the environment in which we operate and succession planning, as well as the structure, size, diversity and composition of the Board. 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 2019-2020

During the year, the Board of Directors Appointments and Remuneration Committee agreed:

- The appointment of Millie Banerjee as the Interim Chair of Compass CIC with effect from May 2019 and Dr Mohit Venkataram as the Chief Executive for a one-year period with effect from December 2019
- The appointment of Kingsley Peter as the Interim Chief Finance Officer from 19 November to 31 March 2020
- To the appointment of a single Deputy CEO
- To the recruitment of a Chief Digital Officer (non-voting Board Director)
- To the appointment of a Director of Operations (VSM) post
- A 1.32% cost of living award and the 0.77% non-consolidated (one off) payment as recommended by NHS Improvement backdated to 1 April 2019 for VSM staff.

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

- The appointment of Professor Sir Sam Everington as a Non-Executive Director for an initial term of office of three years with effect from 1 January 2020
- The appointment of Eileen Taylor as Interim Chair with effect from 1 April 2020
- To align the remuneration of all Non-Executive Directors
- A 1% uplift of remuneration for the Chair and Non-Executive Directors
- To commence the recruitment for a Chair of the Trust.

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.

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.

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. This scale is reviewed annually by the Appointments and Remuneration Committee to reflect the uplift as recommended by NHS England/Improvement.

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 salaries for those on VSMs terms and conditions within the agreed salary scale in line with skills, experience and market conditions.

As a high-performing Trust, regular reviews VSM and remuneration policies are thoroughly considered by the Appointments and Remuneration Committee. The Trust's policy is to

successfully attract and recruit well qualified, experienced executives, including clinicians, into the most senior leadership positions, taking account of equality and diversity. In order to do this and remain competitive relevant the relevant Executive Team members are paid on medical consultant pay scales with enhancements.

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

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. The Trust have also reviewed NHS England and NHS Improvement's salary guidance. This comparison is also used to benchmark salaries when new posts are recruited to.

When decisions about the application of the annual cost of living awards for Executive Directors and Non-Executive Directors as recommended by NHS England and NHS Improvement, 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	Trust Chair	3rd term	1 November 2012	31 October 2021
Aamir Ahmad	Non-Executive Director	1st term	1 November 2018	31 October 2021
Ken Batty	Non-Executive Director	2nd term	1 November 2016	31 October 2022
Anit Chandarana	Non-Executive Director	1st term	1 November 2018	31 October 2021
Mary Elford	Vice Chair Bedfordshire and Luton	3rd term	1 February 2012	31 October 2020
Prof Sir Sam Everington	Non-Executive Director	1st term	1 January 2020	31 December 2022
Jenny Kay	Senior Independent Director	2nd term	1 October 2014	31 October 2020
Eileen Taylor	Vice Chair London	1st term	1 November 2018	31 October 2021
Robert Taylor	Non-Executive Director	3r term	1 October 2013	31 December 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	Deputy CEO	1 March 2017	6 months
Steven Course	Chief Finance Officer	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 People and Culture (non-voting)	1 July 2018	6 months
Richard Fradgley	Executive Director of Integrated Care (non-voting)	19 October 2017	6 months
Amar Shah	Chief Quality Officer (non-voting)	19 October 2017	6 months
Kingsley Peter	Interim Chief Finance Officer	19 September 2019	

Board of Directors Remuneration

Senior Managers Pay (subject to audit)

2019-20							
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	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
Robert Taylor	Non-Executive Director (to 31/12/2019)	10-15				0	10-15
Aamir Ahmad	Non-Executive Director	15-20				0	15-20
Anit Chandarana	Non-Executive Director	15-20				0	15-20
Sam Everington	Non-Executive Director (from 01/02/2020)	0-5					0-5
Eileen Taylor	Non-Executive Director	20-25				0	20-25
Ken Batty	Non-Executive Director	15-20				0	15-20
Executive Directors							
Dr Navina Evans	Chief Executive	105-110				0	105-110
Steven Course	Chief Finance Officer	150-155				70-72.5	220-225
Kingsley Peter	Interim Chief Finance Officer from 01/10/19 to 31/03/20	65-70				15-17.5	80-85
Dr Mohit Venkataram	Executive Director of Commercial Development	150-155				97.5-100	245-250
Paul Calaminus	Deputy CEO	145-150				72.5-75	220-225
Dr Paul Gilluley	Chief Medical Officer	170-175		15-20		47.5-50	230-235
Mason Fitzgerald	Executive Director of Planning & Performance to 31/10/2019	85-90				45-47.5	130-135
Lorraine Sunduza	Chief Nurse	120-125				190-192.5	315-320
Total		**1,200-1,205**	**0**	**15-20**	**0**	**545-547.5**	**1,755-1,760**

2018-2019							
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	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	115-120
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**

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

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2019-20 (subject to audit)

Name and Title	Real Increase in Pension at Pension Age (bands of £2,500) £000	Real Increase in Pension Lump Sum at Pension Age (bands of £2,500) £000	Total accrued Pension at Pension Age at 31.03.2020 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2020 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2020 £000	Employers Contribution to Stakeholder Pension £000
Paul Calaminus Deputy CEO	2.5-5.0	5.0-7.5	45-50	95-100	647	58	742	0
Steven Course Chief Finance Officer	2.5-5.0	2.5-5.0	40-45	85-90	565	47	648	0
Dr Paul Gilluley Chief Medical Officer	2.5-5.0	0.0-2.5	60-65	140-145	1,094	50	1,195	0
Lorraine Sunduza Chief Nurse	7.5-10.0	20.0-22.5	40-45	85-90	447	135	616	0
Kingsley Peter Interim Chief Finance Officer	0.0-2.5	0	0-5	0	0	11	20	0
Dr Mohit Venkataram Executive Director of Commercial Development	5.0-7.5	7-7.5	35-40	75-80	555	77	668	0

The value or pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contribution made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Aggregate amounts payment to Directors:

	2019-2020 £000	2018-2019 £000
Salary	1,216	1,186
Taxable benefits	-	-
Performance related bonuses	-	-
Employer's pension contributions	174	115
Total	**1,390**	**1,301**

Fair Pay Multiple

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 2019-20 was £185,145 (2017-2018: £182,500). This was 5.1 times (2018-2019: 5.3) the median remuneration of the workforce which was £36,208 (2017-18: £34,159).

In 2019-20, no employees received remuneration in excess of the highest-paid Director. (2018-19: 0). Remuneration ranged from £7,575 to £185,145 (2018-2019: £7,575 to £182,500).

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

	2019-2020	2018-2019
Mid-point of Band of Highest Paid Director's Total Remuneration (£000s)	185	182.5
Median Total Remuneration (£000s)	36,207.62	34,159.0
Ratio of Median Remuneration to Midpoint of the Highest Paid Director's Band	5.1	5.3

Committees Responsible for Remuneration

The Trust has two committees responsible for reviewing the remuneration of Executive and Non-Executive Directors:

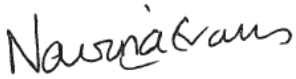
- **Board of Directors Appointments and Remuneration Committee:** Details relating to the purpose and composition of this Committee are set out in the Appointments and Remuneration Committee section of the Annual Report
- **Council of Governors Nominations and Conduct Committee:** Details relating to 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 £3,087.51 of expenses claimed for 2019-2020 financial year by 13 Directors out of total of 20 Directors (£4,708 claimed for 2018-2019 by nine Directors). The number of Directors includes both voting and non-voting in post at any time during 2019-2020. All expense claims are made and processed in line with Trust policy.

Governor Expenses

There was a total of £298.26 claimed by 9 Governors during 2019-2020 out of 54 in office during that period (£19.90 was claimed by two Governors in 2018-2019). All expense claims are made and processed in line with Trust policy.



Dr Navina Evans CBE
Chief Executive
East London NHS Foundation Trust

Date: 25 June 2020

Board of Directors

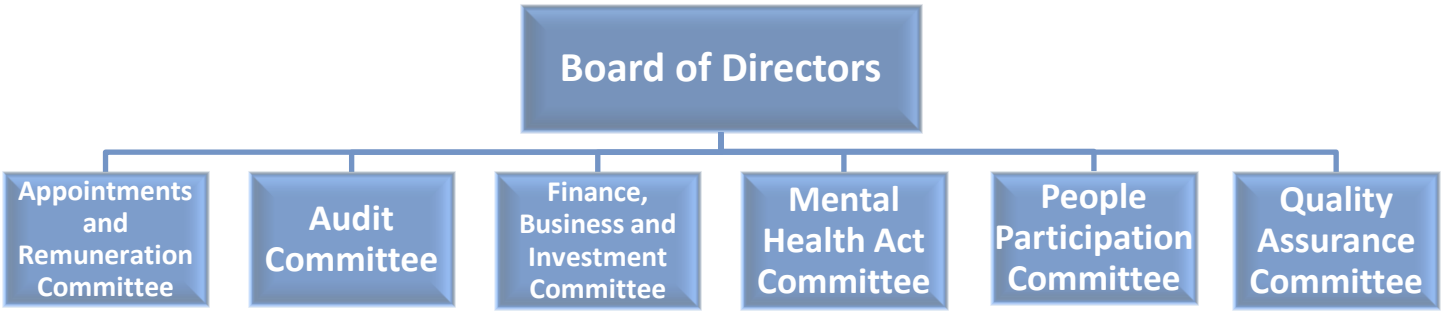
Our Board of Directors operates according to the highest corporate governance standards. It is a unitary Board providing overall leadership and vision to the Trust and is ultimately and collectively responsible for all aspects of performance, including clinical and service quality, financial performance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

During March 2020 the Board reviewed its governance arrangements in the light of the challenges the Trust was facing as a result of the COVID-19 pandemic and took account of the guidance from NSE England and NHS Improvement on 'reducing the burden' on Boards. The Board agreed that it was important to continue with its underpinning corporate governance arrangements and retain its planned Board and committee meetings. Agendas were reviewed to ensure that appropriate focus and time was provided to key issues and where possible non time-bound reports and discussions were either carried forward and/or circulated and held outside of the meetings.

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.



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 five occasions in 2019-2020.

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 People and Culture 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 (actual of possible)
Ken Batty	Non-Executive Director	5 of 5
Dr Navina Evans	Chief Executive Officer	4 of 5
Marie Gabriel	Trust Chair	5 of 5
Eileen Taylor	Non-Executive Director	4 of 5
Robert Taylor	Non-Executive Director (until 31 December 2019)	2 of 4

More information is included in the Remuneration Report.

Audit and Risk 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 and Risk 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 2019-2020.

Committee member	Title	Attendance (actual of possible)
Anit Chandarana	Non-Executive Director, Committee Chair	6 of 6
Mary Elford	Non-Executive Director	6 of 6
Eileen Taylor	Non-Executive Director	5 of 6

The Chief Finance Officer, 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 and Risk 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 and Risk 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 an assurance report is presented to the Trust Board following each meeting.

External Audit

The Trust's External Auditors for 2019-2020 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 Audit and Risk 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 2019-2020 was £59,020 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 2019-2020 period.

External Auditor's Reporting Responsibilities

Grant Thornton reports to the Council of Governors through the Audit and Risk 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 2019-2020 were RSM UK. In November 2019 following a rigorous tender process, RSM UK were reappointed as the Trust's Internal Auditors. Internal Audit provides an independent appraisal service to provide the Trust Board with assurance with regards to the Trust's systems of internal control.

The 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 and Risk Committee receives regular progress reports from the LCFS during the year as well as 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 and Risk 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 during the year the Audit and Risk Committee has introduced a series of deep dives into individual risks on the Trust's Board Assurance Framework and reviewed the Trust's charitable funds.

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 Finance 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 a Non-Executive Director with membership of the Trust Chair, 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 the words of our ELFT promise, working together creatively to learn what matters to all of us, to achieve a better quality of life and help improve the quality of services and care for all those we serve.

The Council is led by the Chair of the Trust and 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 must meet the 'fit and proper persons test' described in the Trust's provider licence.

The roles and responsibilities of the Council are set out in our constitution and 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 auditor's report 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. However, due to the COVID-19 pandemic and resultant imposition of the lockdown and social distancing, the Trust Chair in agreement with the Council of Governors agreed to cancel the March 2020 as it would not have been possible to introduce alternative virtual meeting arrangements due to the very short notice.

Composition of the Council of Governors

	Constituency	No of Governors
Public	Bedford Borough	2
	Central Bedfordshire	4
	City of London (vacancy as of 1 November 2020)	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 (vacancy as of 31 March 2020)	1
	Education Sector	1
	Voluntary Sector (vacancy as of 31 March 2020)	1

Council of Governors Elections

2019 saw one of the largest elections in recent Trust history with 13 vacancies across seven constituencies. Governor workshops were held for prospective candidates in Bedfordshire and London. Elections commenced on 26 July 2019 with the notice of the ballot with the ballots closing on 4 October 2019, and results being declared on the same day. Elections were conducted by using the single transferable vote electoral system with Electoral Reform Services (ERS – now known as Civica Election Services) acting as the independent scrutineer.

Public and Staff Governors are elected for a three-year period as provided for in the constitution.

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	6	9.0%
Public: Central Bedfordshire	3	3	Uncontested
Public: City of London	1	0	No ballot
Public: Hackney	1	4	8.0%
Public: Newham	2	6	8.3%
Public: Tower Hamlets	3	5	7.1%
Staff:	2	5	5.4%

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

The Chair works closely with the elected Deputy Chair (Lead Governor) and Assistant Deputy Chair (Assistant Lead Governor) and usually 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. The Council sets its own agenda of five strategic items across the year that form the core of their discussion at the relevant Council meeting. However, standing agenda items also include reports on strategic activities from the Director of Integrated Care; 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.

During 2020 the Senior Independent Director also supported the Council of Governors on the recruitment process for the Chair of the Trust, in line with the Council's Nominations and Conduct Committee's terms of reference, chairing any discussions.

Governors continue to have an open invitation to attend all Board meetings held in public and are encouraged to ask questions of the Board on matters relating to agenda items. They routinely receive the agenda, minutes and Chair's and CEO's reports separately, as well as a whole set of papers. Prior to both Board and Council meetings held in public there is usually a chance for Board members and Governors to network. Since March 2020 this opportunity is now restricted due to social distancing regulations. However, Board Directors attend and are involved in discussions at Council of Governors general meetings.

Governor Open Forum meetings are held bimonthly 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 Governors and Members Office with the Chair, the CEO and any Board member as appropriate either on a face to face basis or via email. The Governors and Members 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 but 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, as well as being involved in small group work with Board Directors on the Council's strategic priorities
- 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
- Regular meetings between Deputy Chair (Lead Governor) with the Chair
- Occasional joint service visits between Chair and Governors with specific interests or expertise in certain services
- Annual plan consultation meetings culminated in a detailed report to Council with themes reflecting the Trust strategy. This was due to be presented to Council at its March 2020 meeting but the current COVID-19crisis has delayed these plans; however, the Trust is committed to respond fully to members' and stakeholders' concerns
- Governors are encouraged to provide feedback and raise questions on behalf of members and the public and/or seek assurance outside of the Council and Board meetings; these are managed by the Corporate Governance Manager who ensures that timely responses are provided and shared to the wider Council
- Weekly Governors update e-newsletter
- The first dedicated Twitter account of an NHS Foundation Trust Council of Governors (@ELFT_Council) sees good usage and currently has 380 followers.

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.

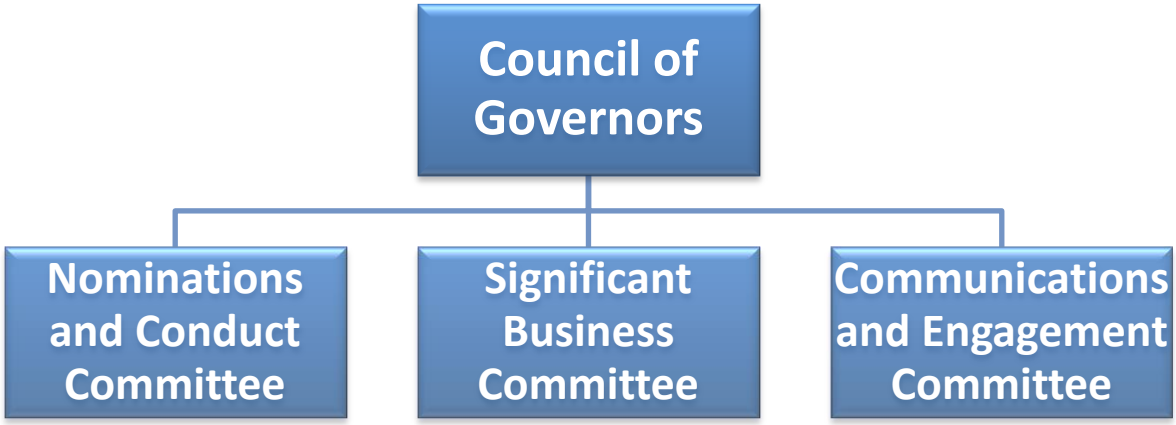
Following lockdown in March 2020 and the implementation of social distancing regulations the Trust has developed a detailed Governor engagement plan, agreed by Council and the Board, to ensure meaningful engagement continues and Governors are enabled to carry out their statutory duties and contribute to the Trust's strategy and continuing to represent the interests of their members and the public. The plan is regularly updated and adjusted to ensure it remains up to date with latest developments, but also opportunities for engagement.

Governors are regularly invited and attend Trust events, in particular those intended for Trust staff, to gain a wider understanding of Trust services. The Corporate Governance Manager will proactively identify opportunities for Governor participation in areas as wide ranging as the Trust's annual Quality Improvement conference, our Working Together Groups, the Staff Awards or the Trust's celebration for National Volunteers Week.

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.

During March 2020 the Council also reviewed its governance arrangements and meetings requirements in the light of the COVID-19 pandemic and took account of the guidance from NSE England and NHS Improvement on 'reducing the burden' on Boards. As a result Committee meetings were postponed as there was no critical business to discuss with the exception of the Nominations and Conduct Committee which continued to meet to ensure the process for the appointment of the Chair retained momentum.



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.

2019-2020 has been a very busy year for the Committee having:

- Carried out the recruitment process for a new Non-Executive Director – Professor Sir Sam Everington who was appointed by the Council at its meeting on 14 November 2019
- Reviewed the remuneration of Non-Executive Directors including the Chair taking account of the guidance from NHS England and NHS Improvement and recommended to Council some adjustments to Non-Executive Directors' remuneration to address anomalies and ensure alignment as well as reviewing and recommending to the Council a cost of living uplift for Non-Executive Directors including the Chair
- Commenced the recruitment process for a new Trust Chair and reviewed succession planning for the Non-Executive Director vacancy which will arise following the Vice Chair of Bedfordshire and Luton appointment as a Chair of another Trust
- Agreed to recommend to the Council the appointment of Eileen Taylor, Vice Chair for London, as Interim Chair with effect from 1 April 2020
- Reviewed in detail the annual appraisal and objectives for the Chair and Non-Executive Directors, and reported back in summary to the Council
- Formally investigated a conduct issue
- Reviewed its terms of reference and made recommendations to the Council for amending
- Regularly reviewing standing agenda items such as the Governors' improvement plan, Governors' training and development, and Governors' attendance.

Composition of the Nominations and Conduct Committee

Membership of the Nominations and Conduct Committee comprises the Trust Chair as chair of the committee, the Deputy Chair (Lead Governor) of the Council (ex-officio) and six Governors of which there must be a minimum of two Public Governors, one Staff Governor and one appointed Partnership Governor. The Trust Chair, while a member of the Committee, 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 Senior Independent 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 Director will also be a non-voting member of the Committee in respect of its duties pertaining to Governors standards.

Attendance Record

During the year, the Nominations and Conduct Committee met eleven times to discuss business, with differing attendance requirements:

- 4 full Committee meetings
- 2 extraordinary Committee meetings
- 5 Committee meetings dealing with NED and Chair recruitment.

Caroline Diehl and Caroline Ogunsola joined the Committee from May 2019. Zara Hosany rejoined after her return from maternity leave after July 2019.

Jenny Kay as Senior Independent Director attended five Committee meetings. Mary Elford as Vice-Chair of the Trust chaired both extraordinary committee meetings.

The attendance record of meetings for the Committee for the year ended 31 March 2020 is as follows:

Committee member	Role	Attendance (actual/possible)
Marie Gabriel CBE	Chair	9/9
Dr Roshan Ansari	Public Governor	4/7
Katherine Corbett	Staff Governor	6/7
Catherine Diehl	Public Governor	5/6
Mary Elford	Vice-Chair	2/2
Zara Hosany	Staff Governor	6/7
Jenny Kay	Senior Independent Director	5/5
Caroline Ogunsola	Staff Governor	7/7
Keith Williams	Public Governor	11/11
Neil Wilson	Appointed Governor	10/11

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 at least six 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. The Committee set up a task and finish group to establish a communications guide for Governors in February 2019; its start has, however, been delayed due to COVID-19.

Significant Business Committee

The Significant Business Committee 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 as also serves as the Council's horizon-scanning gathering, with in-depth discussions on issues such as the Trust's involvement in primary care, or the risks to the Trust involved in working in New Models of Care and how Governors can be assured the Non-Executive Directors are aware of these. Governors draw on the guidance and support of Dr Mohit Venkataram, the Trust's Executive Director of Commercial Development.

Council of Governors Meeting Attendance 2019-2020

Name	Term		Attendance (actual/possible)
Public: Tower Hamlets			
Roshan Ansari	2nd term	2018-2021	3/6
John Bennett	2nd term	2019-2022	6/6
Nicholas Callaghan	2nd term	2016-2019	3/4
Terry Cowley	3rd term	2019-2022	2/2
Arif Hoque	1st term	2019-2022	2/2
Philip Ross	1st term	2018-2021	4/4
Adrian Thompson	1st term	2016-2019	4/4
Public: Newham			
Shirley Biro	2nd term	2018-2021	6/6
Tee Fabikun	1st term	2019-2022	2/2
Carol Ann Leatherby	3rd term	2018-2021	5/6
Ernell Watson	3rd term	2018-2021	6/6
Hazel Watson	1st term	2016-2019	4/4
Aidan White	1st term	2019- 2022	2/2
Public: Hackney			
Kofoworola David	3rd term	2019 – Feb 2020 (resigned)	0/2
Caroline Diehl	1st term	2018-2021	5/6
Edilia Emordi	1st term	2017-2019	2/4
Beverley Morris	1st term	2018-2021	5/6
Jummy Otaiku	1st term	2017-2020	5/6
Sebastian Taylor	1st term	2020-2022	0/0
Daniel Victorio	1st term	2017-2020	5/6
Public: Rest of England			
Laura Jane Connolly	1st term	2018-2021	4/6
Public: City of London			
Damien Vaugh	1st term	2016-2019	0/4
Public: Luton			
Jamu Patel	1st term	2017-2020	6/6
Keith Williams*	2nd term	2018-2021	6/6
Paula Williams	1st term	2017-2020	6/6
Public: Bedford			
Paul Feary	1st term	2016-2019	**3/4**
Felicity Stocker	1st term	2018-2021	**6/6**
Dawn Allen	1st term	2019-2022	**2/2**
Public: Central Bedfordshire			
Steven Codling	2nd term	2019-2022	6/6

Name	Term		Attendance (actual/possible)
Rosemary Eggleton	1st term	2016-2019	3/4
Larry Smith	2nd term	2018-2021	3/6
Suzana Stefanic	1st term	2019-2022	2/2
Mark Underwood	1st term	2019-2022	1/2
Staff			
Victoria Aidoo-Annan	1st term	2018-2021	1/6
Robin Bonner	3rd term	2019-2022	5/6
Katherine Corbett	3rd term	2018-2021	4/6
Joseph Croft	2nd term	2019-2022	6/6
Zara Hosany**	3rd term	2017-2020	4/4
Julian Mockridge	1st term	2017-2020	3/6
Sheila O'Connell	1st term	2017-2020	5/6
Caroline Ogunsola	1st term	2017-2020	4/6
Mary Phillips***	2nd term	2017-2019	5/6
Appointed: Bedford Borough Council			
John Mingay	1st term	Nov 2018 – May 2019	0/0
Jim Weir	1st term	August 2019	2/4
Appointed: Central Bedfordshire Council			
Brian Spurr	1st term	Jul 2019	0/4
Appointed: City of London			
Rehana Ameer	1st term	Oct 2017	4/6
Appointed: Education Sector			
Neil Wilson****	3rd term	Oct 2017	5/6
Appointed: Hackney Council			
Susan Fajana-Thomas	2nd term	Dec 2014	3/6
Appointed: Luton Council			
Rachel Hopkins	1st term	Apr 2017 – Jan 2020	1/1
Khtija Malik	1st term	Feb 2020	0/0
Appointed: Newham Council			
Susan Masters	1st term	Jul 2018 – Feb 2020	3/6
Zulfiqar Ali	1st term	Feb 2020	0/0
Appointed: Tower Hamlets Council			
Denise Jones	1st term	Nov 2017 – Jan 2020	0/5
Eve McQuillan	1st term	March 2020	0/0

* Acting Deputy Chair (Lead Governor) to July 2019
** Deputy Chair (Lead Governor)
*** 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. The induction programme has received 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. Those new Governors who joined us late in the financial year (Appointed Governors for Luton, Newham and Tower Hamlets, and a new Public Governor for Hackney) have held their meetings with the Chair before the start of the lockdown regulations. We are currently considering a separate induction session with them; meanwhile the Council's Covid-19 engagement plan and buddying arrangements are in place to ensure they can participate fully in the Council's work. In addition the Corporate Governance Manager has been providing 1:1 support as required.

During 2019-2020 there have been various opportunities for providing support to Governors with their training and development including:

- A one-day induction session covering sessions on the Trust, the Governor role and the type of information Governors receive; these sessions are attended by senior Trust staff, e.g. Trust Chair, the Chief Quality Officer, the Associate Director of Corporate Governance and the Head of Communications who present on specific topics such as *Our Approach to Quality Improvement* or *Strategic vs Operational: Understanding the difference*. These sessions are required for new governors, and existing governors are invited to attend as well
- The Trust commissioned NHS providers to deliver a one-day training session on *Holding NEDs to Account* and *Effective Challenge and Questioning.* We had a very high turnout for this session and improvements are feeding through into the Governors' Improvement Plan
- Governors undertook a visit to Northumberland, Tyne and Wear NHS Foundation Trust (now Cumbria, Northumberland, Tyne and Wear NHS Foundation trust) to attend their Board meeting and exchange learning and experiences; Trust Chair Marie Gabriel joined for part of the meeting via video conference for a Q&A session
- The Trust won NHS Providers' inaugural *Membership Showcase Award* for its structured and effective engagement between governors and members
- Attendance at NHS Providers Governor Focus Conference

- Development sessions on Annual Accounts (with the Chief Finance Officer) and significant business (with the Executive Director of Commercial Development), as well as Information Governance
- Opportunities to take part in bespoke training such as *Chairing Meetings*
- Invitations to attend regular Trust events such as the Trust's Leadership Course, the Annual Quality Improvement Conference and Trust Staff Network conferences including ElftAbility
- 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 and also report back to the Communications and Engagement Committee.

Governors are also kept regularly informed through direct emails with information gathered from 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 Governors and Members Office (see contact details below).

How to Contact the Council of Governors

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

Post: Governors and Members 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.

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 2020, the Trust had 9,755 public members and 5,969 staff members.

Membership size and movements	
Public constituency	**2019-2020**
At year start (1 April)	10,026
New members	146
Members leaving	417
At year end (31 March)	9,755
Staff constituency	**2019-2020**
At year start (1 April)	5,741
New members	1,464
Members leaving	1,108
At year end (31 March)	5,969

Analysis of current membership	
Public constituency	**Number of members**
Age (years):	
0-16	4
17-21	361
22+	8,527
Ethnicity:	
White	3,677
Mixed	442
Asian or Asian British	2,492
Black or Black British	1,874
Other	202
Socio-economic groupings	
AB	1,966
C1	2,767
C2	1,800
DE	3,147
Gender analysis	
Male	3,665
Female	6,063

The analysis section of this report excludes:

- 863 public members with no stated dates of birth
- 1068 members with no stated ethnicity
- 27 members with no stated gender
- General exclusions: 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.

In 2019, the Trust won NHS Providers' inaugural Membership Showcase Award for its structured and effective engagement between Governors and members. Amongst a number of areas of impact, we were able to demonstrate in our award nomination how members feedback systematically informs Governor debate, thinking and challenge, as well as how our members' concerns about equality and fairness translate into action by the Trust on its wider population health focus.

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 (four meetings annually covering Bedford Borough and Central Bedfordshire) and three a year in Luton.

Attendance has generally been 40-50 attendees per meeting in London and Bedfordshire, and about 20 attendees in Luton. Following feedback from Bedfordshire and Luton the Trust has reviewed the number of meetings each year in all constituencies as part of a wider review being undertaken on engagement and communication opportunities with members and the public, and has increased them by one meeting annually in both areas.

An 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 complemented with briefings by staff on themes on specific topics and/or local Trust services chosen by the group.

This has been generally well received but we continue to adjust the meetings in line with local feedback (for example, we have reinstated regular attendance by the service director in Bedfordshire and In Luton). 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 2019/20 covered a wide range of topics, including:

- Detailed presentations on plans for in-patient provision in Bedfordshire
- CMHT Redesign
- Crisis Services
- Supporting carers
- Community Health Services
- Transition from CAMHS to adult services
- Regular updates on MH services in Luton and Bedfordshire.

Each stakeholder meeting sets its own forward plan of agenda items and the Council will take these into consideration when considering its own forward plan of strategic agenda items.

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

Annual Members' Meeting
The Trust held its joint Annual Members Meeting and Annual General Meeting of the Council of Governors on Wednesday, 9 October 2019 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. Consequently we saw an excellent turnout of over 125 attendees comprising of members, service users and carers, volunteers, Governors, Board Directors and staff.

This year the theme was *Working in Partnership* and members heard from Dr Neil Churchill (Director for Experience, Participation and Equalities at NHS England) and Samira Ben Omar (Assistant Director for Equalities, North West London Collaboration of Clinical Commissioning Groups) about their work supporting the communities affected by the Grenfell fire and key learnings for all organisations in listening to the community, co-production and collaborative working.

Four workshops on compassionate policing (on ELFT's partnership with the police in Bedfordshire), partnership with faith leaders, partnering with charities and the Trust's own partnership with our service users and carers in our people participation work were hugely popular.

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 local Annual Plan Meetings to consult with our members on the Trust's Annual Plan for the coming year. 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.

Three events were held:

- Tuesday 11 February 2020: London (as well as Rest of England)
- Wednesday 3 March 2020: Luton
- Monday 5 March 2020: Bedfordshire (including Bedford Borough and Central Bedfordshire).

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 other key staff and pose key questions.

For the first time the Annual Plan Meetings for London were held jointly. There was Borough-based group work and all Boroughs in London come together for the introduction and setting the scene, as well as the final feedback session, in order to enable members to look beyond the boundaries of their own Borough. This has generally been welcomed by our members; their feedback will also help us to refine this concept for future Annual Plan meetings.

Feeding back information along the lines of *You Said, We Did* has always been very important; in the past we used one Trust-wide Annual Plan meeting for this purpose. Following review, there was a change to the format this year with Governors requesting a formal update and discussion at its Council meeting in January 2020, and with information shared at the three Annual Plan meetings.

Attendees at the Annual Plan meetings 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?

The key emerging themes from the local consultation events were summarised in a report to the Council and Trust Board. It was reassuring they often dovetailed with the Trust's own priorities:

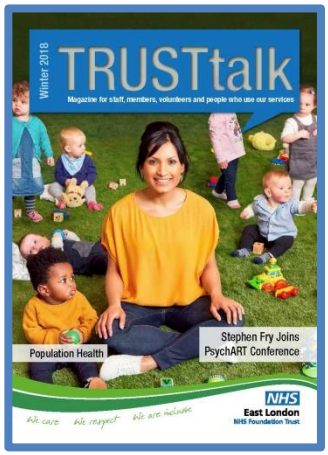
- Population health: wider determinants of health very much a live issue for members
- Primary care expansion: good and easily accessible GP services crucial; close working with GPs around mental health important
- Extension of crisis care
- Integrated working especially with local authorities and voluntary organisations
- Improved staff experience: with a clear insight that this leads to better recruitment and retention, and therefore better continuity and experience of care.

These themes were due to be discussed at Council in March 2020; however, due to the COVID-19 crisis that meeting had to be cancelled at very short notice but this is included in the Council's forward plan for consideration at future meetings.

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

- We held nine Stakeholder Lunch Meetings for members and Governors in all constituencies with a further two having to be cancelled at short notice due to COVID-19 and social distancing requirements
- Governors attending Mental Health Awareness and Wellbeing Events, for example the Bedford River Festival and others
- Research seminars and workshops, such as the Trust Research Presentation Day at Bart's Hospital
- Regular meetings for Governors with their local Borough or Service Directors – we have recently opened these to Governors from other constituencies to attend as guests to encourage exchange and mutual learning
- Workshops for prospective Governors across the Trust
- Governor induction and other training events and development sessions, e.g. a one day training course for governors on Holding Non-Executive Directors to Account/Effective Questioning; Chairing of Meetings for Governors as well as members, 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 e.g. the newly established Single Point of Access for Community Health service in Dunstable; planned visits to, for example, the Coborn Centre (in-patient ward for CAMHS services) have been deferred due to COVID-19
- Annual celebration event for Governors recognising the contribution and support of Governors who are volunteers.

STAFF REPORT

Our People

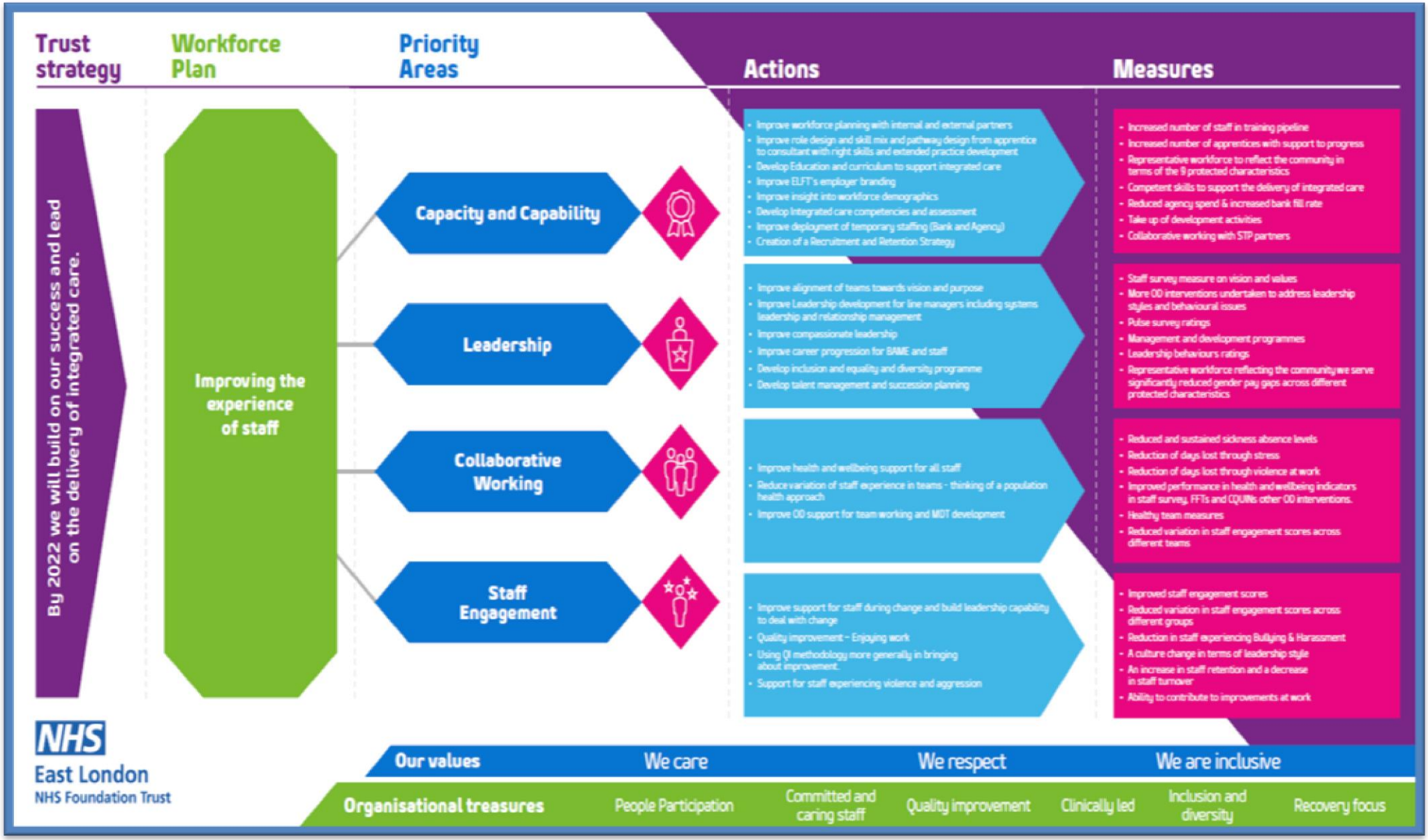
The Trust's Workforce

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 People Plan (formally the Workforce Plan) is in its second year and has been created to support the delivery of the Trust's Strategy.

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

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


Trust strategy
Workforce Plan
Priority Areas
Actions
Measures
By 2022 we will build on our success and lead on the delivery of integrated care.
Improving the experience of staff
Capacity and Capability
Leadership
Collaborative Working
Staff Engagement
• Improve workforce planning with internal and external partners
• Improve role design and skill 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 Agency)
• Creation of a Recruitment and Retention Strategy
• 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
• 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
• 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
• 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
• 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
• Reduced and sustained sickness absence levels
• Reduction of days lost through stress
• Reduction of days lost through violence at work
• Improved performance in health and wellbeing indicators in staff survey, FFTs and CQUINs other OD interventions.
• Healthy team measures
• Reduced variation in staff engagement scores across different teams
• 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
NHS
East London
NHS Foundation Trust
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

Staff Health and Wellbeing

The Trust has successfully been implementing a comprehensive health and well-being offer 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
- Re-procured a new Occupational Health (OH) Provider and Employee Assistance Programme (EAP).
- Funded physiotherapy for staff via our OH provider
- Based on feedback from staff and governors we changed the pay date to a fixed date of the month
- We have launched our Wellbeing Wheel which pulls together physical, financial, social and emotional wellbeing support available to our staff.

During the COVID-19 pandemic the Trust:

- Sent out 2,800 laundry bags and protective headbands – donated by various NHS volunteers across the country
- Sent out 25,510 ‘thinking of you’/’pick-me-up’/’thank you’ treats including coffee pods, iced coffee, Easter eggs, energy drinks, flavoured waters, fresh fruit and veg hampers and snack bars
- Organised the delivery of 1,450 meals per week to a variety of our London sites and encouraged participation in three new ELFT online fitness platforms.

We have consolidated over 65 NHS offers, making remote access to these easier via the new wellbeing website page; at least 50 additional wellbeing links, of which are also highlighted on the wellbeing website page (these include emotional support services, domestic abuse support, mindfulness and meditation hubs, sleep advice, coping with stress links, working from home advice and many more).

The Trust was shortlisted for the Health Service Journal (HSJ) Awards for Employee Engagement and were 'Highly commended' for the Healthcare People Management Association (HPMA) awards for Excellence in Employee Engagement. The Trust were accredited with two London Mayors Health workplace awards (LHWA). Foundation and then Achievement.

Much focus has been placed on improving the experience of staff through taking a more innovative approach to staff wellbeing.

We have run a series of menopause workshops for staff and their managers so that we can raise awareness of the 'taboo' topic of the menopause. We continue to consider the wider determinants of health, not only for our patients and service users but of our staff as a population.

Respect & Dignity at Work Campaign

In May 2019 we launched the Respect and Dignity Campaign following our 2018 national NHS staff survey results. The aim of the project was to reduce the numbers of staff who had experienced bullying and harassment from patients or their relatives, colleagues or their line manager. As part of the campaign the Executive Directors made pledges. The Respect and Dignity project was in four parts.

A Mile in My Shoes Exhibition

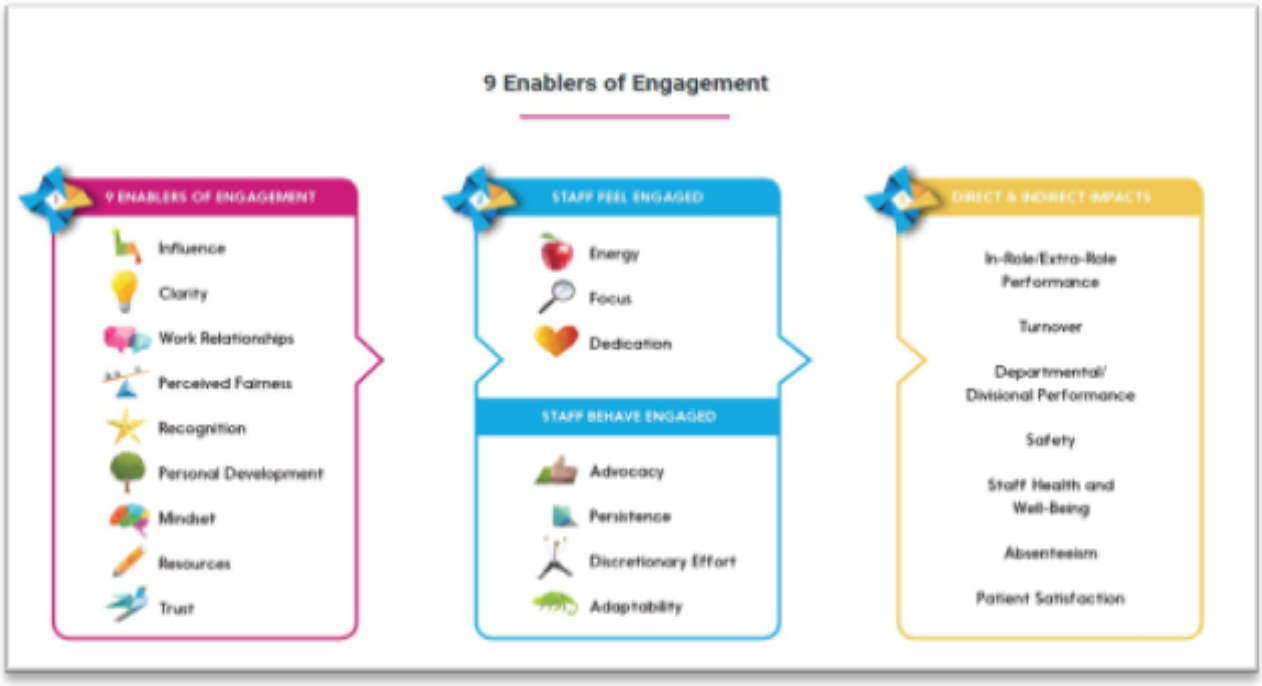
This was an installation called 'A Mile in My Shoes', run by the Empathy Museum, the installation came to the Trust in May 2019. The exhibition enabled staff to the shoe shop,

put on a pair of shoes and listen to the individual's stories on a I-pod and the literally walk a mile in other people's shoes whilst listening to their stories. The exhibition was attended by over 300 staff across the Trust.

The exhibition featured in Bedfordshire and in London across two weeks. We had a successful Twitter campaign and pledges from Executive Directors. The exhibition was followed by focus groups for staff called 'Through My Eyes', which enabled staff to share their stories and create illustrations. We collected around 45 stories and illustrations. We are working through the themes to progress to the next part of the project.

A series of big conversations have been run across the Trust called 'Through Someone Else's Eyes', where we had targeted around 1300 managers to come together and hear the stories from staff and then to tell their own stories. The CEO Dr Navina Evans also shared her stories. The aim of the project is to develop more compassionate leaders.

In September 2019, we launched a survey tool called Go Engage, which enables the Trust to regularly take a 'temperature check' of the organisation quarterly.



Knife Crime Workshops

As part of our staff wellbeing work around the wider determinants of health, we ran a series of Knife Crime workshops in response to the prevalence of knife crime, gangs and county lines in our boroughs. We know that around 25% our staff live and work in the boroughs within which we provide services. The sessions offered created a forum for staff to share their experiences with others in similar circumstances and to signpost them to support.

In terms of staff benefits and wellbeing we have produced the second edition of our glossy Wellbeing and Benefits magazine highlighting the Trust's offerings. The contract with Neyber was terminated prior to them going into administration and we are in discussions with possible alternative providers.

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 our overall turnover remains low and we continue to develop our work to recognise staff.

We continue to undertake targeted recruitment and we are developing in terms of values-based 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.

To address the recruitment challenges, we have revised the bank rates for areas that are difficult to recruit to, to enable the Trust to be competitive and to reduce or reliance on agency workers. We have also launched a project to expand the Trust bank.

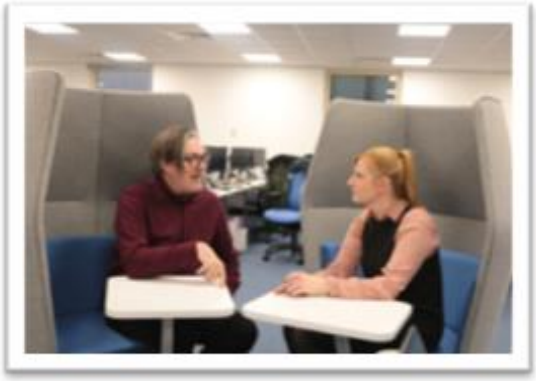
We are building maintaining a steady number of Apprentices across the Trust and there are plans to increase. We have successfully transferred apprentice levy funds to 6 small organisations. We are also beginning to work with schools for work experience and placements.

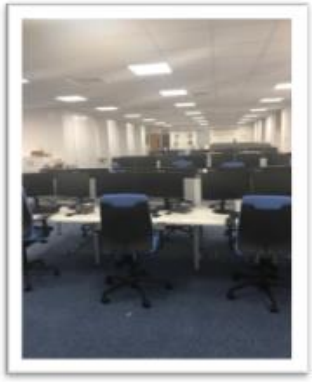
People Relations

The Fair Treatment Process implemented in 2019 has seen a significant and sustained reduction in the number of suspensions of staff and we continue to work closely with staff side to reduce the numbers of Black, Asian Minority Ethnic (BAME) staff who are in formal disciplinary processes.

Agile Working - People & Culture Team

In January 2020 the People & Culture Team went 'agile' following a year-long Agile Working Project. The refurbishment of the 1st floor, Alie Street was completed, and the new offices looked impressive. The grand opening took place on 6 January with Ade Curwen a Service User who has worked closely with People & Culture over the last year, Ken Batty, Non-Executive Director and Lucy Ingle, People Business Partner – who project managed the project. This development has meant that People & Culture Teams are deployed within services to ensure that the needs of its stakeholders are met.





The transition went smoothly, and the feedback was positive from colleagues that were affected. This transformation was an integral factor in the effectiveness of the People & Culture response to COVID-19.

Staff Recognition Initiatives

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

In 2020 we have identified around 600 staff who qualified for a long service award. The Trust has made the decision to honour all NHS service and not just Trust service, as do most organisations.

The award consisted of a pin badge, a certificate and a personalised card from our Chief Executive Dr Navina Evans:

- Gold – 40 years' service
- Sliver – 30 years' service
- Bronze – 20 years' service.

Annual Staff Awards Ceremony

Our Staff Awards event took place in February 2020 at The Barbican. The event opened with the ELFT in Voice a Choir and with ELFT Beats, who were made up of service users, staff and carers. The event was attended by around 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:

- Improving Service User Experience Award – One for London and one for Bedfordshire and Luton
- Improving Staff Experience Award– One for London and one for Bedfordshire and Luton
- Improving Value Award
- Star of the Future Award
- Lean on Me Award
- Dr Robert Dolan Leadership Award

- Improving Population Health Award – One for London and one for Bedfordshire and Luton
- Employee of the Year – CEO Award
- Behind the Scenes – Chair's Award.

Learning and Development

The Learning & Development (L&D) team have built on the foundation of last year's activity to take a step forward in the delivery and support of compliance training. The performance improved steadily throughout the year through focus on support and capacity and the year ended with the Trust consistently in excess of the 90% compliance target. The weekly and monthly reporting has continued throughout the year providing accurate data to managers and individuals around what is required for them and their teams.

Beyond the confines of statutory and mandatory training the Trust has continued to deliver a range of learning activities across a range topics and specialisms ranging from leadership programmes to functional skills provision. The delivery teams have pushed to meet the demand of the trust where possible and the range of initiatives has grown. This includes Admin staff development programming, Springboard and a range of personal development and support training including 'having that conversation' and appraisal skills.

The Trust has continued to invest in and support leadership development programmes with successful cohorts of the Collective Leadership programme, Clinical leadership development programme, Nurse Leadership Programme and a newly developed programme called ELFTLead.

The number of Apprenticeships offered and on programme Apprentices has risen steadily throughout the year and is far in excess of the trust target. This covers a full range of apprenticeships from Business Administration Level 3 to Leadership Masters Degree apprenticeships at level 7. There also an increasing range of clinical apprenticeships including Nurse Associates and Psychology. Alongside this the Functional skills provision has grown to support all staff to gain an entry level qualification to provide them the capability and confidence to take their next education and career steps.

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.

2019 NHS Staff Survey

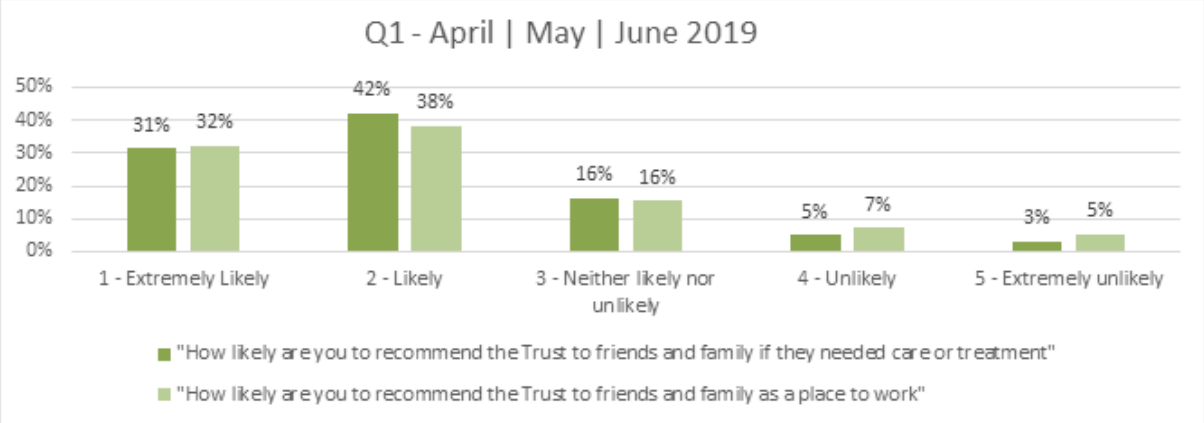
The response rate for the Trust was 53% which is 5% higher than the previous year. An overall summary of the themes can be seen below:

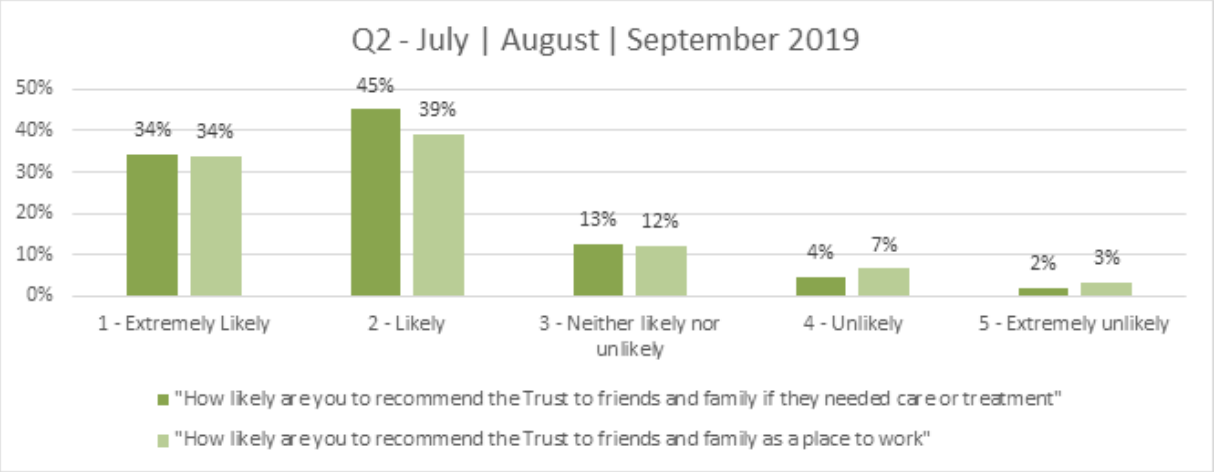
NHS Friends and Family Test 2019-2020

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.

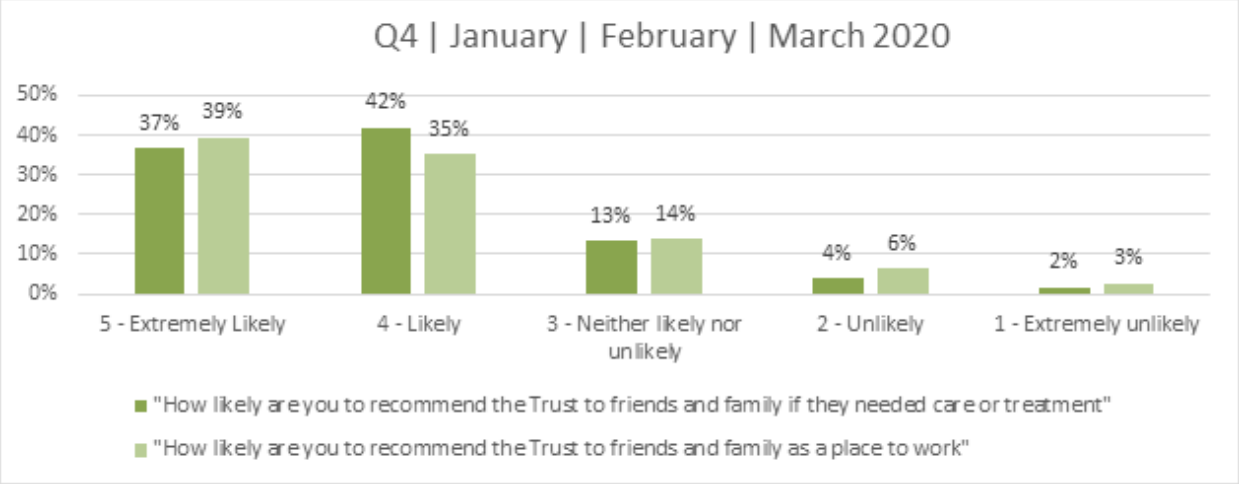
33% of our workforce from all directorates is randomly selected to take part in this survey every quarter. For the first time this survey has been sent to Bank workers. The Trust carries out the survey for quarters 1, 2 and 4 as the NHS Staff Survey is undertaken in quarter 3. Below is the outline of response rates and results from all three quarters:

Go Engage Quarterly Pulse survey results (Friend and Families Test)





Quarter 3 is the 2019 NHS Annual Staff Survey.



- In the latest pulse survey in a repeat of the previous survey, the two highest-scoring enablers are Trust (4.07 out of 5) and Working Relationships (4.06)
- The lowest scoring enabler remains Recognition (3.57). However, this has increased from a score of 3.49 in the previous survey
- FFT - Levels of staff who would recommend East London Foundation Trust as a place to receive care have increased from 73.21% in the previous survey to 78.24% in the current survey
- FFT - Levels of staff who would recommend East London Foundation Trust as a place to work have increased from 70.45% in the previous survey to 74.24% in the current survey.

Going Forward

In 2020-2021 the Trust's People Plan will continue to aim to achieve the following:

- Build on the successes of the changes implemented due to COVID-19 support the Trust
- Implement a Learning Management System (LMS) to 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 – Excellence in 2020/2021
- Work alongside other Corporate services such as Quality Improvement Support

- Continue the cultural work around Respect and Dignity
- Continue to expand the Organisational Offer and support to leaders
- Continue to 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 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)
- Implement a Reverse Mentoring scheme across all protected characteristics, where junior colleagues throughout the Trust can mentor Board Directors
- Develop our values-based recruitment processes in collaboration with Staff-side colleagues and service users.

People and Culture Response to COVID-19

In order to facilitate the demand, we have reviewed all recruitment processes which are slimed down for bank and more general recruitment across all staff groups. This was achieved by conducting pre-employment checks remotely using technology procured during the pandemic to be able to check and verify Identity documents.

We have managed to mobilise the People and Culture Team c100 staff to work remotely and have reduced attendance in the office to a maximum of two colleagues between limited hours.

We took the decision to extend the recheck period from three to four years for Disclosure and Barring service (DBS) and then guidance from the DBS subsequently arrived.

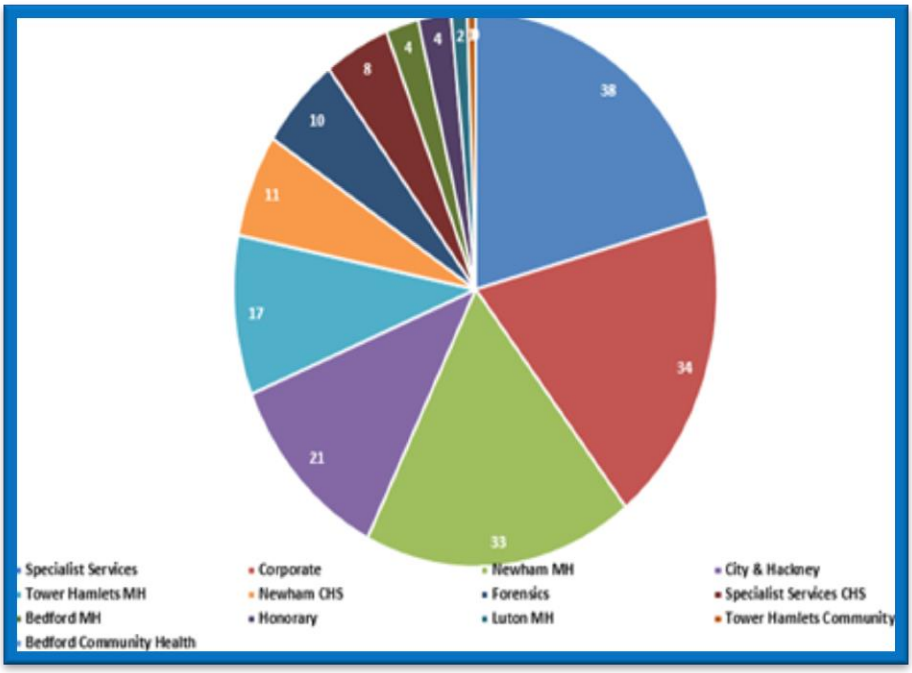
Various policies have been created in response to COVID-19:

- Pandemic Guidance
- Remote Working Guidance
- Staff Support – Including Death in Service
- Staff Testing Guidance (Coronavirus)
- Streamlined Bank recruitment processes
- Staff Accommodation
- Remote pre-employment checks

People and Culture

The Human Resources (HR) team was rebranded to People and Culture, to signify the direction of travel – putting people at the heart of what we do.

In terms of Organisational Development activity, in the past year, we have increased support from 50 teams in 2018-2019 to over 200 team interventions in 2019-2020 through away days and bespoke projects.



Specialist Services	38
Corporate	38
Newham MH	34
City & Hackney	33
Tower Hamlets MH	21
Newham CHS	17
Forensics	11
Specialist Services CHS	10
Bedford MH	8
Honorary	4
Luton MH	4
Tower Hamlets Community	2
Bedford Community Health	1
Bank	0

We continue to work alongside our colleagues and teams helping them to improve leadership, team working, culture and change. We also support our teams around the Trust with highly interactive and engaging OD interventions and bespoke away days.

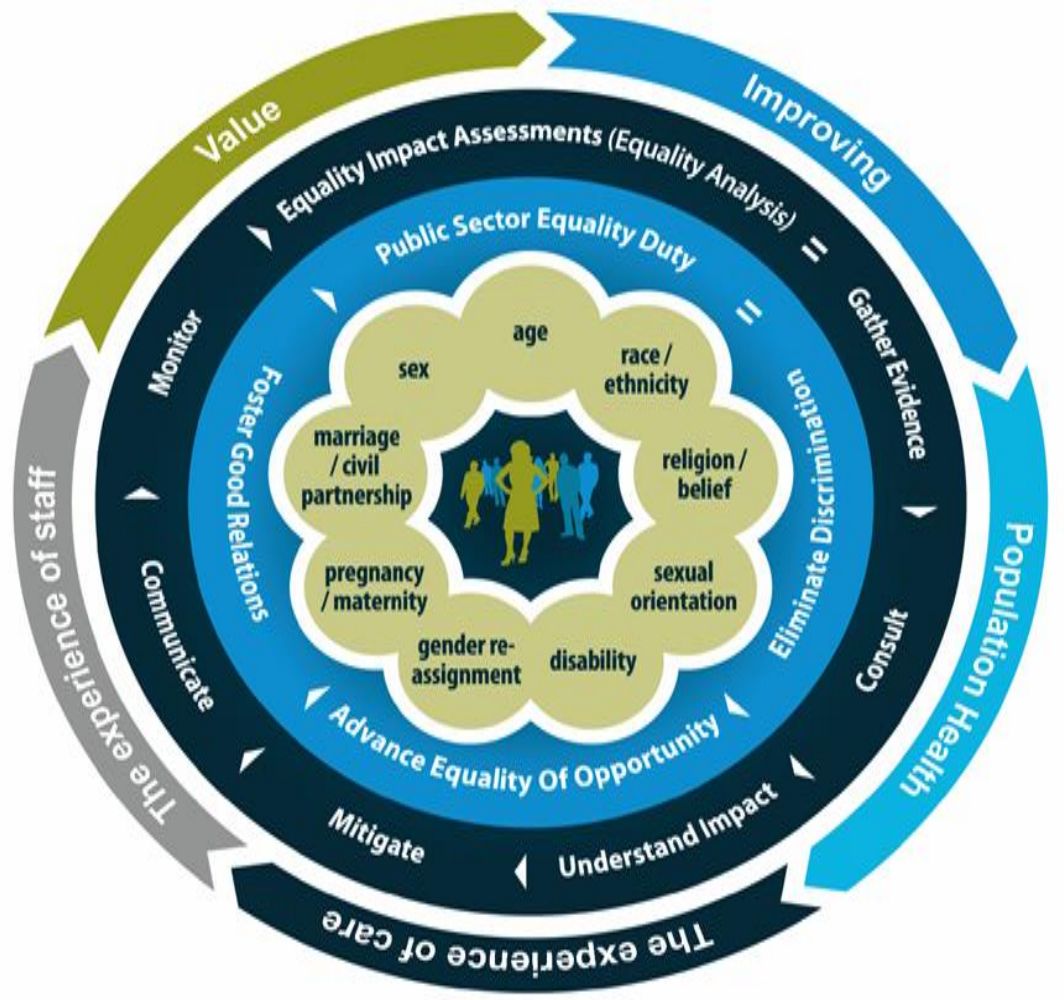
Estates and Facilities away day Autumn 2019.

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. A joint video was produced between the Director of People & Culture and the Staff side Chair to promote the staff survey and this may be one factor that contributed to the increase in the response rate.

Equality, Diversity and Inclusion

The Trust has one of the most diverse Boards in the NHS and international evidence shows that diversity leads to better decisions. Ensuring equality and valuing diversity is one of the Trust's core values and is integral to our organisational culture.



The work on the Trust's Equality, Diversity and Human Rights (EDHR) priorities continued during 2019-2020. Each directorate created equality plans that were aligned to the Trusts strategic aims. Each quarter there was a place based 'Making Equality work' forum for each speciality to present on the achievement, challenges and plans related to equalities. This gave each service a space to learn from each other and share work that is happening in the borough. The discussion would be for staff, service users and wider populations. The forums were chaired by Chief Nurse with discussions lead by Service/Clinical Directors. The remit was to ensure stronger links between Trust-wide work and that being undertaken in the Directorates.

In order to explore opportunities to share and collaborate the forums were held in the services and the remit was to:

- Discuss local work on equality, diversity and human rights
- Understand how the connections between all our locally-based help make this happen
- Understand how the equality, diversity and human rights needs of your local communities are met

- Explore the challenges and good practice to tackle them.

Below is a summary of activity in each directorate/forum

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Newham

The forum related to Community Health Service, Adult Mental Health, Improving access to Psychological Therapies (IAPT), Specialist Children's and Young People's Team (SCYPs) and Child and Adolescent Mental Health Services (CAMHS).

- **Newham Community Health Services:**
  - focussed on older adults, staff understanding on mental capacity assessments and forums to discuss staff inequalities due to ethnicity.
- **Newham Adult Mental Health:**
  - Focussed on psychological therapies worked with young people looking at how services can be culturally sensitive and reviewing barriers and solution; engaged diverse groups of services users.
  - Psychotherapy services looked at reasons why BAME communities engage less with psychotherapy with particular focus on stigma, European model, different ways of seeking help.
  - Trainee psychologist in post focusing on BAME access. Also sought to understand staff competence in cultural knowledge and understanding.
  - Focus group with service users, QI project, staff training raising cultural awareness.
  - Adapted stepped care model to improve access for people from BAME community which includes specific questions, BAME Tree of Life.
- **Newham Crisis Pathway re-design:**
  - Event acknowledged contribution of service users who played a central role in redesign. Event was built around explaining the proposal and seeking views, discussing barriers**.**
  - Broad support for the Hub and lots of ideas offered to overcome barriers to access.
- **Newham Talking Therapies (IAPT):**
  - Focus on flexible working for staff and training for managers having 'difficult conversations', creating learning and development opportunities for staff**.**
  - Have a diverse workforce and service users match demographic profile in Newham which is a considerable success achieved through working in partnership with the community.
  - Have focused recently on increasing access by older people and men**.**
  - Service user forum in place and this coming year working with them to increase accessibility to all communities and reduce stigma, making interpreting available for group therapy**.**
  - Working in partnership with CHN to offer services to people with long term health conditions, various QI projects and population health project on delivering therapy digital video calling.
- **Newham CAMHS:**
  - Trust-wide CAMHS equality group, focussing on staff equality, all services self-evaluating against standards**.**
  - Focus on recruitment to increase diversity of staff. Access is an issue; now working with People Participation to address this via events**.**
- **Specialist children as young people services:**
  - Work in progress around transition from children to adult services**.**
  - Bringing staff together across lots of sites, well-being events planned and meetings with managers**.**

- Lots of involvement with service users, two parent groups running.

Tower Hamlets
Consisted of Community Health Services, Adult Mental Health and Learning Disability services, IAPT, CAMHS.

- **Tower Hamlets Community Health Services:**
  - Redesigning the transition from children to adult services to ensure families receive the individual care they require.
  - People participation worked with service user groups in Foot Health, Continence and Continuing Healthcare to improve accessibility, enabling self-referrals where possible, Working Together Group oversees communication material.
  - Link to Carers' Centre.
  - Advocate Coaching for Health training to equip staff to help service users to make informed choices.
  - Develop education about conditions in the community to ensure all communities can access.
  - Building the confidence of staff to ask the right questions is vital as is working with other partners (public, private and voluntary and community sector as appropriate). Examples included the Muslim peer support worker in continence who goes to the mosques to raise awareness of the service and the newsletter for housebound patients delivered by the district nurses when they are providing care.
- **Tower Hamlets Talking Therapies** (IAPT):
  - Therapists in every GP surgery.
  - 11 languages spoken across the service. Outreach in further education colleges and universities.
  - Co-production and QI projects – for example on waiting lists.
  - Depression and anxiety groups in Bengali.
  - Community engagement worker – in mosques, temples, etc, ESOL settings. Referrals match the demographics of the community (as does the workforce).
  - Data audits to ensure there is fair access.
- **Workforce overview**:
  - Diverse workforce.
  - Social and culturally specific events.
  - Training also includes cultural issues.
- **Service model**:
  - Push to offer services close to home while recognising some people prefer that it is not (to prevent family, friends, neighbours and wider community knowing about conditions).
  - 1000+ referrals each month – 700 of these are self-referrals.
  - Digital packages are well used (for example older people are the largest percentage of users and of recovery).
  - Therapy is under constant review and dialogue to adapt to the needs of service users.
- **Tower Hamlets CAMHS:**
  - Interpreters and therapists work as 'cultural advocates'**.**
  - Evolving group therapies**.**
  - 70% of young people – 1st or 2nd generation Bangladeshi**.**

- Inreach into schools. Lots of work with schools, example of mums and daughters' group in Mulberry School where discussions have included teenage relationships and sex.
- Success in gaining funding for trailblazer work in schools.
- CAMHS Trust-wide Equalities group Conversations re staff progression – equal opportunities – shortlisting and recruitment, unconscious bias**.**

- **Tower Hamlets Adult Mental Health Services:**
  - Recovery model – start with the individual, understand needs and identify gaps.
  - Commitment to co-production – piloted in one CMHT with a plan to roll out.
  - Celebratory events related to diversity of cultures in the team.
  - Population health – focus on homelessness.
  - Not disclosing sexuality and faith – 'prefer not to say' – how to tackle (as it may coincide with those who feel most dissatisfied).
  - Inpatient unit – staff feel more empowered than in the community to be creative, example of going to find a Mandarin speaker.

City and Hackney

Consisted of Adult mental health, forensic service and CAMHS.

- **City and Hackney Adults services:**
  - Working with staff to reduce homophobia and increase support for patients who are LGBTQ.
  - Training co-produced with service users.
  - Training video resource created and available for all staff on the Intranet. Include how to complete assessments.
  - Making role models via the internal vacancies and appointment bulletin.
  - Engaged with community in reviewing the experience of young black men and how they experience and access services in the boroughs.
  - EQUIP team quality improvement project on the experience of service users
  - Autism awareness training rolled out. Service working to enhance accessible information.
  - New service Health Based Place of Safety monitoring data of service users.
- **Forensic Service (Trust-wide but based in Hackney):**
  - Considerable work in the service to reduce violence and specifically reduce sexual violence in the learning disability team.
  - Service also employs a sexual violence advisor to support staff who are subject to sexualised incidents.
  - Review of data highlighted over representation of BAME service users in restrictive practices and were analysing the referral to high secure services and discussing with teams about bias and impact of practice.
- **City and Hackney CAMHS:**
  - CAMHS staff equality which is Trust-wide review in the experience of staff in the directorate and the ability to develop and progress.
  - Review of the pathways for young people by demographics and what is available for each young person based on the pathways.
  - A programme called Non-Violent Resistance Parenting took place in alliance with the national organisation Non-Violent Resistance (NVR) and Hackney Community Voluntary Service (HCVS).
  - Non-Violent Resistance (NVR) is a psychological approach was originally developed to address serious behaviour problems in young people.
  - CAMHS Alliance having worked in partnership with third sector organisations to deliver parenting programmes in the Turkish and Jewish communities, and

after consultation with BAME community leaders if was felt this was an ideal opportunity to deliver NVR in order to engage with families who may struggle to engage with CAMHS Services.

Luton and Bedfordshire
Consisted of CAMHs, Pathway to recovery (addiction services), Adult Mental Health service and Community Health Services.

- **Luton and Bedfordshire CAMHS:**
  - Challenges in recruitment and lack of diversity in senior posts.
  - Analysis of service users broadly representative of local populations, for example LGBTQ+. Nevertheless, there remain certain groups in the community who do not access services at all.
  - Team is focused on developing relationships with all communities, for example visiting faith and community organisations.
  - People Participation's is engagement from a diverse range of service users, working specifically with young people in marking LGBT History month.
- **P2R Path to Recovery Luton and Bedfordshire:**
  - There are Recovery Practitioners are diverse and representative of the local population but not reflective in the senior staff.
  - Work ongoing to attract, recruit and retain diverse senior staff.
- **Bedfordshire Community Health Services:**
  - In recognition of the diverse local cultures, an Equity and Diversity group has been established to reflect on the Trust's strategy, using disability as a starting point.
  - There are similar difficulties (in achieving a diverse workforce but some success in connecting with different communities, for example the Italian community in Bedford and recruitment of staff with the ability to speak different languages to the Single Point of Access, particularly in the south locality.
  - Service created audits of health centres to check hearing loops, wheelchair access and whether there is LGBTQ+ friendly information. The results of the audit are now be built into the development of the new Estates Strategy.
- **Luton and Bedfordshire People Participation**:
  - Following concerns raised by two transgender service users about the response they were receiving from services, there is now a transgender policy for wards and gender-neutral toilets in place.
  - In addition, Rainbow Bedfordshire, a LGBTQ+ support service for staff and service users was launched on 22 February 2020 with support from Bedford Borough Council.

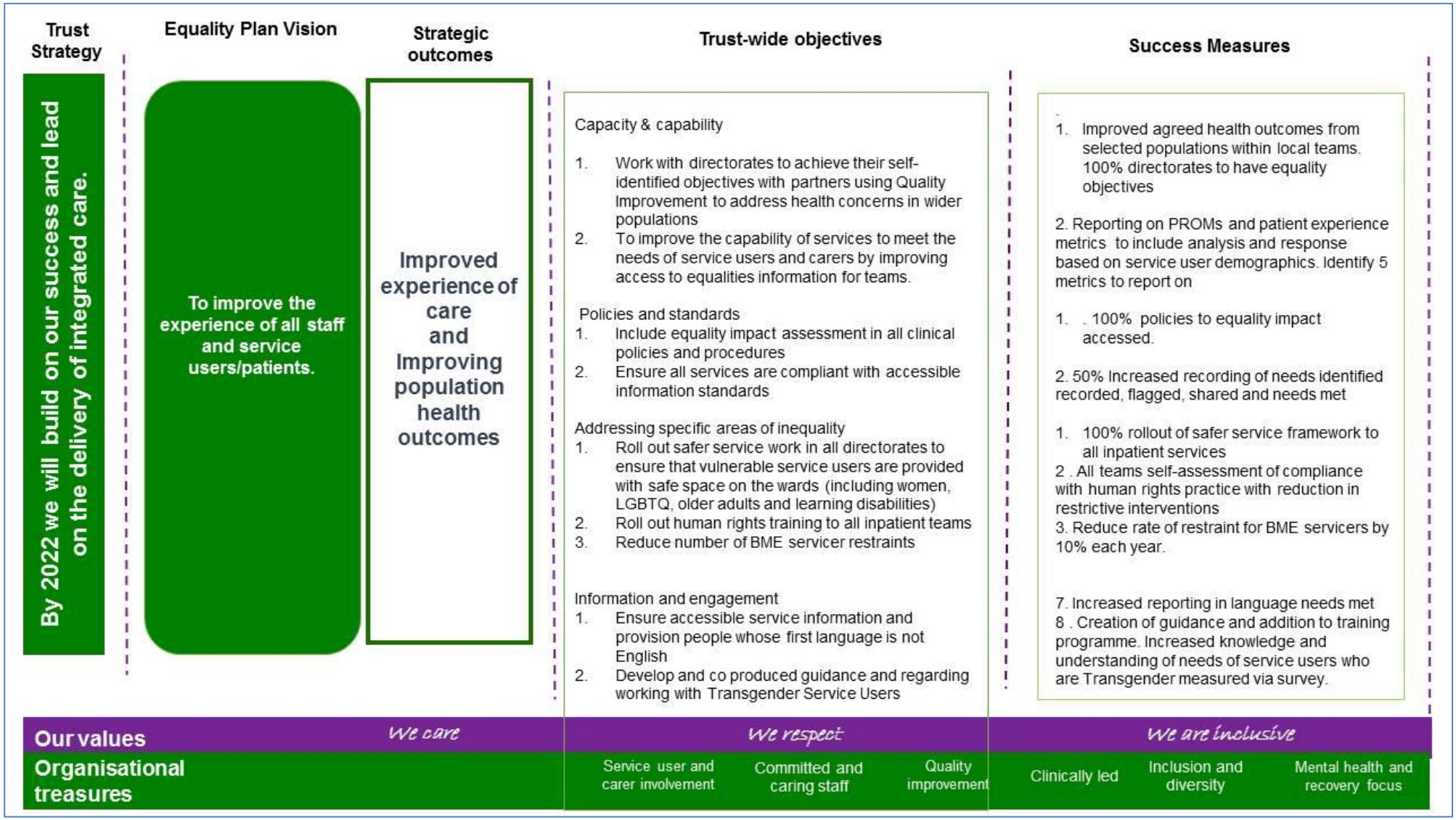
Interpreting and Translation
Compass took over the management of the provision of its interpreting and translation services, reviewing the provision and quality of interpreting across all services and working with service users to improve the experience.

There are sometimes difficulties in accessing interpreting and translation, particularly at short notice for services such as admissions and discharge, as well as for translators of some languages (not used by large numbers of patients). This emphasised the importance of continuing to recruit and retain a workforce that reflects the community although this is not necessarily easy or immediately achievable (at least in the short term). The importance of training interpreters was recognised, especially the ability to translate the technicalities and sensitivities of health issues accurately and fairly. Relying on family

members and other staff colleagues may sometimes work but is not always appropriate. Examples of technology helping at short notice for example use of ‘Google translate’ when it may well be pragmatic to do so in certain situations.

Translation: particularly in relation to talking therapies, the different understanding of conditions and treatment between communities. Services have therefore aimed to develop local models appropriate to community needs although there can sometimes be tensions in matching these precisely with NICE guidelines. An example to address this is the preparation workshop for Bengali and Sylheti speaking patients which provides an explanation of therapy and what the treatment programme before it actually starts. There is also a ‘push and pull’ aspect to the issue of translation both from different languages and from medical and technical to everyday terms. This involves recognising that there remains stigma associated with mental health conditions and some physical health conditions. It is therefore important to be sensitive about this but, at the same time, attempt to ‘de-stigmatise’ by being more open.

Equality Plan Vision



Safer Services

Patient Safety Review
An external review (Professor Carl McCrae) was commissioned to review patient safety systems and as part of this review, work is being undertaken on a Trust-wide learning lessons framework that triangulates intelligence, findings/feedback and data to enhance the learning across the Trust as well as looking at governance requirements. Professor Macrae has experience of working with the National Patient Safety Agency and Nottingham University to review patient safety processes.

The review commenced in March 2019 and was expected to be completed by March 2020. Assurance is provided that there are no major issues or concerns, however, with regards to patient safety within the Trust. Learning is currently undertaken through localised areas and consideration will also be given to systems (digital solutions).

Violence
Violence is the most frequent form of clinical incident in our services. The impact and consequences of violence on our staff and service users is hard to under-estimate. The Time to Think approach (using the Safety Culture Bundle) to violence reduction and the reduction of restrictive practices is now an established process across our in-patient services. As an approach it has been ground-breaking in terms of predicting and preventing violence but where this does still occur, restraint and seclusion remain likely consequence. Thus, the aims of reducing violence and restrictive practice are combined.

Restrictive Practice
Restrictive Practice is a term to describe behaviours and practices that inhibit freedoms for service users. These can be considered on a continuum from the use of blanket rules, locked doors and so on to the use of medication, restraint and seclusion. The Trust has commitment to reduce the use of restrictive practices across all services; however, establishing how to achieve this is complex. The Six Core Strategies (Huckshorn, 2006) for reducing seclusion and restraint helps to inform the main areas of focus for this work.

Although all our service users are considered vulnerable; those who are young (under 18) and those with a learning disability (or both) are considered as requiring particular care and attention, largely due to the historic gaps in oversight of these practices and the propensity for the abuse of these people.

Three wards took part in the national collaborative for reducing restrictive practice being facilitated by the Royal College of Psychiatry. There have been some real gains for the participating teams, learning from colleagues elsewhere in the NHS. The aim of this collaborative was to reduce the amount of restrictive practice within participating services by 30% and whilst there are some fantastic reductions – such as Westferry and Crystal Wards seclusion (a 60% reduction over 6 months).

The Trust's restraint reduction strategy focuses on the six core strategies for reducing restrictive practices. These are:

- Learning together and developing our workforce – the Time to Think Groups with service users are now held within each service monthly. Training on Human Rights and Trauma Informed care have been developed and introduced to services.
- Data – the data is available at ward and directorate level. Data is also created and scrutinised using the safety crosses on each ward and discussed in the ward community meeting.

- Leadership – a crucial element of any progress in this area is the constant attention of leaders to it.
- Working with service users and families – developing strategies for keeping everyone safe has to include the active participation of service users and their families/carers.
- Trauma Informed Care – is a way of seeing how previous experiences contribute to current behaviour and beliefs. For many we care for, there are significant issues of trauma that impact on their ability to connect with others and develop helping relationships.
- Rigorous debriefing. This involves actively learning from incidents in order to try and prevent reoccurrence. Evidence suggests that the more this is paid attention to, the greater the reductions in restraint.

The community teams in Community Health Team have reported an increased level of incidents directed to staff working in the community. Learning from inpatient mental health wards in reducing violence and aggression has been applied with community health services starting a violence collaborative. Initially it was identified that there was under reporting from staff and the challenges of tackling violence in the community due to the incident happening in the service users home, sometimes the aggression is from family members and withdrawal of care will impact on the vulnerable service users.

Religion and Spirituality

In the last year we have extended our Spiritual Team in Bedfordshire, London and Luton, and joined the Quality Improvement (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 on 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, etc. 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.

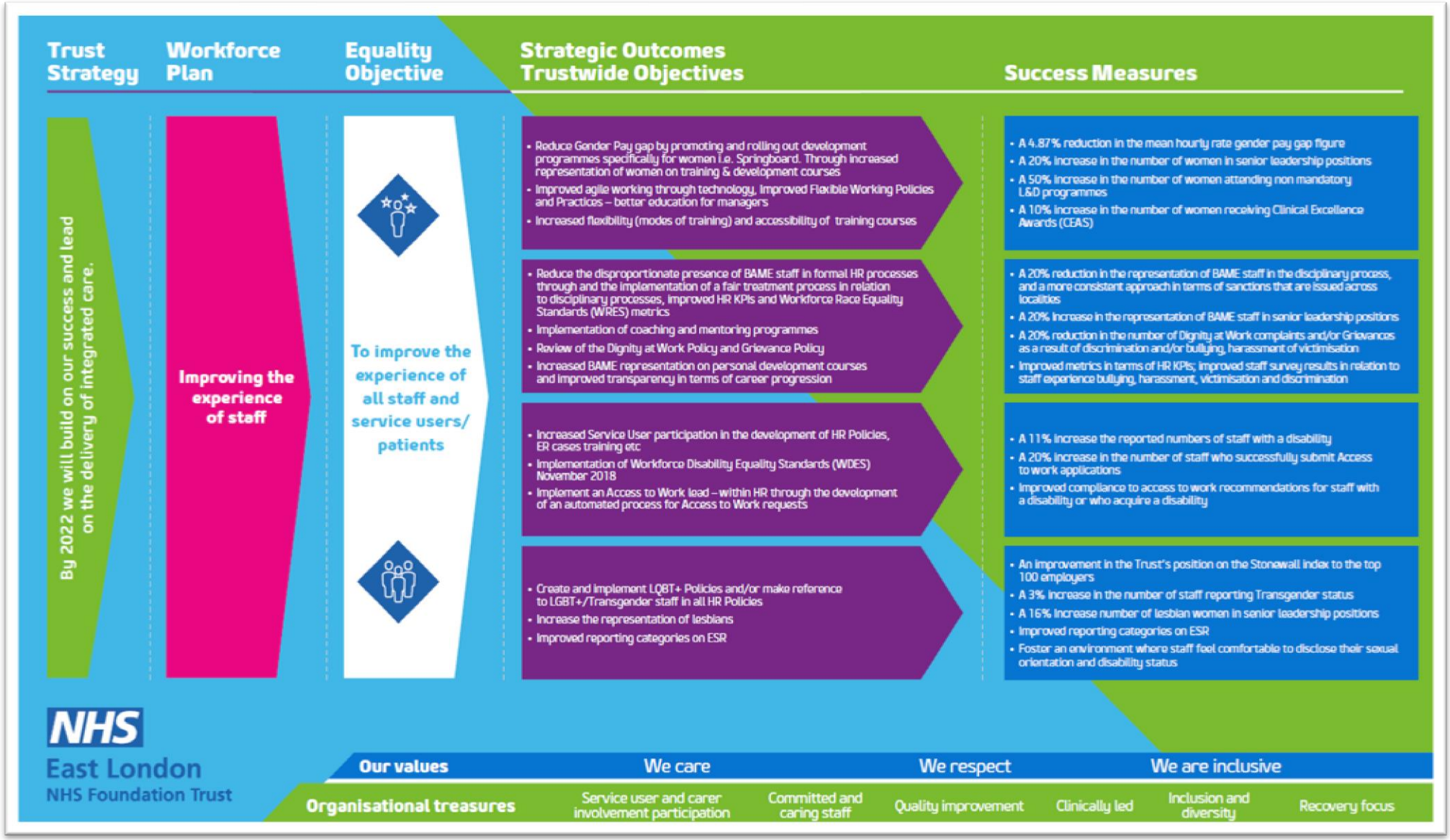
Since the team consists of a wide range of religious, spiritual and cultural traditions we are able to respond in a unique way to the need of our service users. The traditions of the East

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.

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 People & Culture Teams, as follows:


Trust Strategy
Workforce Plan
Equality Objective
Strategic Outcomes Trustwide Objectives
Success Measures
By 2022 we will build on our success and lead on the delivery of integrated care.
Improving the experience of staff
To improve the experience of all staff and service users/ patients
• 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
• 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)
• 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
• 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
• 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
• 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
• Create and implement LQBT+ Policies and/or make reference to LGBT+/Transgender staff in all HR Policies
• Increase the representation of lesbians
• Improved reporting categories on ESR
• 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
NHS
East London
NHS Foundation Trust
Our values
We care
We respect
We are inclusive
Organisational treasures
Service user and carer involvement participation
Committed and caring staff
Quality improvement
Clinically led
Inclusion and diversity
Recovery focus

In 2019 we have been able to

- Achieve an increase of 9% in the number of Clinical Excellence Awards (CEAs) awarded to female consultants and reduce our gender pay gap from 12.45% in 2017 to 11.54% in 2018. 2019 reporting was suspended to the Covid 19 pandemic - although ELFT will review internally
- Evened the likelihood of white staff compared to Black, Asian Minority Ethnic staff (BAME) in our 2019 Workforce Race Equality Standards (WRES) submission
- Reduced the number of suspensions and have reduced disproportionate effect of BAME staff in formal HR processes
- Implemented coaching and mentoring programmes and a coaching platform
- Increased service user participation in the development of HR Policies, ER cases and training
- Implementation of Workforce Disability Equality Standards (WDES) and action plan in conjunction with the ELFTAbility staff network
- Good progress against several equality targets
- 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 in a number of Workforce Race Equality Standard (WRES) areas
- Continued to deliver in-house mediation service
- Delivered 3 cohorts of Springboard Development Programme.

Staff Equality Networks

The Trust now has increased from four established staff networks to five (BAME, Disability, LGBTQ+, Women and Intergenerational) 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.

A summary of key annual highlights from each network can be seen below.

BAME

- Celebrated Black History Month
- Run regular network meetings and development workshops
- Facilitated annual conference
- Launched quality improvement project on improving the experiences of BAME staff
- Facilitated a series of 'BAME and COVID-19' webinars

ELFT Ability

- Facilitated annual conference
- Run regular network meetings and peer support space
- Supported with submission of WDES and development of WDES action plan
- Supported with production of Workplace Adjustments Guidance
- Launched 'Disability Champions' monthly campaign
- Launched bi-monthly network newsletter
- Launched 'See the Ability' campaign to profile staff with disabilities

LGBTQ+

- Run regular network meetings
- Celebrated LGBT History Month
- Facilitated annual conference
- Attended London Pride and London Black Pride
- Rolled-out LGBTQ+ awareness training in localities and in-patient services
- Improved on Stonewall Top 100 Index
- Launched 'coffee connection' initiative
- Facilitated sector-wide webinar with Michael Brady, National Advisor for LGBT Health at NHS England

Women

- Facilitated annual conference
- Run regular network meetings and development workshops
- Supported work on sexual violence in Forensics
- Run Trust-wide survey to help shape annual plan
- Set up virtual support channel on MS Teams

Intergenerational

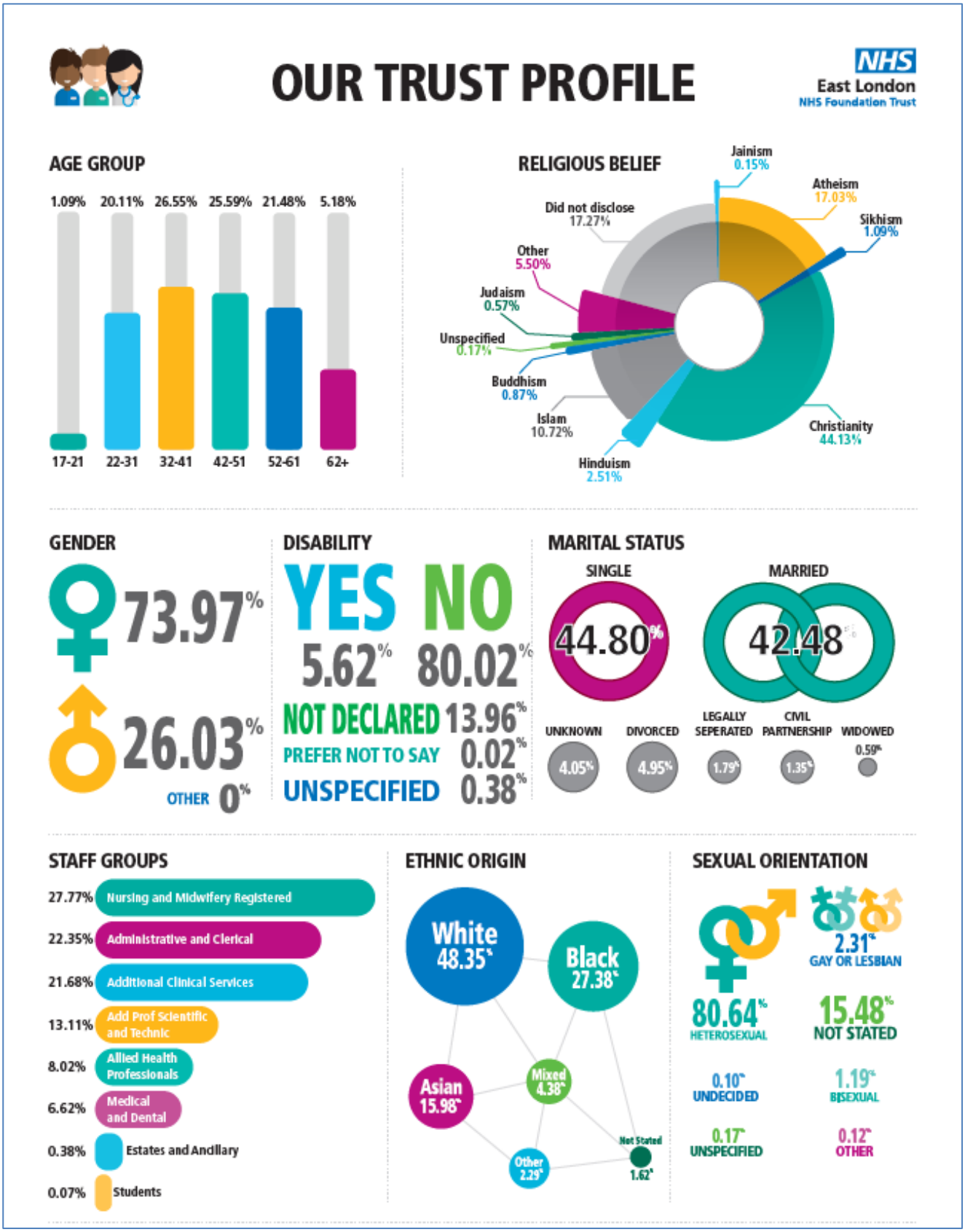
- Launched the network
- Developed Twitter, intranet and email presence
- Run Trust-wide survey to help shape annual plan
- Run webinars and peer support space

CAMHS (Children and Adolescents Mental Health) 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.

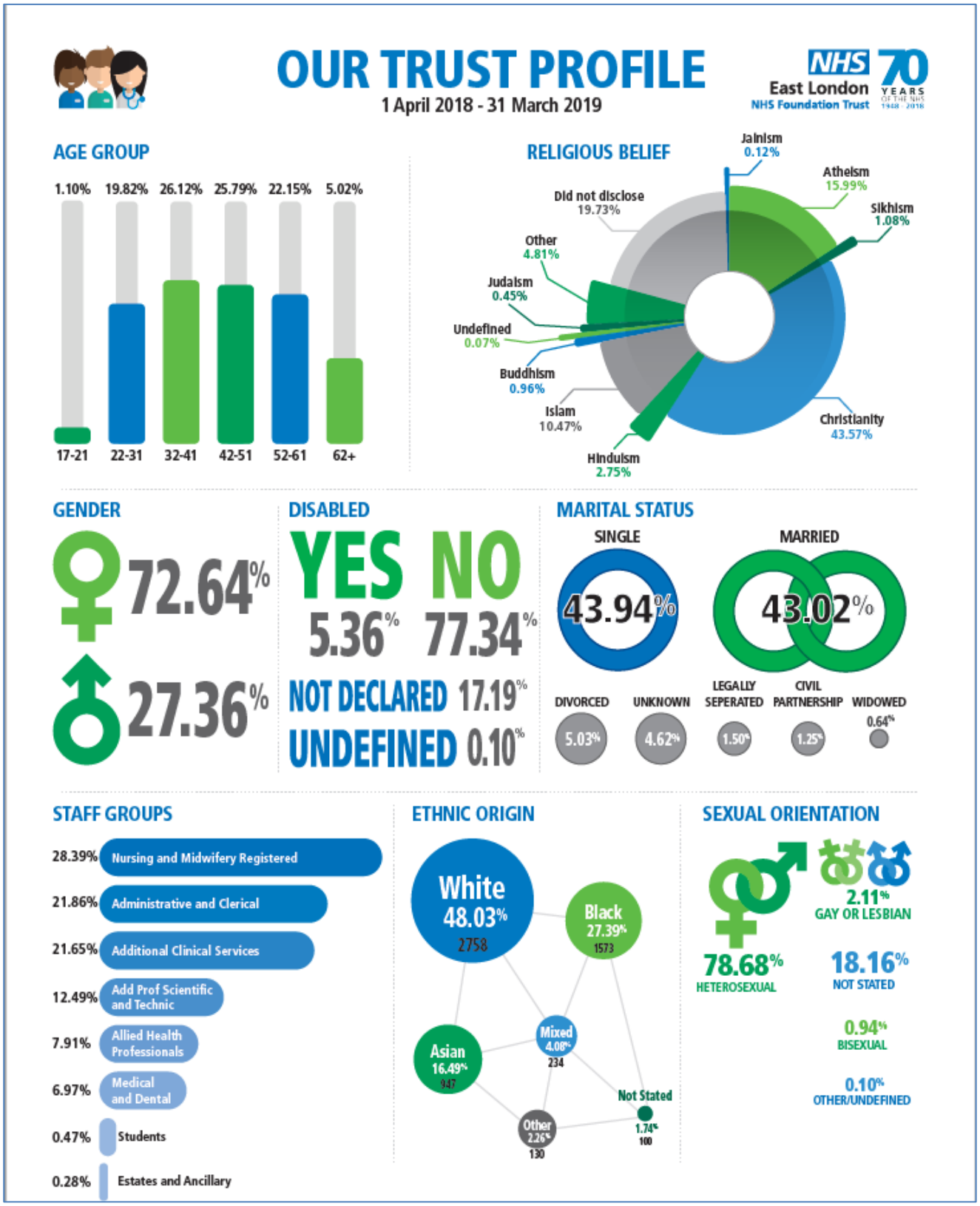
Freedom to Speak Up
The Trust is committed to creating a culture where staff are empowered to speak up about any concerns they may have about patient care. We employ a Freedom To Speak Up guardian, supported by a team of Freedom To Speak Up ambassadors, who provide support to staff across the organisation. The team provide an alternative way for staff to discuss and raise concerns, including concerns over equality and diversity 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.

Staff Profile

2019-2020



2018-2019


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 5.03%
UNKNOWN 4.62%
LEGALLY SEPERATED 1.50%
CIVIL PARTNERSHIP 1.25%
WIDOWED 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
Other 2.26% 130
Not Stated 1.74% 100
SEXUAL ORIENTATION
2.11% GAY OR LESBIAN
78.68% HETEROSEXUAL
18.16% NOT STATED
0.94% BISEXUAL
0.10% OTHER/UNDEFINED

Staff Costs

	Permanent Staff £000	Other Staff £000	2019/20 Total £000	2018/19 Total £000
Salaries and wages	198,943	26,606	**225,549**	220,590
Social security costs	26,151	-	**26,151**	23,761
Apprenticeship levy	1,050	-	**1,050**	1,092
Employer's contributions to NHS pensions	40,373	-	**40,373**	25,854
Pension cost - other	-	-	**-**	376
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Agency/contract staff	-	21,496	**21,496**	19,183
Total staff costs	**266,517**	**48,102**	**314,619**	**290,856**

Staff Numbers

Staff Group	Total	Permanent	Other
Medical and Dental	404	357	47
Administration and Estates	1,358	1,231	127
Healthcare Assistants and Other Support Staff	0	0	0
Nursing, Midwifery and Health Visiting Staff	3,108	2,440	668
Nursing, Midwifery and Health Visiting Learners	0	0	0
Scientific, Therapeutic and Technical Staff	1,457	1,383	74
Other	6	6	0
Total Average Numbers	6,333	5,417	916

Gender Analysis

Staff Group	Total	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board of Directors	20	7	13	0	6	14	0
Senior Managers	4	1	3	0	0	4	0
Doctors and Dentists	390	219	171	1	231	149	9
Nursing	1672	1233	439	43	786	821	22
Other healthcare staff	2741	2092	649	250	1544	923	24
Support staff	1358	1021	337	101	632	592	33
All Employees	6185	4573	1612	395	3199	2503	88
All Employees %	100	73.94	26.06	6.39	51.72	40.47	1.42

Sickness Absence

The average sickness rate for the Trust during 2019-2020 was 15.5 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**
5,258.96	5,258.96	15.5	1,919,521	81,593.13

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 2019, can be found on NHS Digital website.

The number of Full Time Equivalent (FTE) Days Available of 1,919,521 has been taken directly from ESR and has then been converted to Average FTEs for the year by dividing by 365 to give 5,258.96.

The number of FTE days lost due to sickness of 81,593.13 has been taken directly from ESR and has been converted to Adjusted FTE days due to sickness of 5,258.96 by taking account of the number of working days in the year to give the cabinet office measure of 5,258.96 days.

The average sick days per FTE of 15.15 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 2019-2020, the Trust spent £904,000 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 2020, for more than £245 per day and that last for longer than six months:

The total number of existing engagements as of 31 Mach 2020	**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 2019 and 31 March 2020, 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 2019 and 31 March 2020	**1**
Of which:	
Number assessed as within the scope of IR35	**0**
Number assessed as not within the scope of IR35	**1**
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 2019 and 31 March 2020:

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	**20**

Staff Exit Packages

Exit Packages 2019-2020	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	4	18	0	**4**	**18**
£10,001 - £25,000	5	82	0	**5**	**82**
£25,001 - £50,000	16	561	0	**16**	**561**
£50,001 - £100,000	6	397	0	**6**	**397**
£100,001 - £150,000	1	133	0	**1**	**133**
£150,001 - £200,000					
>£200,000					
Total	**32**	**1,191**	**0**	**32**	**1,191**

There were no other departures during the year.

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.

NHS FOUNDATION TRUST CODE OF GOVERNANCE

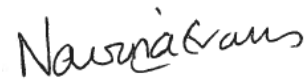
Statement of Compliance

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 and Risk Committee; the review also identifies areas for strengthening. In the Audit and Risk Committee's opinion there is strong evidence that the Trust is compliant with all provisions of the *Code* for the period 1 April 2019 to 31 March 2020.



Dr Navina Evans CBE
Chief Executive Officer
East London NHS Foundation Trust

Date: 25 June 2020

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, other items of comprehensive income and cash flows for the financial year.

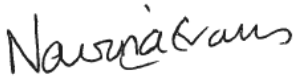
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group *Accounting Manual* and in particular to:

- 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 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 and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



Dr Navina Evans CBE
Chief Executive
East London NHS Foundation Trust

Date: 25 June 2020

CONTACT US

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Trust Headquarters
Robert Dolan House
9 Alie Street
London E1 8DE

Switchboard Telephone Number: **020 7655 4000**
Email: elft.communications@nhs.net

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 Team on phone 020 7655 4066 or email elft.communications@nhs.net

East London NHS Foundation Trust

East London NHS Foundation Trust

Audited Annual Accounts
for the year ended 31 March 2020

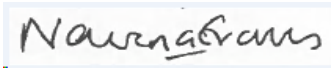
Audited Annual Accounts
for the year ended 31 March 2020

East London NHS
NHS Foundation Trust

FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2020, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:



Dr Navina Evans CBE
Chief Executive Officer

Date: 25 June 2020

ANNUAL GOVERNANCE STATEMENT 2019/20

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 to the achievement of the policies, aims and objectives of East London NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk
The Trust Board of Directors (Board) is accountable for performance and control issues, and submits regular monitoring returns and exception reports in accordance with the NHS England and NHS Improvement Single Oversight Framework.

The Trust has a Board Assurance Framework and Risk Management Framework which is approved by the Board. The Board reviews its risk appetite and Board Assurance Framework each year by considering the Trust's position against a range of factors including national policy, system requirements, and local plans and pressures. The frameworks define risk and identifies individual and collective responsibility for risk management within the organisation, and also sets out the Trust's approach to the identification, assessment, scoring, management and monitoring of risk.

As the Accountable Officer I have overall responsibility for the management of risk by the Trust. 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 Chief Nurse has delegated responsibility for ensuring the implementation of the Risk Management Framework within services and is assisted by the Associate Director of Governance and Risk who manages the Trust's Assurance Team. 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 Audit and Risk Committee has delegated responsibility for ensuring the Board Assurance Framework is well maintained, and other Board committees review risks relevant to their terms of reference. Directorate Management Team meetings review their Directorate Risk Registers and the Trust's Service Delivery Board regularly reviews the Corporate Risk Register.

Staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational function. To support staff, the Assurance Team:

- Provides support to directorates, departments and teams 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
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 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 5 x 5 risk matrix where the total score is an indicator as to seriousness of the risk. The Board Assurance Framework enables the 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. The Board Assurance Framework is reviewed by committees assigned as the lead committee for the risk and is reported to the Board at each meeting in public.

ANNUAL GOVERNANCE STATEMENT 2019/20 (continued)

Key Elements of the Risk Management Framework (continued)

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.

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 Team.

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 Team 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.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS22 guidance.

Quality Governance

The Trust has robust quality governance arrangements in place.

Regular quality and performance reports are received by the Board. The quality report provides the Board with assurance related to quality across the Trust, incorporating two domains of quality assurance and quality improvement. Quality control is covered in the integrated performance report which contains quality measures at an organisational level and provides an oversight of strategic performance and risk issues.

The quality report supports the Trust's four strategic objectives of improving patient experience, improving population health outcomes, improving staff experience and improving value for money. During the year the quality assurance dashboard was revised to provide a wider range of measures and additional commentary.

The quality of performance information is assessed through the Data Security Protection Toolkit.

Assurance on compliance with Care Quality Commission (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.

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.

During November and December 2019 CQC carried out focused inspections in Bedfordshire and Luton mental health services across six working age adult wards and in Bedfordshire community mental health services. The Trust received positive feedback on both visits including that staff were caring often going the extra mile, staff enjoyed being on the wards, and there were many examples of effective quality improvement projects. There were no issues for escalation but were some areas for improvement which the Trust is taking forward in the form of action plans.

A new insight report has been received from the CQC that sets out all the data that the CQC holds in respect of Trust performance and compliance with regulatory standards. No new areas of risk were identified within it, and the document has been disseminated to Directorate Management Teams for information.

Trust's Major Risks

The Board Assurance Framework includes eight risks which align with the Trust's strategic objectives. The Board has agreed that all risks from 2019-2020 remain valid and relevant, and will be carried forward to 2020-2021, and recommended slight amendments to the risk description for three risks. The risks and target scores reflect multi-year programmes.

The lead Board committees review and discuss at each meeting the controls and assurance for each of their assigned risks including the actions identified to address gaps and whether there should be any changes to the current and/or target risk scores. The Audit and Risk Committee has responsibility for ensuring that the Trust has good risk management processes in place, which operate effectively. To avoid duplication, the Audit and Risk Committee does not discuss in detail any risks which are the responsibility of other committees but makes recommendations to those committees if this is felt to be required. During the year the Audit and Risk Committee introduced a programme of deep dives into the key risks that may affect the achievement of the Trust's strategic priorities.

In March 2020 Trusts found themselves working in an unprecedented time. The COVID-19 pandemic and Government driven lock-down swept across the country with a significant impact on our staff, our services users, our services and our finances. The risks on the Board Assurance Framework were therefore reviewed in the light of the COVID-19 crisis and the Trust's response. Consideration was taken of the impact of the crisis, the actions identified/being undertaken to manage the risk and address the gap, if additional controls were needed and any recommended changes (including rationale) to the target and current risk scores.

As a consequence of the COVID-19 pandemic not all risks were reduced to their target score by the end of the year with three red-rated risks (see table below).

ANNUAL GOVERNANCE STATEMENT 2019/20 (continued)

Trust's Major Risks (continued)

Going forward the Trust is reviewing our present governance arrangements and considering strategically what we need to do to rebalance and readjust services for the future. We have established five workstreams:

- **Shaping Services in the Future**: The focus is to support us to learn from the changes that have taken place, plan ahead for future scenarios and redesign our service models so that we can improve the quality of life for those we serve
- **Inequalities**: The focus on inequalities as part of the work to address the impact of COVID-19 will encompass the range of inequalities and in particular the experience of BAME staff and the inequalities which have arisen as a result of COVID-19
- **Leadership**: The focus will be on our support for leadership through this period as we believe good leadership at all levels will be essential to enabling people and teams to continue to provide a high quality of care
- **The Future of Work**: The focus will review the impact of social distancing and other elements of the demands of COVID-19 on work, travel, estates, etc, what may change further, and what our response should be
- **Co-Production**: This workstream will take forward a key principle of the Trust which is that co-production with service users, carers, staff, local communities and populations is threaded throughout the Trust's work.

The risks that could impact on the Trust achieving its strategic objectives during 2019-2020 which were included on the Trust's Board Assurance Framework were:

Risk Description	Risk Score at 31 March 2020
Strategic Objective: Improved population health outcomes	
Risk 1: If the Trust does not anticipate, and proactively respond to, external changes, including factors outside the Trust's control, then the Trust may fail to deliver in its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans	High
Risk 2: If the Trust does not engage, influence and enthuse citizens, communities, partners in local health and care systems, and staff then the Trust may fail to deliver on its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans	
Strategic Objective: Improved patient experience	
Risk 3: If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities	
Risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	In the light of COVID-19 the risk score was increased to Significant from High
Strategic Objective: Improved staff experience	
Risk 5: If the Trust does not effectively plan for, attract and retain the right numbers and skills of staff required, there will be an impact on the Trust's ability to deliver safe, high quality integrated care	
Risk 6: If issues affecting staff experience, health and wellbeing and equalities are not addressed there will be a high turnover of staff as well as staff burnout	
Strategic Objective: Improved value	
Risk 7: If behavioural and culture changes are not embedded, the new approach to value and financial sustainability may result in resorting to previous methods of delivering efficiency savings	Risk score at 31 March 2020 was Significant
Risk 8: If the adoption of supporting plans is not embedded to aid waste reduction, in year financial benefits may not be delivered. This includes infrastructure, people and directorate plans	Due to the uncertainties created by COVID-19 the risk score was increased to Significant from High

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.

ANNUAL GOVERNANCE STATEMENT 2019/20 (continued)

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 NHS Improvement and the local commissioners through joint actions on specific issues, such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health and Overview Scrutiny Committees.

The interests of our service users is overseen by the People Participation Committee which is a sub-committee of the Board as well as the inclusion of representatives on various groups at the Trust including in coproduction of services, quality improvement initiatives and the service user led accreditation of services programme.

The Council of Governors 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.

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 People Plan has been created to reflect the Trust's commitment in terms of its strategy.

Control measures are 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.

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.

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the Use of Resources
As Accountable 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 annual plans (and budgets) taking into account the views of the Council.

Throughout the year the Board receives regular finance, financial viability, quality and performance reports which enable it to monitor progress in implementing the annual plan, the Trust's strategic objectives and the performance of the Trust. The Board's integrated performance report provides assurance to the Board on the delivery of the Trust's strategy and Trust-wide performance, finance and compliance matters. It is structured in line with the strategic outcomes in the Trust's strategy along with information about regulatory requirements and seeks to demonstrate how the Trust is improving the quality of life for all we serve.

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.

Internal audit services support the Trust's system of internal control by providing an objective and independent opinion on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives.

Information Governance
Risks to information including data security are managed and controlled by the Trust in a robust way. The Deputy Chief Executive is the Executive Director lead for information governance and is supported by key staff within the Information Governance Team and directorate leads.

The Trust has a nominated Caldicott Guardian who is the Chief Medical Officer and the Chief Quality 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. The Board has been assured by the SIRO, in the annual SIRO report, that effective arrangements are in place to manage and control risks to information and data security.

In 2019/20 there were three reportable incidents via the Data Security and Protection Incident Reporting Tool:
• 71 patients affected by an error using hybrid mail whereby a number of letters containing confidential information about patients were incorrectly split resulting in multiple sets of information being sent to individuals on the distribution list
• Medical consultants targeted by fraudsters who sent a phishing email purporting to be from Finance whereby users were encouraged to click on a link, resulting in attempts at salary diversions
• Community Sentence Treatment Pathway (CSTP) information inadvertently sent to commissioners and other organisations without removing person identifiable information relating to 26 users.

None of these incidents met the threshold for notification to the Information Commissioner's Office.

ANNUAL GOVERNANCE STATEMENT 2019/20 (continued)

Data Quality and Governance

As Accountable Officer 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 annual quality account and work is coordinated by the Trust's Quality Committee which reports to the Board's Quality Assurance Committee.

The quality priorities for 2019-2020 were developed in conjunction with senior clinicians and managers, the Council of Governors and service users. 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.

In response to the COVID-19 pandemic and the declaration of an NHS Level 4 incident and lockdown measures, the Trust implemented its emergency planning, resilience and response and business continuity plans. A Gold Command structure was implemented to support the initial response, to provide leadership in managing the situation, monitoring progress and identify solutions to problems with a focus on service users, service impacts, staff, risks and recovery.

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Early consideration was given to the Trust's approach to assurance regarding the quality of care during the pandemic and to utilising quality improvement in helping us to test, learn and adapt through the pandemic. The 'normal' quality assurance processes are restricted at present and have therefore been adapted. Consideration is being given to developing a wider range of assurance options particularly looking at online and virtual opportunities and exploring how we might assure quality in relation to pace, populations and systems.

A clinical guidance workstream has been established to triage new and revised guidance published during the pandemic period to ensure timeliness of review and dissemination. A COVID-19 dashboard has been developed bringing several sets of data into a real-time dashboard that is available to the incident response structure.

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 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 and Risk Committee and 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 for 1 April 2019 to 31 March 2020 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 mandatory training, rostering and patient safety (seclusion and restraint).

In his summary, the Head of Internal Audit commented that the audit programme was completed prior to the advent of the substantial operational disruptions caused by the COVID-19 pandemic. As such the audit work and annual opinion does not reflect the situation that has arisen in the final weeks of the financial year 2019-2020. Although there was a serious impact on both the operations of the Trust and its risk profile, it was recognised that the significant impact will be seen during 2020-2021.

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

The Board has identified strategic risks facing the Trust which are included in the Board Assurance Framework and has monitored the controls in place and the assurances available to ensure that these risks are being appropriately managed.

ANNUAL GOVERNANCE STATEMENT 2019/20 (continued)

Review of Effectiveness (continued)

The Board receives the Board Assurance Framework at each meeting as well as assurance reports 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 Audit and Risk Committee provides the Board with an independent and objective view of arrangements for internal control and risk management within the Trust and to ensure the internal audit service complies with mandatory auditing standards. 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 Quality Assurance Committee also receives internal audit reports at each of its meetings pertaining quality related updates. The Audit and Risk 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 and Risk Committee.

The Trust has a Quality Committee which reports to the Quality Assurance Committee in the form of an assurance report, and also links to the Service Delivery Board. 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. During 2019-2020 the reporting framework for the Quality Committee was changed to three parts:

- Part 1: Governance assurance – chaired by Chief Nurse
- Part 2: Deep dives – chaired by Chief Medical Officer
- Part 3 (new): Deep dives into a specific directorate relating to quality and safety assurance – chaired by Chief Quality Officer.

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

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 and Risk Committee. During the year RSM UK were reappointed as the Trust's internal auditors following a rigorous tender process.

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 monitoring 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.

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

The Trust's continued approach to identifying risks, implementing mitigation plans, actively seeking gaps in control through audit and in delivery audit action plans provides the Board with assurance that there is an effective system of control in place.

Internal Control

During 2019-2020, the Trust's Internal Auditors issued the following opinions:

- Substantial assurance:
  - o Integrated care systems
- Reasonable assurance:
  - o Compliance with NICE guidelines
  - o Lessons learnt
  - o Business continuity and disaster recovery
  - o Key financial controls – accounts receivables/costing for bids
  - o Waste reduction
  - o Data quality
  - o Board Assurance Framework and risk management culture
- Partial assurance:
  - o Mandatory training
  - o Rostering
  - o Patient safety – restraint and seclusion
- Advisory:
  - o Data Security and Protection (DSP) Toolkit review/cyber security
  - o Workforce – recruitment and retention.

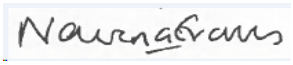
A range of management actions have been developed to address the issues raised in these reports. Progress against outstanding actions are monitored by the Executive Team, Audit and Risk Committee and Quality Assurance Committee.

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 and Risk Committee and the Board will continue to monitor these areas closely and agree additional action as required.

Signed:



Dr Navina Evans CBE
Chief Executive Officer

Date: 25 June 2020

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.

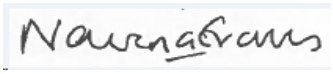
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- 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 CBE
Chief Executive Officer

Date: 25 June 2020

East London NHS
NHS Foundation Trust

Statement of Comprehensive Income
for the year ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	447,677	407,648
Other operating income	4	19,455	21,056
Total operating income from continuing operations		**467,131**	**428,704**
Operating expenses	5	(450,470)	(407,628)
Operating surplus/(deficit) from continuing operations		**16,661**	**21,076**
Finance income	10	843	649
Finance expenses	11	(2,309)	(2,365)
PDC dividends payable		(5,804)	(5,804)
Net finance costs		**(7,270)**	**(7,520)**
Movement in the fair value of investment property and other investments	15	-	6
Surplus/(deficit) for the year from continuing operations		**9,391**	**13,562**
Surplus/(deficit) for the year		**9,391**	**13,562**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	6	-	(1,105)
Revaluation gains charged to revaluation reserve	14	8,408	-
Remeasurements of the net defined benefit pension scheme liability/asset		4	106
Total comprehensive income/(expense) for the year		**17,803**	**12,563**

The notes on pages 15 to 50 form part of these accounts.

East London NHS
NHS Foundation Trust

Statement of Financial Position as at 31 March 2020

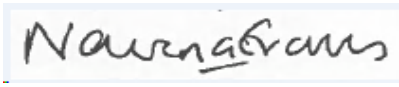
	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	13	471	424
Property, plant and equipment	14	250,706	235,278
Investment property	15	131	131
Investments in associates (and joint arrangements)	35	2,000	-
Total non-current assets		**253,308**	**235,833**
Current assets			
Inventories	16	219	198
Trade and other receivables	17	36,464	38,533
Cash and cash equivalents	19	106,405	85,298
Total current assets		**143,088**	**124,028**
Current liabilities			
Trade and other payables	21	(77,347)	(65,555)
Borrowings	23	(539)	(488)
Provisions	25	(7,284)	(10,133)
Other liabilities	22	(10,183)	(2,404)
Total current liabilities		**(95,353)**	**(78,581)**
Total assets less current liabilities		**301,043**	**281,281**
Non-current liabilities			
Borrowings	23	(17,811)	(18,350)
Provisions	25	(161)	(186)
Other liabilities	22	(1,809)	(1,799)
Total non-current liabilities		**(19,781)**	**(20,335)**
Total assets employed		**281,262**	**260,946**
Financed by			
Public dividend capital *		83,771	81,258
Revaluation reserve **		72,670	64,804
Retained earnings ***		124,821	114,884
Total taxpayers' equity		**281,262**	**260,946**

* The public's equity stake in the Trust. When NHS trusts were created, everything they owned (land, buildings, equipment and working capital) was transferred to them from the government. The value of these assets is in effect the public's equity stake in the new NHS trusts and is known as public dividend capital. It is similar to company share capital and as with company shares, a dividend is payable to the DH. The public

** Captures the cumulative surplus recognised (but not realised) on the revaluation of fixed assets

*** The aggregate surplus or deficit

The notes on pages 15 to 50 form part of these accounts.



Dr Navina Evans CBE
Chief Executive Officer

Date: 25 June 2020

East London NHS
NHS Foundation Trust

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Retained Earnings	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2019 - brought forward	**81,258**	**64,804**	**114,884**	**260,946**
Surplus/(deficit) for the year			9,391	**9,391**
Revaluations		8,408		**8,408**
Remeasurements of the defined net benefit pension scheme liability/asset			4	**4**
Public dividend capital received	2,513			**2,513**
Transfer of excess depreciation over historic cost depreciation		(542)	542	**-**
Taxpayers' equity at 31 March 2020	**83,771**	**72,670**	**124,821**	**281,262**

East London NHS
NHS Foundation Trust

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Retained Earnings	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	**79,685**	**66,609**	**100,516**	**246,810**
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**	**114,884**	**260,946**

East London NHS
NHS Foundation Trust

Statement of Cash Flows
for the year ended 31 March 2020

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus/(deficit)		16,661	21,076
Non-cash income and expense:			
Depreciation and amortisation	5	7,166	7,248
Impairments and reversals of impairments	5	(1,007)	(638)
Non-cash movements in on-SoFP pension liability	24.2	(1)	15
(Increase)/decrease in receivables and other assets		2,184	(12,451)
(Increase)/decrease in inventories	16	(21)	133
Increase/(decrease) in payables and other liabilities		17,043	10,746
Increase/(decrease) in provisions	25	(2,874)	401
Other movements in operating cash flows		-	3
Net cash generated from/(used in) operating activities		**39,151**	**26,533**
Cash flows from investing activities			
Interest received	10	843	649
Purchase of intangible assets	13.1	(230)	(104)
Purchase of property, plant, equipment and investment property		(10,468)	(8,981)
Cash movement from acquisitions of business units and subsidiaries	35	(2,000)	-
Net cash generated from/(used in) investing activities		**(11,855)**	**(8,436)**
Cash flows from financing activities			
Public dividend capital received		2,513	1,573
Capital element of PFI, LIFT and other service concession payments	30.3	(488)	(441)
Interest paid on PFI, LIFT and other service concession obligations	30.3	(2,081)	(2,127)
Other interest paid	24.2	(228)	(238)
PDC dividend paid		(5,904)	(5,000)
Net cash generated from/(used in) financing activities		**(6,188)**	**(6,233)**
Increase/(decrease) in cash and cash equivalents		**21,108**	**11,864**
Cash and cash equivalents at 1 April		**85,298**	**73,681**
Cash and cash equivalents transferred under absorption accounting	35	-	(247)
Cash and cash equivalents at 31 March	19	**106,406**	**85,298**

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 2019/20 (' 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. The Trust has operated to within the NHSI control total for 2019-20 and achieved a net surplus of £9.3m. Since its establishment on the 1st April 2000, the Trust has consistently delivered an annual surplus. The cash balance is very strong, with the balance at at 31/03/2020 sufficient to record a Liquidity Metric of 83 Days Cash. The Trust has maintained good scores in performance metrics, having achieved an NHSI Finance and Use of Resources rating of 1 as at 31/03/2020, and a segmentation rating of 1 within the Single Oversight Framework for Providers. In respect of 2020/21, NHSI/E have advised that providers can continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this.

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. A 1% variation in value would result in a £2.3m increase or decrease in the value of land & buildings and a 5% variation would result in a £10.9m increase or decrease in the value of land & buildings. 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.
- Estimation by the actuaries of the net liability to pay pensions depends on a number of complex judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in retirement ages, mortality rates and expected returns on pension fund assets. The effects on the net pension's liability of changes in individual assumptions can be measured. The estimates, assumptions and sensitivity of changes are provided in note 24.

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.

Notes to the Accounts

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.

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

Notes to the Accounts

1.6 Property, plant and equipment (continued)

The valuation exercise was carried out in March 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

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 2020.

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.

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.

Notes to the Accounts

1.6 Property, plant and equipment (continued)

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.

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.

Notes to the Accounts

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.

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.

Notes to the Accounts

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.

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. Debtors and Creditors are valued at amortised cost.

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

IFRS 16. In light of COVID-19 pressures, HM Treasury and the Financial Reporting Advisory Board (FRAB) have decided that IFRS 16 implementation in the public sector will be deferred for a further year, to 2021/22.

The application of the Standards as notified would not have a material impact on the accounts for 2019/20, were they applied in that year.

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.

Notes to the Accounts

2 Segmental analysis

A business segment is a group of assets and operations engaged in providing products or services that are subject to risks and returns that are different from those of other business segments. A geographical segment is engaged in providing products or services within a particular economic environment that is subject to risks and returns that are different from those of segments operating in other economic environments.

The directors consider that the Trust's activities constitute a single segment since they are provided wholly in the UK, are subject to similar risks and rewards and all assets are managed as one central pool.

East London NHS Foundation Trust

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2019/20	2018/19
	£000	£000
Mental health services		
Cost and volume contract income	8,409	7,935
Block contract income	307,714	282,143
Other clinical income from mandatory services	16,056	14,420
Community services		
Community services income from CCGs and NHS England	92,932	90,061
Community services income from other commissioners	10,349	9,489
All services		
AfC pay award central funding	-	3,600
Additional pension contribution central funding	12,217	-
Total income from activities	**447,677**	**407,648**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20	2018/19
	£000	£000
NHS England	71,671	53,373
Clinical commissioning groups	347,174	321,408
NHS foundation trusts	2,910	2,746
NHS trusts	9,010	8,679
Local authorities	15,685	17,639
Department of Health and Social Care	10	3,600
NHS other	1	-
Non NHS: other	1,216	203
Total income from activities	**447,677**	**407,648**
Of which:		
Related to continuing operations	447,677	407,648

2018/19 comparatives have been adjusted to move £16,377k from Block contract income to Community services income from CCGs and NHS England

Note 4 Other operating income

	2019/20	2018/19
	£000	£000
Research and development	2,630	1,463
Education and training	8,902	8,804
Rental revenue from operating leases	480	457
Provider sustainability fund (PSF / STF)	3,486	7,326
Other income	3,956	3,006
Total other operating income	**19,454**	**21,056**
Of which:		
Related to continuing operations	19,454	21,056

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:

	2019/20	2018/19
	£000	£000
Income from services designated as commissioner requested services	447,677	407,648
Income from services not designated as commissioner requested services	19,454	21,056
Total	**467,131**	**428,704**

Within the 2019/20 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
Primary Care Services

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Note 5 Operating expenses

	2019/20	2018/19
	£000	£000
Services from NHS & DHSC Bodies	28,945	29,609
Purchase of healthcare from non NHS bodies *	8,907	10,692
Employee expenses - non-executive directors	212	205
Employee expenses - staff & executive directors	327,884	290,856
Supplies and services - clinical	5,706	7,091
Supplies and services - general	11,038	12,574
Establishment	4,600	4,218
Research and development	2,900	2,868
Transport	3,439	2,975
Premises	18,428	15,477
Movement in credit loss allowance: contract receivables / contract assets	4,943	2,236
Drug costs	4,522	4,158
Rentals under operating leases	9,092	8,566
Depreciation on property, plant and equipment	6,983	6,989
Amortisation on intangible assets	183	259
Impairments	(1,007)	(638)
Audit fees payable to the external auditor		
audit services- statutory audit	59	52
other auditor remuneration (external auditor only)	-	7
Internal audit costs	107	102
Clinical negligence	1,103	997
Legal fees	398	362
Consultancy costs	904	563
Training, courses and conferences	2,639	2,228
Redundancy	1,191	388
Hospitality	75	65
Insurance	87	75
Other services, eg external payroll	995	954
Losses, ex gratia & special payments	57	90
Other	6,080	3,610
Total	**450,470**	**407,628**
Of which:		
Related to continuing operations	450,470	407,628

* The purchase of healthcare from non-nhs bodies includes local authority, independent sector, private sector and charitable organisations.

Note 5.1 Other auditor remuneration

Remuneration of £0k (£7k in 2018/19) 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

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(1,007)	(638)
Total net impairments charged to operating surplus / deficit	**(1,007)**	**(638)**
Impairments/(reversals) charged to the revaluation reserve	-	1,105
Total net impairments	**(1,007)**	**467**

Note 7 Employee benefits

	Permanent	Other	2019/20 Total	2018/19 Total
	£000	£000	£000	£000
Salaries and wages	213,249	25,215	**238,464**	220,590
Social security costs	26,151	-	**26,151**	23,761
Apprenticeship levy	1,050	-	**1,050**	1,092
Employer's contributions to NHS pensions	28,158	-	**28,158**	25,854
Pension cost - other	348	-	**348**	376
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	12,217	-	**12,217**	-
Agency/contract staff	-	21,496	**21,496**	19,183
Total staff costs	**281,173**	**46,711**	**327,884**	**290,856**

Note 7.1 Average number of employees (WTE basis)

	Permanent	Other	2019/20 Total	2018/19 Total
	Number	Number	Number	Number
Medical and dental	357	47	**404**	382
Administration and estates	1,231	127	**1,358**	1,258
Nursing, midwifery and health visiting staff	2,440	668	**3,108**	3,023
Scientific, therapeutic and technical staff	1,383	74	**1,457**	1,331
Other	6	-	**6**	6
Total average numbers	**5,417**	**916**	**6,333**	**6,000**

Note 7.2 Retirements due to ill-health

During 2019/20 there were no early retirements from the Trust agreed on the grounds of ill-health (1 in 2018/19). The estimated additional pension liabilities of these ill-health retirements is £0k (£21k in 2018/19).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.3 Reporting of compensation schemes - exit packages 2019/20

	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
Exit package cost band (including any special payment element)				
<£10,000	4	18	**4**	**18**
£10,001 - £25,000	5	82	**5**	**82**
£25,001 - £50,000	16	561	**16**	**561**
£50,001 - £100,000	6	397	**6**	**397**
£100,001 - £150,000	1	133	**1**	**133**
Total	**32**	**1,191**	**32**	**1,191**

There were no other departures during the year.

Note 7.4 Reporting of compensation schemes - exit packages 2018/19

	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
Exit package cost band (including any special payment element)				
<£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 7.5 Directors' remuneration

The aggregate amounts payable to directors were:

	2019/20 £000	2018/19 £000
Salary	1,212	1,186
Employer's pension contributions	174	115
Total	**1,386**	**1,301**

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 and Social Care 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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'.

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Note 9 Operating leases

Note 9.1 East London NHS Foundation Trust as a lessor

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	480	457
Total	**480**	**457**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year	420	457
- later than one year and not later than five years	1,613	1,774
- later than five years	2,260	2,792
Total	**4,293**	**5,023**

Note 9.2 East London NHS Foundation Trust as a lessee

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	9,092	7,138
Total	**9,092**	**7,138**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	9,092	7,138
- later than one year and not later than five years;	33,564	27,039
- later than five years.	44,488	43,683
Total	**87,144**	**77,860**

All minimum lease payments due relate to buildings

Material Lease Arrangements

The only material lease arrangement is East Ham Care Centre

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	3,329	3,329
Total	**3,329**	**3,329**

Note 10 Finance income

	2019/20 £000	2018/19 £000
Interest on bank accounts	654	456
Interest income on employee pension fund assets	189	193
Total	**843**	**649**

Note 11 Finance expenditure

	2019/20 £000	2018/19 £000
Interest expense:		
Interest on employee pension fund obligations	228	238
Main finance costs on PFI and LIFT schemes obligations	2,081	2,127
Total	**2,309**	**2,365**

Note 12.1 Better Payment Practice Code - measure of compliance

	2019/20 Number	2019/20 £000
Total Non-NHS trade invoices paid in the year	**55,773**	**184,339**
Total Non-NHS trade invoices paid within target	**52,160**	**180,375**
Percentage of Non-NHS trade invoices paid within target	**94%**	**98%**
Total NHS trade invoices paid in the year	**1,879**	**48,296**
Total NHS trade invoices paid within target	**1,759**	**48,119**
Percentage of NHS trade invoices paid within target	**94%**	**100%**

	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%

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

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Note 13.1 Intangible assets - 2019/20

	Software licences	Total
	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**2,816**	**2,816**
Additions	230	**230**
Gross cost at 31 March 2020	**3,046**	**3,046**
Amortisation at 1 April 2019 - brought forward	**2,392**	**2,392**
Provided during the year	183	**183**
Amortisation at 31 March 2020	**2,575**	**2,575**
Net book value at 31 March 2020	**471**	**471**
Net book value at 1 April 2019	**424**	**424**
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

Note 13.2 Intangible assets - 2018/19

	Software licences	Total
	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**2,712**	**2,712**
Additions	104	**104**
Valuation/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	

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Note 13.3 Intangible assets financing 2019/20

	Software licences	Total
	£000	£000
Net book value at 31 March 2020		
Purchased	471	**471**
NBV total at 31 March 2020	**471**	**471**

Note 13.4 Intangible assets financing 2018/19

	Software licences	Total
	£000	£000
Net book value 31 March 2019		
Purchased	424	**424**
NBV total at 31 March 2019	**424**	**424**

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Note 14.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**31,395**	**189,776**	**210**	**2,109**	**6,114**	**93**	**22,373**	**4,314**	**256,384**
Additions	-	4,220	-	961	406	-	6,991	418	**12,996**
Reclassifications	-	1,919	-	(2,109)	190	-	-	-	**-**
Revaluation gains charged to revaluation reserve	472	7,932	4	-	-	-	-	-	**8,408**
Revaluation Surpluses **	12	(2,072)	(4)	-	-	-	-	-	**(2,064)**
Valuation/gross cost at 31 March 2020	**31,879**	**201,775**	**210**	**961**	**6,710**	**93**	**29,364**	**4,732**	**275,724**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**2,198**	**-**	**-**	**4,519**	**79**	**11,193**	**3,117**	**21,106**
Provided during the year	-	3,298	4	-	533	7	2,626	515	**6,983**
Impairments recognised in operating expenses	3	265	-	-	-	-	-	-	**268**
Reversals of impairments recognised in operating expenses	(15)	(1,260)	-	-	-	-	-	-	**(1,275)**
Revaluation Surpluses **	12	(2,072)	(4)	-	-	-	-	-	**(2,064)**
Accumulated depreciation at 31 March 2020	**-**	**2,429**	**-**	**-**	**5,052**	**86**	**13,819**	**3,632**	**25,018**
Net book value at 31 March 2020	**31,879**	**199,346**	**210**	**961**	**1,658**	**7**	**15,545**	**1,100**	**250,706**
Net book value at 1 April 2019	**31,395**	**187,578**	**210**	**2,109**	**1,595**	**14**	**11,180**	**1,197**	**235,278**
Useful economic life									
- Minimum useful economic life		60	60		3	5	5	3	
- Maximum useful economic life		60	60		15	5	10	12	

** Revaluation Surpluses are entries required to correct accumulated depreciation for revalued assets
Refer to Note 1.6 regarding the additional uncertainty of asset values in 2019/20 caused by COVID-19

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Note 14.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£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 - purchased/ leased/ grants/ donations	-	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 income	(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	

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Note 14.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned	31,879	165,573	210	961	1,658	7	15,545	1,100	**216,933**
On-SoFP PFI contracts and other service concession arrangements	-	28,878	-	-	-	-	-	-	**28,878**
Donated	-	4,895	-	-	-	-	-	-	**4,895**
NBV total at 31 March 2020	**31,879**	**199,346**	**210**	**961**	**1,658**	**7**	**15,545**	**1,100**	**250,706**

Note 14.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£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 15 Investment property

	31 March 2020 £000	31 March 2019 £000
At 1 April	**131**	**125**
Gain/(loss) from fair value adjustments	-	6
At 31 March	**131**	**131**

Note 16 Inventories

	31 March 2020 £000	31 March 2019 £000
Drugs	219	198
Total inventories	**219**	**198**

The total value of inventories recognised in expenses for the year was £3,703k (£3,412k in 2018/19).

Note 17 Trade and other receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables (invoiced and accrued)	36,774	36,441
Contract assets	3,662	3,745
Allowance for impaired contract receivables / assets	(8,859)	(5,767)
Prepayments (non-PFI)	2,845	2,173
PDC dividend receivable	194	94
VAT receivable	1,300	1,480
Other receivables	548	367
Total current trade and other receivables	**36,464**	**38,533**

Note 18.1 Allowances for credit losses - 2019/20

	Contract receivables and contract assets	All other receivables
	£000	£000
At 1 April brought forward	**5,767**	**-**
New allowances arising	5,511	-
Utilisation of allowances (write offs)	(1,851)	-
Reversals of allowances	(568)	-
At 31 March	**8,859**	**-**

Note 18.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
At 1 April brought forward	**5,693**	**-**
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 18.3 Analysis of trade receivables

	31 March 2020	31 March 2019
	£000	£000
Ageing of impaired trade receivables		
0 - 30 days	1,706	785
30 - 60 Days	588	21
60 - 90 days	322	132
90 - 180 days	982	1,196
Over 180 days	5,261	3,633
Total	**8,859**	**5,767**
Ageing of non-impaired trade receivables		
0 - 30 days	10,505	17,944
30-60 Days	3,568	2,625
60-90 days	1,111	702
90- 180 days	2,348	2,053
Over 180 days	4,957	3,190
Total	**22,488**	**26,514**

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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.

	2019/20	2018/19
	£000	£000
At 1 April	**85,298**	**73,681**
Transfers by absorption	-	(247)
Net change in year	21,107	11,864
At 31 March	**106,405**	**85,298**
Broken down into:		
Cash at commercial banks and in hand	191	142
Cash with the Government Banking Service	106,214	85,156
Total cash and cash equivalents as in SoFP	**106,405**	**85,298**

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 2020	31 March 2019
	£000	£000
Bank balances	642	656
Monies on deposit	272	265
Total third party assets	**914**	**921**

Note 21 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	21,687	21,080
Capital payables	5,729	3,201
Other taxes payable	7,077	6,717
Other payables	4,990	4,685
Accruals	37,865	29,872
Total current trade and other payables	**77,347**	**65,555**

Note 22 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income	10,183	2,404
Total other current liabilities	**10,183**	**2,404**
Non-current		
Net pension scheme liability (Bedfordshire LGPS)	1,809	1,799
Total other non-current liabilities	**1,809**	**1,799**

Note 23 Borrowings (PFI liability)

	31 March 2020 £000	31 March 2019 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	539	488
Total current borrowings	**539**	**488**
Non-current		
Obligations under PFI, LIFT or other service concession contracts	17,811	18,350
Total non-current borrowings	**17,811**	**18,350**

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 2020	31 March 2019
	£000	£000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(9,562)	(8,833)
Current service cost	(308)	(346)
Interest on pension obligations	(228)	(238)
Member contributions	(54)	(61)
Remeasurements recognised in other comprehensive income	1,307	(153)
Benefits paid	188	69
Defined benefit obligation as at 31 March	**(8,657)**	**(9,562)**
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	7,763	6,955
Interest income on plan assets	189	193
Expected return on plan assets (excluding interest income)	-	259
Actuarial gains/(losses)	(1,303)	-
Employer contributions	348	376
Administration expenses	(15)	(12)
Member contributions	54	61
Benefits paid	(188)	(69)
Fair value of plan assets as at 31 March	**6,848**	**7,763**
Net asset/(liability) as at 31 March	**(1,809)**	**(1,799)**

Note 24.2 Amounts recognised in the Statement of Comprehensive Income

	31 March 2020	31 March 2019
	£000	£000
Current service cost	(308)	(346)
Interest on pension obligations (note 11)	(228)	(238)
Interest income on plan assets (note 10)	189	193
Total pension cost recognised	**(347)**	**(391)**

Note 24.3 Principal actuarial assumptions

The sensitivity regarding the principle assumptions used to measure the scheme liabilities are set out below.

	2020	2019
	% p.a.	% p.a.
Pension increase rate	1.65%	2.4%
Salary increase rate	2.65%	2.7%
Discount rate	2.35%	2.4%

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Note 25 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2019	**212**	**121**	**9,986**	**10,319**
Arising during the year	-	190	2,433	**2,623**
Utilised during the year	(25)	(121)	(355)	**(501)**
Reversed unused	-	-	(4,996)	**(4,996)**
At 31 March 2020	**187**	**190**	**7,068**	**7,445**
Expected timing of cash flows:				
- not later than one year	26	190	7,068	**7,284**
- later than one year and not later than five years	104	-	-	**104**
- later than five years	57	-	-	**57**
Total	**187**	**190**	**7,068**	**7,445**

Note 26 Clinical negligence liabilities

At 31 March 2020, £15,027k was included in provisions of the NHS Resolution in respect of clinical negligence liabilities of the Trust (£12,834k at 31 March 2019).

Note 27 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	190	77
Net value of contingent liabilities	**190**	**77**

Note 28 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	4,390	2,095
Total	**4,390**	**2,095**

Note 29 Events after the end of the reporting period

ELFT Chair Marie Gabriel CBE has been appointed as Independent Chair of the North East London Sustainability and Transformation Partnership (STP), also known as the East London Health and Care Partnership, and left the Trust on 31st March 2020.

Dr Navina Evans, chief executive, has been appointed to be the next chief executive of Health Education England (HEE) and will leave the Trust in October 2020.

As part of the response to COVID-19, for the duration of the crisis, all NHS organisations have moved to a simplified basis of contracting for 2020-21. Block contract values for mental health providers have been uplifted from 2019-20 values by the same 2.8% growth factor assumption as acute providers. CCGs have been asked to work with mental health providers to understand where additional investment over and above this block uplift can contribute to the COVID-19 response and also provide the foundation for future transformation, e.g. by recruiting staff who can be used for COVID-19 in the short term and move into new services later. Providers will be paid for these investments through top-up payments during the COVID19 period, transitioning to the normal commissioning arrangements in the longer term.

Note 30 On-SoFP PFI, LIFT or other service concession arrangements

Note 30.1 Imputed finance lease obligations

	31 March 2020 £000	31 March 2019 £000
Gross PFI, LIFT or other service concession liabilities	**38,875**	**41,443**
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	26,034	28,602
Finance charges allocated to future periods	(20,525)	(22,605)
Net PFI, LIFT or other service concession arrangement obligation	**18,350**	**18,838**
- not later than one year	539	488
- later than one year and not later than five years	2,795	2,525
- later than five years	15,016	15,825

Note 30.2 Payments committed in respect of the service element

	31 March 2020 £000	31 March 2019 £000
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	3,394	3,246
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year	3,841	3,685
- later than one year and not later than five years	17,006	16,341
- later than five years	56,641	61,148
Total	**77,488**	**81,174**

Note 30.3 Analysis of amounts payable to service concession operator

	31 March 2020 £000	31 March 2019 £000
Unitary payment payable to service concession operator (total of all schemes)	5,962	5,814
Consisting of:		
- Interest charge	2,081	2,127
- Repayment of finance lease liability	488	441
- Service element	3,394	3,246
Total	**5,962**	**5,814**

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.

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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 2020 under IFRS 9		
Trade and other receivables excluding non financial assets	32,125	**32,125**
Cash and cash equivalents at bank and in hand	106,405	**106,405**
Total at 31 March 2020	**138,530**	**138,530**

	Held at fair value through I&E £000	Total £000
Carrying values of financial assets as at 31 March 2019 under IAS 39		
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**

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 2020 under IFRS 9		
Obligations under PFI, LIFT and other service concession contracts	18,350	**18,350**
Trade and other payables excluding non financial liabilities	70,270	**70,270**
Total at 31 March 2020	**88,620**	**88,620**

	Held at fair value through I&E £000	Total £000
Carrying values of financial liabilities as at 31 March 2019 under IAS 39		
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**

Note 32.3 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	70,809	58,838
In more than one year but not more than two years	596	488
In more than two years but not more than five years	2,199	2,525
In more than five years	15,016	15,825
Total	**88,620**	**77,676**

Note 33 Losses and special payments

	2019/20		2018/19	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned - overseas visitors	-	-	1	3
Total losses	**-**	**-**	**1**	**3**
Special payments				
Compensation payments	15	50	8	78
Ex-gratia payments	15	3	41	8
Damage to buildings, property etc.	13	2	-	-
Losses of cash due to theft, fraud etc.	5	1	-	-
Personal injury	3	1	1	1
Total special payments	**51**	**57**	**50**	**87**
Total losses and special payments	**51**	**57**	**51**	**90**

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 £399k income for services provided.

Mary Elford, Vice Chair, is a Non Executive Director at Health Education England. The Trust received £8,925k income for services provided.

Dr Mohit Venkataram, Director of Commercial Development, is:
CEO and Director of Compass Wellbeing CIC. The Trust paid £1,023k for services received.
A Director of Health & Care Space Newham Ltd. See note 35.
A partner in Leighton Road Surgery, a GP practice operated by the Trust.

Steven Course, Chief Finance Officer, is a Director of Health & Care Space Newham Ltd. See note 35.

Professor Sir Sam Everington, Non-Executive Director, is Chair of Tower Hamlets CCG. The Trust received £67,930k income for services provided and paid £180k 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 Investments in associates (and joint arrangements)

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.

HCSN has yet to commence commercial activity, but will become active over the next 12 to 24 months and the Trust is confident that the asset has retained the value of £2m at the end of the 2019/20 financial year.

The registered office of HCSN is Newham Dockside, 1000 Dockside Road, London, England, E16 2QU.

	31 March 2020 £000	31 March 2019 £000
Total profit /(loss)	(477)	-
Total gross assets	6,239	-
Total net assets	6,024	-

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 2020 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 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 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 2019 to 2020; 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.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

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.

In our evaluation of the Accounting Officer' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Overview of our audit approach

Financial statements audit

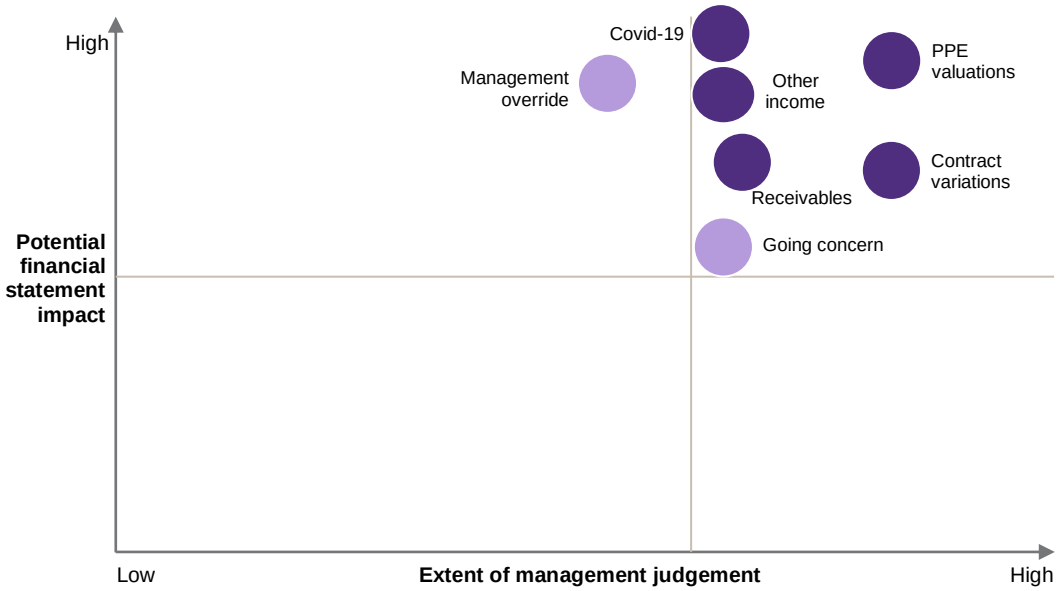
- Overall materiality: £8,000,000 which represents 1.78% of the Trust's gross operating costs (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
  - Valuation of land and buildings
  - Occurrence and accuracy of non-block contract patient care income and other operating income and existence of associated receivable balances
- We have exposed to testing the Trust's material income and expenditure streams and assets and liabilities covering 100% of the Trust's income, 100% of the Trust's expenditure, 99% of the Trust's assets and 99% of the Trust's liabilities.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risks in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

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 The Trust re-values its land and buildings annually to ensure that the current value is not materially different from fair value. The valuation represents a significant accounting estimate by management in the financial statements, which is sensitive to changes in assumptions and market conditions. Management engage the services of Montagu Evans, who is a Regulated Member of the Royal Institute of Chartered Surveyors (RICS), to estimate the current value of its land and buildings. The full valuation was as at 31 March 2020. The effects of the COVID-19 virus will affect the work carried out by the Trust's valuer in a variety of ways. Inspecting properties could prove difficult and access to evidential data, such as values of comparable assets may be less freely available. RICS Regulated Members have therefore been considering whether a material uncertainty declaration is now appropriate in their reports. Its purpose is to ensure that any client relying upon the valuation report understands that it has been prepared under extraordinary circumstances. In their 2019/20 valuation report the Trust's valuer included a material uncertainty and this was disclosed in note 1.2 to the financial statements. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement	Our audit work included, but was not restricted to: • evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; • evaluating the competence, capabilities and objectivity of the valuation expert; • discussing with the valuer the basis on which the valuation was carried out; • challenging the information and assumptions used by the valuer to assess completeness and consistency with our understanding including how the impact of market volatility had been considered, and how management had satisfied themselves that the existing valuations were not materially different to current value at 31 March 2020; • testing revaluations made during the year to see if they had been input correctly into the Trust's asset register. The Trust's accounting policy on valuation of property, plant and equipment is shown in note 1.6 to the financial statements and related disclosures are included in note 14. **Key observations** As, disclosed in note 1.2 to the financial statements, the outbreak of Covid-19 has caused uncertainties in markets. As a result, the Trust's valuer has declared a 'material valuation uncertainty' in their valuation report which was carried out in March 2020 with a valuation date of 31 March 2020.The values in the valuation report have been used to inform the measurement of property assets at valuation in the financial statements.

Key Audit Matter	How the matter was addressed in the audit
	The Trust has disclosed the estimation uncertainty related to the year-end valuations of land and buildings in note 1.2 to the financial statements and is planning to keep the valuation of the property under frequent review. The Trust's valuer prepared their valuations in accordance with the RICS Valuation – Global Standards using the information that was available to them at the valuation date in deriving their estimates. 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 of valuation of property were reasonable; and • the valuation of land and buildings disclosed in the 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 Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue. We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from: • Block contract income element of patient care revenues • Education & training income We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue. We therefore identified occurrence and accuracy of all income and other operating income and existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for the recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20 ; • updating our understanding of the Trust's system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls; • using the analysis provided by the Department of Health to identify any significant differences in income balances and receivables with contracting NHS bodies, and investigating the validity of these differences; • agreeing, on a sample basis, amounts recognised in income in the financial statements to signed contracts and invoices; • agreeing a sample of the income from additional non-contract activity in the financial statements to any signed contract variations, invoices, and other supporting documentation, such as correspondence from the Trust's commissioners which confirms their agreement to pay for the additional activity and the value 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 notes 3 and 4. **Key observations** We obtained sufficient, appropriate audit evidence to conclude that: • the Trust's accounting policy for the recognition of income complies wit the Department of Health and Social Care (DHSC) Group Accounting Manual 2019/20 and has been properly applied • the income recognised in the Trust's financial statements had occurred and was therefore correct to be recognised by the Trust and the amounts recognised were accurate. • the associated receivables balances within the financial statements existed and were therefore due to be received by the Trust**.** • Operating income is not materially misstated; and • receivable balances relating to operating income are not materially misstated.

Our application of materiality

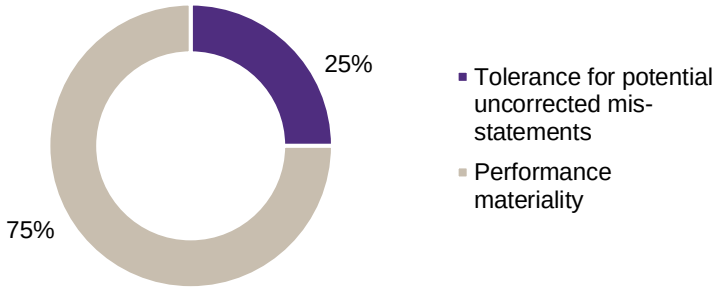
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£ 8,000,000 which is 1.78% of the Trust's gross operating costs. 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 costs as we determined for the year ended 31 March 2019 ((before rounding down to nearest £000)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 theAudit 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



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

- Include a description of the scope of our audit, including total percentage coverage of procedures of total revenues/operating costs/assets
- Include performance of audit– for example, interim visit, evaluation of the Trust's internal controls environment including its IT systems and controls;
- Include changes in the overview of the scope of the current year audit from the scope of that of the prior year and an explanation of those changes.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report[1], 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.

[1] The term used to describe the annual report should be the same as that used by the Trust.

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 in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance 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 and Risk committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance 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 2019/20 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 2019/20 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, 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 2019/20, 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.

TheAudit 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 2020**.**

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. We have identified one significant risks - the Continuing Financial Challenges of the Sector. Based on the work we performed to address the significant risks, we are satisfied that the Trust had proper arrangements for securing economy, efficiency and effectiveness in its use of resources. This significant risk was 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 this risk.

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 April 2020, 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 proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, 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.

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.

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

Ciaran T McLaughlin, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Bishopsgate
25 June 2020