# East London NHS Foundation Trust

# Annual Report and Accounts 2020-2021

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

# WELCOME TO OUR 2020-2021 REPORT

## Contents

# FOREWORD FROM MARK LAM, CHAIR AND PAUL CALAMINUS, CHIEF EXECUTIVE

This is our first annual report as new appointees to the roles of Chair and Chief Executive at East London NHS Foundation Trust. The last 12 months has seen us live through some challenging times. The COVID-19 pandemic has taken its toll on us all in different ways. The impact of lockdown affected all sections of society and all age groups. Many will have been personally affected, perhaps contracting the coronavirus or a close family member or friend did. Some will have lost loved ones and not have been able to spend precious last moments together. Sadly, we have lost some members of staff too - so many of us are dealing with bereavement and wondering what the future holds.

The COVID-19 pandemic brought about rapid changes in how we live and work. Almost, overnight the NHS had to go into major incident mode, prioritise functions and work together with partners on the pandemic response. The response from our staff has been extraordinary. They had to rapidly embrace new ways of working, adapt quickly and step forward to where the need was.

We should state here that the fortitude and compassion of our staff throughout the pandemic has been nothing less than extraordinary. We are so proud and fortunate to have staff of this calibre working in ELFT.

Our priority was to ensure patients and service users were safe and supported, and for staff to be safe at work. In support of this, our procurement team worked tirelessly to ensure that we had the necessary equipment for this to happen. We worked with partner organisations to bring people home from hospital rapidly but safely - to free up beds. At the same time, we knew we needed to continue to provide care to vulnerable service users who needed our support more than ever. Additionally, the mental health needs of our communities have increased as the pandemic has continued to unfold, and even as some social restrictions have been eased.

The virus has highlighted the inequalities faced by many in the areas that we serve. Black, Asian Minority Ethnic (BAME) communities especially have been disproportionately affected. This is something we are determined to address as we go forward.

The last 12 months have seen us make technological advances in how we work, how we communicate with service users and with each other. The need for technological solutions has propelled us to adopt new working practices and be more efficient with our time and resources. We have discovered what is possible and what is effective in providing health and social care.

This year's annual report is understandably dominated by the COVID-19 pandemic, and yet, as you read it through, you will see that in the midst of the pandemic, we have continued to develop new services and keep focus on improving the mental health of the populations we service. Whilst some development programmes may have slowed or paused for a while, they were not derailed. For example, service user stories emerging from the community mental health transformation programme indicate that the changes we have coproduced in community mental health care are starting to bear fruit.

The rollout of the COVID-19 vaccine has been a turning point in management of the pandemic. ELFT was pleased to be asked to provide a vaccination centre at Westfield Stratford Shopping Centre as part of the national network rolling out the vaccination programme; and later to be the lead for recruiting staff for Westfield and other vaccination centres in North East London. Although new variants have emerged, the vaccines represent hope that as a country, we will be able to navigate whatever comes.

In April, we were delighted to welcome Cauldwell GP Practice in Bedford adding to the Trust's portfolio of primary care services. Additionally, the Care Quality Commission (CQC) recognised significant improvements in services at Leighton Road Practice in Leighton Buzzard moving them from a rating of 'inadequate' to 'requires improvement'.

We said farewell in September to Dr Navina Evans CBE, our out-going Chief Executive; and to Mary Elford, our Vice Chair and Jenny Kay, a Non-Executive Director who also left the Trust last year. We want to acknowledge the tremendous contribution each have made to the growth of the Trust and wish them well in their future projects.

We cannot end the introduction to this report without paying tribute to everyone who has helped us as an organisation to steer a steady path. The partnership we have experienced with our neighbouring trusts, primary care partners, local authority partners and the voluntary sector, and the support of our Council of Governors, has been second to none.

We also have to acknowledge the generosity of local businesses who sent treats and supplies to our frontline staff which were relished and highly appreciated, as well as others in our local communities who stepped up to provide us with masks, scrubs and wash bags. We have all been in this together. Our communities have been there for us in this, the most difficult of times. We will be here for them as we all recover, recalibrate and move forward together.

**Mark Lam**
**Chair**
**East London NHS Foundation Trust**

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

# Fondly Remembered, Sadly Missed

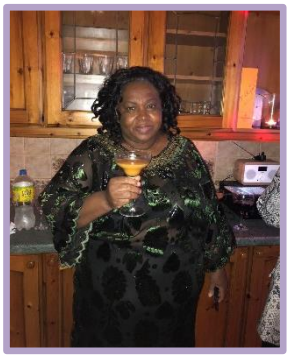
We would like to acknowledge the loss of 289 service users and patients who were known to ELFT services who sadly died during the pandemic.

We would also like to pay tribute to the staff named below who sadly died during the pandemic. This list includes all staff who died not just those who contracted coronavirus.

**Dr Martin Adler, Health E1 Practice, Tower Hamlets**

Dr Adler did not work at Health E1 for very long, but he left an impression that will stay with staff and patients at the practice for a long time. He was renowned for his integrity, hard work, determination and honesty.

## Dorcas Amedzekor, Luton CAMHS



Dorcas was generous, thoughtful and very patient and tolerant. She always had a smile on her face and had a habit of thanking everybody constantly; even when she received more work to do! She was regarded as too polite for her own good! Dorcas cared sometimes too much about her job and was extremely conscientious and thorough in everything she did. She had a huge heart and was always thinking of others.

## David Amery, Tower Hamlets

David (second left) worked as a Social Worker for over 40 years primarily with people experiencing mental health and housing issues.

David had such passion for his work, a caring nature and a quiet but tireless determination to get the best outcome for the service users he worked with. His commitment to social justice, tackling stigma and encyclopaedic wealth of knowledge will be sorely missed. He inspired staff to always question, care, and to do our best for the most vulnerable in our society.

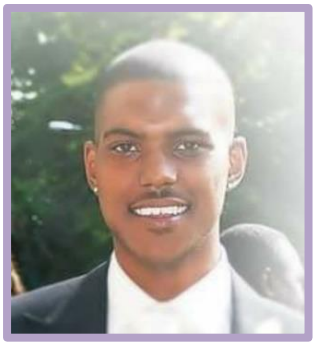
## Sadeo (Coco) Bhurtun, Tower Hamlets Community Health Services

Coco was always smiling, always willing and went the extra mile. The patients loved him and miss him still today. He has left a big gap in the lives of those he worked with. Colleagues say the party always began when Coco entered the room. He knew how to lift the mood of the team whatever they were going through. A wonderful person, a wonderful team member and a great friend to many.

## Abdul Dalvi, Inpatient Services, Bedfordshire

Abdul Dalvi worked for NHS for over 25 years, dedicating his life to people with mental health issues. He touched so many people's lives and devoted his time to helping others, sharing his advice and wisdom. An extremely kind-hearted and affectionate man, always polite and respectful to anyone he met – apart from his prankster jokes! Generous with his smile and advice. He was a wise man not only to patients but to his colleagues too.

## Gavin Campbell, Newham Mental Health Care



Gavin Campbell commenced employment with the Trust in 2012 and was a dedicated and caring Social Therapist who worked first in Forensics. He then worked on Ruby Ward followed by Ivory Ward in Newham. Gavin went out of his way to relate to patients as people – he was a Londoner born and bred – and it was obvious that he made a positive and meaningful impact on the lives of patients in our services. He was loved and respected by colleagues who worked with him. He is deeply missed – but not forgotten.

## Dr Fowad Choudhury, Newham Mental Health Care

Dr Fowad Choudhury worked throughout the pandemic when the whole of the NHS was struggling with the challenges posed by COVID-19.

Dr Choudhury was not only a respected colleague, he was a dedicated doctor who had worked for NHS for many years and even though he took retirement a few years back, he continued to work as a locum consultant at ELFT. He was well respected and liked by the people who worked with him over the years. Always available to listen and support colleagues and service users.

## Diane Darbon, Bedfordshire Wellbeing Service

Diane started with the Bedfordshire Wellbeing Service as a Senior Booking Co-Ordinator in February 2017. The nature of her personality meant she built good relationships with the therapists, management team and service users alike.

Diane was always willing to help everyone. She had a cheerful outlook on life and was always smiling. She worked hard with an enviable attention to detail and was always willing to try out new things. She made the Admin Team laugh constantly and would always put a smile on people's faces.

## Ashok Beeharee, Administrator, City and Hackney Mental Health Care

Ashok was a big personality in City and Hackney. Always helpful, he found it difficult to say no to any request for help. He was greatly loved by many people, a lot of fun and always sharing stories. His honesty, diligence, kindness and cheekiness were his hallmark.

He was renowned for his personal touch and care of others, advising about health (with his personal insights about having diabetes), useful information, and bringing in treats and ice-lollies in hot weather.

## Dr Shaun Gravestock, Forensic Services

Dr. Gravestock worked at the John Howard Centre in the low secure LD service on Clerkenwell ward until his retirement from the NHS in 2020. He was an extremely knowledgeable and experienced clinician who was widely published and was outspoken and passionate. He was a truly original character who made a huge impact on the field and on those who worked with him.

## Josephine Herry, Forensic Services

Josephine was a strong presence on Ludgate ward and the longest serving member of staff. Described as a mother figure to many, showing kindness and understanding to all, she was so highly regarded.

Josephine had a great love of clothes, fashion and bright colours. She prided herself on her style, enjoyed looking good, and endeavoured to pass on this sense of dignity and self-respect to those in her care. She had a fun approach to life and an infectious sense of humour. If she broke into laughter, it was impossible not to laugh along with her. Her loss has left a big gap on the ward.

## Ademola Sanusi, Newham Mental Health Care

Ade worked across ELFT for over 5 years as RMN and spent last few years on Crystal ward until his passing. Ade was one of the kindest individuals you could hope to meet. He was well known for his unique qualities, humbleness and his sweet personality. He was a father, son, friend, colleague, mentor and also a fun-loving individual who loved life. He was the King of the dance floor!

## Mark Thornhill, Peer Support Worker Forensic Services

Mark Thornhill was a Peer Support Worker in Forensic Services, an artist and a performer. He hosted a mental health spoken word event every month called WELLSPACED. An exhibition of his work will be on sale with the proceeds going towards keeping Well Space going. He will be sadly missed.

# PERFORMANCE REPORT

## Overview of Performance

This overview provides information on the Trust, our history and purpose. Information is included about our services, where we provide them and the population we serve, and we highlight our performance, achievements and key risks for the past year.

### 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. 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.

More recently, we have expanded into primary care services. 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 CIC.

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.

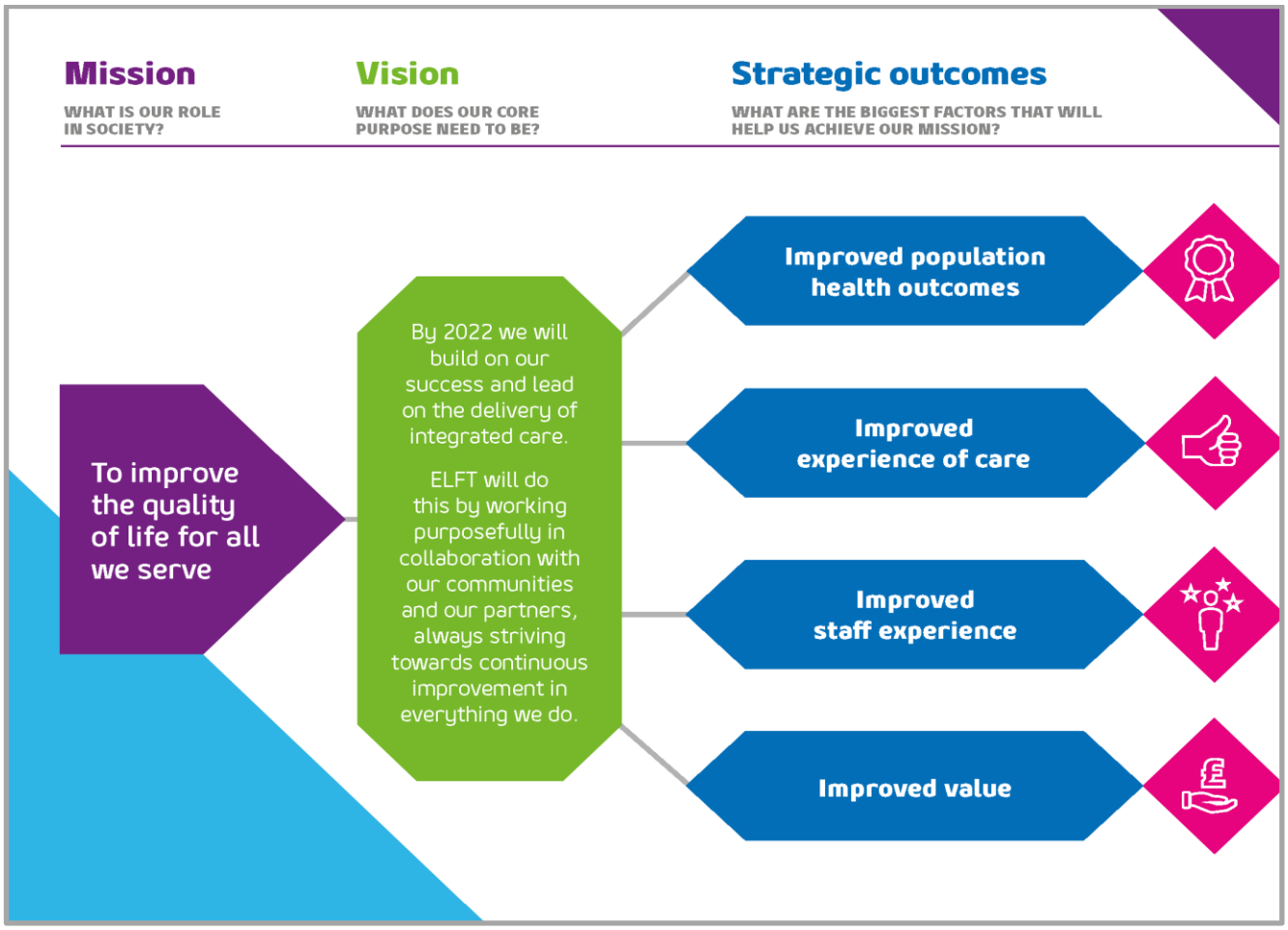
The Trust operates from over 100 community and inpatient sites, employs 5,774 permanent staff and has an annual income of just over £508 million.

The Trust has structured its mental health services in relation to their geographical location to enable them to link easily to local services to be part of a place-based approach to improving the health of local communities. Community health services in Newham, Tower Hamlets and Bedfordshire are managed as one directorate. Our specialist services directorate encompasses child and adolescent mental health services (CAMHS), specialist children's services in Newham, talking therapies services in Newham, Tower Hamlets, Richmond and Bedfordshire, and specialist addiction services in Bedfordshire. Our forensic inpatient and community services are managed in one forensic services directorate. Corporate functions are housed in a single corporate services directorate.

There is 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.

*Newham Discharge Hub*

# Our Mission, Vision and Strategic Objectives




# Our Values

**We care** — Everyone is entitle to the highest quality care

**We respect** — Everyone shoud 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 on how we can improve

## Our Five-Year Strategy

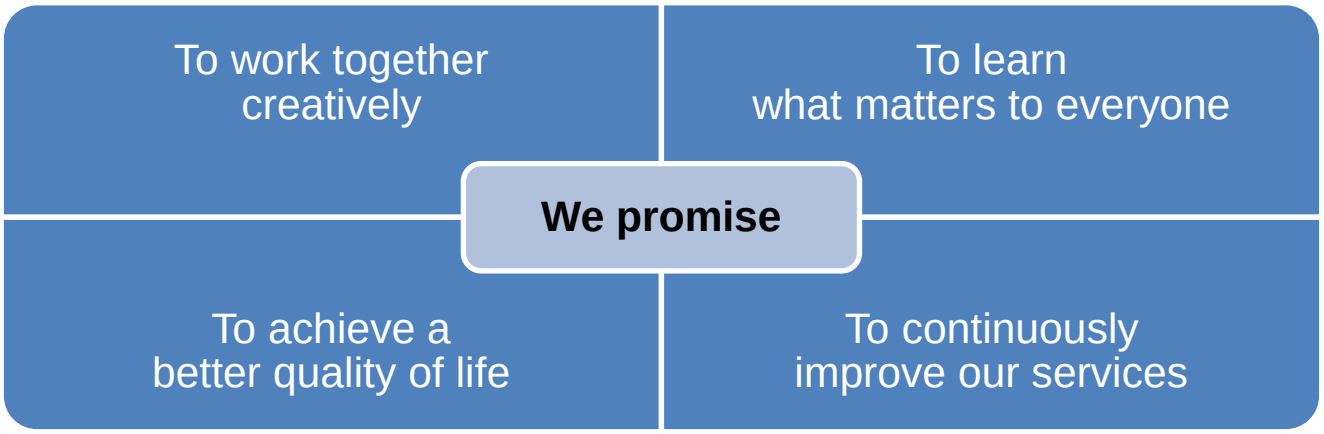
Launched in 2017, the Trust's five-year strategy was the culmination of over 100 focus groups with staff, Governors, service users and carers in our 'Big Conversation' where we asked participants to think about what they thought the direction of travel for the Trust should be, our objectives and priorities.

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.

## Our ELFT Promise

Launched at our staff awards in February 2020, the #ELFTPromise reaffirms our goals and helps underpin our mission, vision and values.




## How the Trust Measures Performance

The Trust delivers a wide range of services commissioned by either different Clinical Commissioning Groups (CCGs) 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 England and NHS Improvement's NHS 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 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.

As a result of the pandemic contract monitoring and reporting was suspended. The Board also agreed adjusting the focus of its integrated performance report to provide assurance on key performance indicators including safety, access and demand, experience and outcomes, people and finance, as well as risks identified from the Board Assurance Framework. To provide additional sensitivity to change, data was presented weekly where possible rather than the usual monthly frequency.

## Performance Overview from Paul Calaminus, Chief Executive

Our performance during 2020-21 will, of course, be judged in the context of the COVD-19 pandemic, which had such an impact on our local communities, our staff and our services. With the onset of the pandemic in early 2020, the Trust mobilised our business continuity plans and rapidly adapted to the changing situation and national guidance. I would again like to extend my thanks, on behalf of the ELFT Board, to all our staff, Governors, service users and carers, who have shown immense courage, dedication and compassion over the last year in supporting each other and to enable us to work our way through such difficult circumstances.

A number of workstreams were set up within the incident command structure to manage the emergency response, including operational workstreams, a clinical guidance workstream and people workstream. Throughout the pandemic, we have continued to report locally and nationally on our contract indicators, despite the temporary removal of contract monitoring structures. As a Board, we redesigned our integrated performance report so that our Board was more closely sighted on key indicators of safety, access and demand, service user experience and our workforce during the pandemic.

Throughout our pandemic response, we have tried to hold true to our core principle of involving those who use our services in helping define what we offer, to assure ourselves on the quality of what we offer, and to help us keep improving our offer. As an example, the befriending service was set up rapidly at the onset of the first wave, led by service users, and has provided a vital support to hundreds of people at an enormously challenging time.

We have also utilised our quality improvement infrastructure at ELFT to help us navigate the uncertainty of the pandemic situation. Many teams have applied their QI skills to help them test changes and measure impact. Our incident structure has utilised a real-time dashboard to monitor our COVID impact and response. We also established a 'shaping our future' workstream in June 2020, which supported staff, service users and local partners to make sense of all the rapid changes that had taken place, plan for future scenarios and redesign what our services should look like in the future. This workstream engaged over 1,500 people through 50 virtual workshops within a six-month period.

The pandemic also heightened the importance of the digital agenda and during the year we made significant progress with the development of our digital strategy which focuses on improving the experience and outcomes of our service users, the safety and effectiveness of our services, supporting integrated pathways, and driving quality improvement across our health and care networks. There will be a continued focus on implementing the digital strategy in the coming year, building on the advances made in response to the pandemic, including video calls with our service users and increasing the number of staff who can work remotely and at home.

Keeping our staff up to date and helping them feel informed and well supported and cared for has been more important than ever. With more staff working remotely we have adapted our internal communications and introduced more online and virtual briefings and events. Over the next year we will review the effectiveness of our internal communications with our teams and will use a blend of both virtual and reintroducing in person events and meetings. As reported in more detail in the Staff Report section, during the year we introduced specific emotional and wellbeing support for staff around the personal and professional impact of COVID-19 in addition to the occupational health and employee assistance programmes for support.

Although the pandemic brought many challenges, also included in this report under 'Our Highlights of the Year' are some examples of collaborative working with other NHS providers that demonstrate a continued focus on improving the services we provide for our population.

In addition, during the year there have been some noteworthy developments that support our ongoing focus on improving the health of our population and our anchor institution approach.

These include continued expansion into primary care, providing services that support our service users and patients to stay out of hospital and closer to home, supporting our homeless citizens in respect of their mental health as well as working collaboratively with the wider system to influence how we all work better together for this population group.

For the financial year ending 31 March 2021, the financial funding mechanisms were designed by NHS England and NHS Improvement to provide funding for the COVID-19 response and a level of operational income to achieve at least a financial break-even position. In addition, there was a requirement for Integrated Care Systems to deliver financial balance. The financial performance of ELFT was therefore an integral part of ensuring this requirement could be met and at year end the Trust reported a surplus of £4.3m.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# Our Highlights of the Year

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

## Achievements

## COVID-19 Major Incident Response

**Lead Employer for North East London COVID-19 Vaccine Centres**
The Trust was appointed as Lead Employer for COVID-19 Vaccination Centres for North East London, working alongside Barts Health who ran EXCEL vaccination activity. The Trust led on recruitment activity on behalf of partner NHS organisations in North East London.

**Westfield Stratford Vaccination Centre**
ELFT set up and runs a vaccination centre on the national network providing COVID-19 vaccination to all cohorts of the population. The centre provides screening and administers the vaccine. St John's Ambulance Service provided volunteers to help with queue management and to support staff and members of the public. The service is available seven days a week from 8am-8pm and has forged excellent relationships with the Westfield management team and the Transport for London (TFL) staff at Stratford Station.  The centre was inspected by the Care Quality Commission (CQC) and assessed to be operating to high standards of safety.

**Providing COVID-19 and Flu Vaccine to Local Communities**
Staff in our primary care GP centres played a key role in protecting their practice populations by providing timely access to vaccines. Staff at Leighton Road Practice offered weekend 'drive-through' flu vaccination over a number of weeks to keep people safe in their cars during the pandemic.

**Staff Vaccination Programme**
Health and social care staff were one of the first priority groups to be offered the COVID-19 vaccine due to their proximity to people with coronavirus and their own vulnerability. Vaccination slots were offered by partner organisations at an early stage, before being offered at the Westfield Vaccination Centre, and satellite clinics in ELFT and local pharmacies.

**COVID-19 Procurement**
In addition to central procurement, our procurement team particularly during the initial waves had to source and ensure delivery of critical Personal Protective Equipment (PPE) for staff and build relationships with wider suppliers to ensure that our staff had what they needed to be safe as they worked and ensured ongoing supplies. The work of the procurement team to develop a local warehouse and support our staff as well as provide support to local nursing homes and GPs when they lacked supplies, stood them out particularly for the system support that they provided.

**Multidisciplinary Discharge Hubs**
During the pandemic, a key role for community health services was to support acute hospitals by getting people home with support to free up beds for acutely ill people. This meant quickly establishing processes to get equipment and practical help arranged safely and effectively. In North East London, we joined forces with North East London NHS Foundation Trust (NELFT) to set up Daisy Ward at Goodmayes Hospital.

**Staff Self-Testing**
Self-testing kits were provided to staff working in clinical areas to detect asymptomatic signs of COVID-19 to protect inpatients and colleagues. This has now been rolled out to all staff attending their workplace, either every day or once a week.

**Enabling Families to Stay in Contact With Inpatients**
At the height of the pandemic, the Trust had to stop ward visits apart from exceptional situations such as at the end of life. Staff encouraged family and friends to maintain contact with inpatients using digital and telephone options.

**Supporting Clinically Extremely Vulnerable Staff**
Clinically extremely vulnerable people had to take extra precautions to protect themselves throughout most of the pandemic. Such staff were advised to work from home. For staff with a vulnerable person in their household, this meant the Trust provided accommodation to enable them to continue to work. Monthly webinars/socials were hosted by the Trust to enable participants to network with others in their position and combat isolation.

**Befriending Service**
A telephone befriending service was launched by the Trust to support isolated service users during the COVID-19 crisis. Trained service users, carers and volunteers provided a friendly voice at the end of the phone to help increase wellbeing and reduce feelings of isolation and loneliness.

**You Tube Channel for People with a Learning Disability**
The Learning Disability service established a YouTube Channel to enable anyone with Learning Disabilities - or who supports someone with Learning Disabilities - to access easy-read information (in videos) about different health and wellbeing topics and information about COVID-19. It was a way in the short term, to share important information quickly but will, in the longer term, be a useful resource for our service users and carers.

**COVID Chronicles**
Staff working with older people in Newham developed a newsletter for service users not accustomed to online communication. The *COVID Chronicles* reinforced Government information about lockdown and ways to reduce the risk of infection, as well as offering stories, quizzes and interesting facts to entertain.

**Support to Staff During the Pandemic**
The Trust set up its own peer-to-peer telephone support for staff that was well-used. Support hubs set up for North East London and Bedfordshire, Luton and Milton Keynes staff have since been established with national funding that have built on the work.

Staff webinars were also set up for specific staff groups to come together to network and get mutual support and tips. These included staff who live alone, staff returning from parental leave, staff who started a job in ELFT during the pandemic, and apprentices.

**ELFT Psychological Support to Quarantine Hotels**
Newham Talking Therapies service provided mental health support to passengers in quarantine hotels in the borough. London City Airport was one of the designated airports receiving flights from the 'red list' countries for UK nationals returning to the country.

**COVID-19, Race and White Privilege**
The issues raised worldwide in response to the death of George Floyd and the Black Lives Matter campaign resonated greatly in the Trust. With a workforce which is 50%

BAME serving some of the most diverse communities, the ELFT leadership team has been vocal and public in commenting about these issues and the need to do something different to address them; holding well-attended webinar events, recording messages and commenting on social media.

## Sites and Services

**Caudwell Practice Welcomed to ELFT**
Staff at Cauldwell GP Practice in Bedford joined the Trust on 1 April 2020 adding to the Trust's portfolio of primary care services. ELFT replaced Virgin Care who were the previous provider.

**Improved CQC Rating for Leighton Road**
A partnership approach involving staff and patients at Leighton Road Surgery was praised after the practice received an improved Care Quality Commission (CQC) rating. The CQC recognised the 'significant improvements' made to the quality of care provided by the service in Leighton Buzzard, Bedfordshire. Leighton Road Surgery is now rated as 'requires improvement' overall and rated as 'good' for providing safe services. It had previously been rated as 'inadequate' overall following a previous inspection in 2019, before joining ELFT.

**Pontoon Dock**
A new purpose-built primary care health and wellbeing centre opened its doors in February 2021 in the Royal Docks. Pontoon Dock is the first of many projects planned by the groundbreaking Health and Care Space Newham (a partnership between the London Borough of Newham and ELFT that funds new health and social care facilities in the borough).

**New Dunstable Base for Bedfordshire and Luton Teams**
Mountbatten House in Dunstable is the new home to Bedfordshire and Luton adult eating disorders service, Bedfordshire complex needs service, Bedfordshire chronic fatigue service and Bedfordshire and Luton Macmillan cancer and palliative care psychology service.

**Expanded Liaison and Diversion Service (L&DS)**
NHS England has awarded the Trust a five-year contract to provide a liaison and diversion service (L&DS) across Bedfordshire and Hertfordshire. The contract is to provide a seven day a week service (8am-8pm) to individuals presenting with a wide range of health and social care vulnerabilities in police custody and courts across Bedfordshire and Hertfordshire.

**24 Hour NHS 111 Mental Health Crisis Support in Bedfordshire and Luton**
Mental health crisis support for all ages is now available 24 hours every day across Bedfordshire and Luton by calling NHS 111. NHS 111 will act as a first point of contact for any adults, children or young people in urgent need of mental health help.

**24 Hour Mental Health Crisis Support in East London**
The Trust's mental health crisis lines for three east London boroughs all now operate as 24-hour 0800 Freephone numbers to be free and accessible to anyone in crisis living or working in Newham, Tower Hamlets, and City and Hackney.

**New Bedfordshire Dementia Intensive Support Service (DISS)**
Launched in Bedfordshire to help people with dementia stay out of hospital or mental health inpatient settings. The Bedfordshire dementia intensive support service (DISS) provides specialist support to those living with dementia, as well as the family, carers and professionals caring for those with the condition.

**East London Rough Sleepers Adult Mental Health Project**
The Rough Sleepers Adult Mental Health Project (RAMHP) was part of the Mayor's action plan for improving homelessness in the capital. ELFT's RAMHP covers The City, Hackney, Tower Hamlets and Newham. They aim to improve the mental health of people who sleep rough, working with the wider system to influence how they work better together for this population. Referrals come from the Street Outreach Teams (SORT) and other specialist street homeless teams.


If you see someone sleeping rough and are worried about them, contact 0300 500 0914 or go to www.streetlink.org.uk

**Bedfordshire Community Epilepsy Specialist Nurse Service**
This new nursing service launched in September to support individuals with epilepsy within the community, working collaboratively with hospitals, GP practices, community services and the voluntary sector; focusing on self-care and maintaining independence. The team offer personalised care planning and support, training and guidance with the aim of reducing hospital re-admissions and associated health needs for their service users.

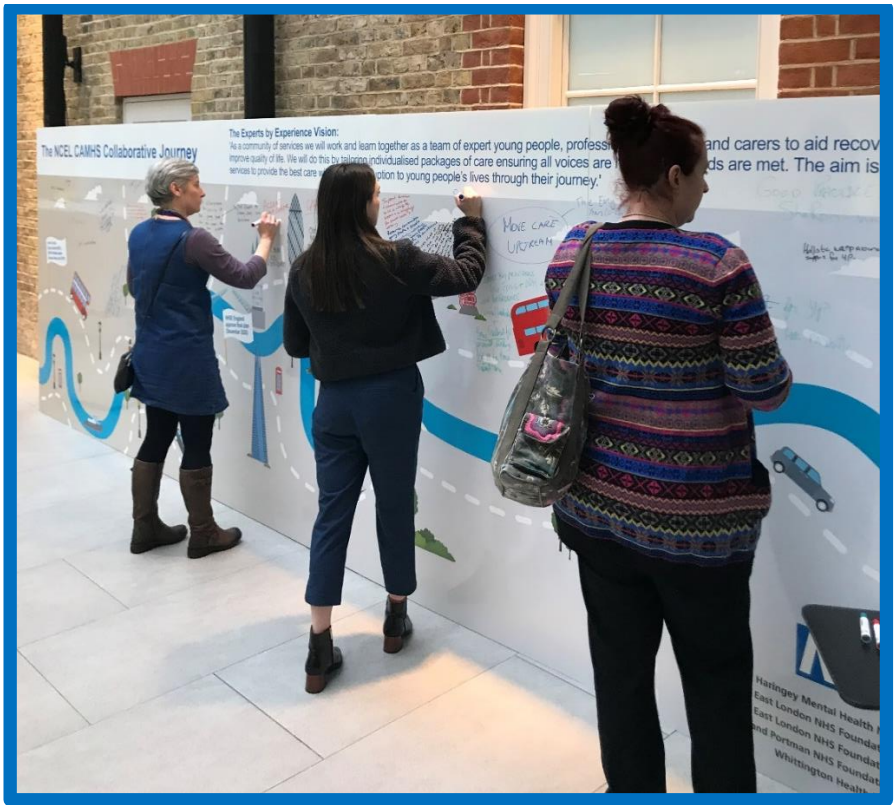
## Partnerships and Collaboration

**WHO Collaboration to Continue in Newham**
Queen Mary's Unit for Social & Community Psychiatry (USCP), based in the Trust's Newham Centre for Mental Health, was re-designated as a World Health Organisation (WHO) Collaborating Centre.

**Diabetes UK Clinical Champion**
An ELFT podiatrist is one of three NHS staff appointed as Diabetes UK Clinical Champions for North East London as part of a concerted effort to improve diabetes care across the country. Marie Parchment is a lead podiatrist based in Newham.

**Closer Working with Mental Health Partners**
The Trust has been working closely with North East London NHS Foundation Trust (NELFT) to ensure that people who live in North East London have access to adult mental health inpatient care in the North East London area.

ELFT and NELFT perinatal services have also been working collaboratively to utilise funding and resources to develop services for women that residents from any North East London borough can access.




Additionally, our CAMHS collaborative partnership launched on 1 October 2020 between ELFT, Barnet, Enfield & Haringey Mental Health NHS Trust (BEH), North East London NHS Foundation Trust (NELFT), The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust, has seen us forge a sector-wide approach to pool resources in line with the CAMHS new models of care guidance. This is one of ten such collaboratives nationwide. Its role is to design and deliver inpatient CAMHS services and to improve pathways of care for the local populations each one serves.

**Brexit**
The end of the Brexit transition period took place on 31 December 2020. ELFT alongside all public sector organisations prepared for the potential impact on our services working with our respective Sustainability Transformation Partnerships (STPs) in east London, and Bedfordshire, Milton Keynes and Luton as part of a broader system-wide approach. No impact of supplies or staff was noted in the first months of the year.

**ELFT and Network Rail Join Forces for Mental Health**
One of our mental health nurses joined with Greater Anglia train services in a pioneering new role as roving mental health nurse. The joint initiative between the Trust and Network Rail will provide mental health support to rail users who are vulnerable or in extreme distress.

**Support to Veterans**
A project to provide better access to NHS support for armed forces veterans has been launched by the Trust. We have joined the National Veterans Covenant Healthcare Alliance, a group of more than 50 providers aiming to improve the healthcare veterans receive from the NHS.

**Pressure Ulcer App Launched for Carers Nationwide**
Carers across the country are now able to access a tool designed by an ELFT community matron in Bedfordshire community health services to help identify and treat pressure ulcers.

**London United: NHS North East Cluster Football Foundation Partners with CAMHS**
Football clubs under the umbrella of *London United* have come together to play their part in tackling key issues to improve the lives of young Londoners. They will develop a network of designated support for young people, through their local football club – building self-esteem, a sense of connection and an opportunity to get back on track to achieve and aspire for the future.

**Richmond Talking Therapies Digital Pods**
The Trust's Richmond wellbeing services worked with Cisco Systems, to provide vital therapeutic care to service users during the COVID-19 lockdown when mental health risks increased. They provided digital pods for therapeutic interventions to people who do not have pcs and/or Wi-Fi at home.

**Anchor Institute NHS Careers**
ELFT was at the forefront of hosting London's first virtual NHS careers event on 10 November with 2,000 Londoners registered.

**ELFT's Global Health Partnership International COVID-19 Support**
The Trust's Global Health Partnership (GHP) team provided support to partner countries as they took on the local challenges of the spread of coronavirus. The team adapted (with permission) some timely and innovative training produced for local NHS staff and developed a series of country-specific COVID-19 training sessions for mental health services. These sessions ran in various settings across Uganda, Ghana, Somaliland, 11 Latin American countries and Bangladesh.

**ELFT Collaboration Cited As Example of Future Care Model**
ELFT's collaboration with charity Look Ahead was cited in a report issued in February 2021 *The financial case for integrated mental health services and supported housing pathways* as a way to save nearly £1bn for the NHS if integrated mental health and supported housing models were scaled up across England.

## Awards

**HSJ NHS Workplace Race Equality Award**
The Trust's People & Culture team were the winners in the Workforce Race Equality Standard (WRES) category for Compassion and Equality in Employer Relations. The award recognises the work the team have done to acknowledge inequalities in the Trust and endeavour to address these.

**Bedfordshire Team: Integrated Discharge Hub Winner of Parliamentary Award**
The Bedfordshire Integrated Discharge Hub has won the regional Care and Compassion Award in the NHS Parliamentary Awards.

**City and Hackney Specialist Psychotherapy Service Highly Commended in HSJ Awards**
The team was recognised for their partnership work with City and Hackney CCG, the Advocacy Project and charity Core Arts to establish and develop digital platforms to improve patient access, patient care and service user autonomy.

**Cavell Star 1**
The Bedfordshire Palliative Care team has been awarded a Cavell Star. Cavell Star Awards are a national initiative by the Cavell Nurses' Trust to celebrate exceptional work of nurses, midwives, nursing associates and health care assistants (HCAs) do every day in the UK.

**Cavell Star 2**
Bedfordshire Community Matron Sarah Stringer was awarded a Cavell Star for her work developing an app for carers on the prevention, detection and treatment of pressure ulcers.

### Accreditations

**New Year's Honour for Bedfordshire Nurse**
Debbie Buck, lead nurse for practice development in Bedfordshire, was named in the Queen's New Year Honours 2021. She will receive a British Empire Medal (BEM).

**Level 1 Finance Accreditation**
ELFT's Finance directorate have gained a Level 1 accreditation from the highly regarded Future Focused Finance (FFF) Network. The Future-Focused Finance Towards Excellence accreditation process allows NHS England's Finance Leadership Council to give due recognition to organisations that have the very best finance skills development culture and practices in place.

## Our Focus on Quality

Our mission is to improve the quality of life for all we serve.  Key to this is involving people in helping us continually improve every aspect of what we do. Our commitment to quality and involving people who use our services to help us improve is core to how we work at ELFT.

Quality improvement and quality assurance are embedded at the Trust and are best practice methods that are used by healthcare organisations and systems globally.

## Quality Assurance

Our quality assurance supports us to understand whether we are providing the quality of care that we aspire to, identify gaps and work towards addressing these. We do this through:

- Service-user led accreditation: a pioneering programme to recognise excellence, support improvement in patient experience and develop key markers of quality that matter most to our service users
- Patient experience: understanding how to improve the service by collecting and reporting on regular service user feedback and taking action to improve
- CQC@ELFT: ensuring high quality services are maintained by assessing the service against CQC standards and ensuring actions are taken to improve
- Clinical audit: regularly measuring performance of a service by assessing against pre-defined standards of quality and taking actions to improve
- NICE Guidance: to ensure services are providing high quality care using best available evidence
- Exec Walkround: ensuring there is senior oversight of the key issues affecting services, supporting effective communication between services and the Executive team.

## Quality Improvement (QI)

Our approach to quality improvement goes beyond traditional management, target setting and policy- making. We believe that quality improvement should be part of everyone's daily work, and will help to improve quality by bringing a systematic approach to tackling complex problems, focusing on outcomes, flattening hierarchies and giving everyone a voice, and bringing staff and service users together to improve and redesign the way care is provided.

At ELFT we:

- Train staff and service users in quality improvement, providing them with the right skills to improve the services they are involved in
- Support improvement work being done across the Trust and collaborative work being done with our partners
- Ensure our services meet standards set by those they serve through our service-user led accreditation process
- Embed a culture of listening to staff, service users, carers and their families to improve and learn together.

## Quality Priorities

The quality priorities for 2020-2021 were developed in conjunction with senior clinicians and managers, the Council of Governors and service users. They form part of the Trust's annual plan and quality plan, which has been approved by the Board.

During the last year early consideration was given to the Trust's approach to assurance regarding the quality of care and to utilising quality improvement in helping us to test, learn and adapt through the pandemic. Many of our quality assurance processes were adapted to virtual methods, such as the service user-led accreditation programme. Others were necessarily scaled down or postponed at the height of the pandemic, such as clinical audit. We moved to

working in 90-day period with detailed plans developed accordingly. By the final quarter of 2020-2021, all quality assurance activities were operating as normal.

## 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 strategic priorities. 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. Each risk on the Board Assurance Framework is allocated to an Executive lead and to a relevant Board committee. The lead committee reviews the relevant entries on the Board Assurance Framework at each meeting.

The Audit Committee has responsibility for ensuring that the Trust has good risk management processes in place, which operate effectively. To avoid duplication, the Committee does not discuss in detail any risks that 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 Board at each of their meetings in public and is used as a tool to seek assurance around the delivery of the Trust's strategic objectives.

At the beginning of the financial year, the Board assessed the potential risks that may prevent the achievement of its four strategic objectives:

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

The Trust's Directors considered each risk in terms of its potential impact taking into account the financial, safety and reputational risk and the likelihood of occurrence during the financial year. The Board also took account of the COVID-19 crisis – the significant impact on our staff, our service users, our services and our finances – the Trust's response and the potential impact on achieving the Trust's strategic objectives. The Board made the decision not to include a specific risk relating to COVID-19 recognising that the pandemic impacted to a lesser or greater degree on all the risks included in the Board Assurance Framework and the ability of the Trust to achieve our strategic objectives.

The Trust's capacity to manage risk has been tested during the pandemic and processes in place have enabled an appropriate response to the emerging risks. A Gold, Silver and Bronze Command structure ensured that strategic, tactical and operational risks were identified. The individual risks on the Board Assurance Framework were regularly reviewed by the lead Executive Director and updates provided at each lead Board committee meeting. During the year there was a specific focus on the impact of the pandemic, and the controls and actions were updated to reflect the Trust's response to the crisis.

There are eight significant and high potential risks to achieving the Trust's strategic objectives on the Board Assurance Framework. The key risks to the delivery of the Trust's strategic objectives have remained consistent during the year with no risks were escalated to or removed from the Board Assurance Framework. An overview of these risks including changes to risk scores and an overview of key actions and progress are summarised in the table below.

The Trust uses a risk matrix which looks at the consequence/impact of the risk x the likelihood/frequency of the risk resulting in the following risk scoring:

| Low<br>1-3 | Moderate<br>4-6 | High<br>8-12 | Significant<br>15-25 |
|---|---|---|---|

| **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** | |
| **Risk Score Changes**<br>None | **Key Actions and Progress**<br>• Trust Executives continue to be proactive in engaging with leaders within each of our systems, regionally and nationally and are the leads for ICS mental health programmes in BLMK & NEL, Inequalities in BLMK, and Integrated Care Partnership NEL<br>• The Trust is working with partners to understand the implications of the White Paper, and to ensure that the Trust is involved centrally in determining next steps within our two ICSs<br>• Established new Board committee (Integrated Care & Commissioning Committee) to receive assurance on population health strategy delivery, to consider how to maximise new mechanisms (e.g. new models of care, primary care) to improve population health, and to keep under review the impact of integrated care and ICSs<br>• Review of all Board standing committees' terms of reference taking place to particularly take account of but also to ensure appropriate information flow and assurance opportunities within and across committees into Board<br>• Integrated care systems internal audit undertaken with a focus on s75 agreements with local authorities<br>• Deputy Director of Population Health appointed<br>• Established a training centre for public health<br>• The approach to delivering the Trust's strategy focuses on places and populations |
| **Strategic Objective: Improved population health outcomes** | |
| **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** | |
| **Risk Score Changes**<br>None | **Key Actions and Progress**<br>As above plus: |

| | |
|---|---|
| | • Coproduction is embedded in new service development, such as the CMHT redesign<br>• Shaping our Future process engaged hundreds of service users and staff in reshaping services during the pandemic<br>• A coproduction workstream was established as part of the response to wave one of the pandemic, to support the embedding of coproduction as a key way of working<br>• Stakeholder strategy developed<br>• Worked with the Trust's Working Together Groups and Council of Governors to help understand service users own health needs as well as local population health needs<br>• Mitigating actions also being taken forward under risks 3, 5 and 7 (experience of patients, staff experience and financial viability) |
| **Strategic Objective: Improved experience of care** | |
| **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 Score Changes**<br>None | **Key Actions and Progress**<br>• Good progress in growing peer support across the Trust, expanding into primary care and perinatal – training accreditation achieved<br>• Service user led accreditation process continues to roll out across the Trust and is now online<br>• Revised process for use of 'Dialog' as an inpatient care plan tool being piloted<br>• Developing a patient experience dashboard to triangulate various data sources within the Trust<br>• Enhancing staff with recent appointments including people participation leads for digital, community services transformation, communications and peer support workers<br>• Lead on standardising people participation work across NEL<br>• Peer befriending service developed and rolled out<br>• Took forward initiatives to address digital inequalities |
| **Strategic Objective: Improved experience of care** | |
| **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** | |
| **Risk Score Changes**<br>Current risk score increased from **12** to **20** in May 2020 and reduced from **20** to **12** in March 2021 | **Key Actions and Progress**<br>• Gold command structure established to ensure strategic management of the pandemic; nine workstreams set up related to quality and safety of operational services<br>• Service delivery reviewed; services adapted from face to face to virtual; inpatient services adjusted to operate with revised infection control requirements<br>• Some projects paused to allow allocation of resources to urgent services<br>• Continued increase in demand in operational services, with some peaks in staff absences<br>• Widespread use of quality improvement to services manage challenges |

| | |
|---|---|
| | • Quality impact assessments completed to capture changes, identify positive practice/improvements and impact of changes<br>• Ongoing focus on staff and inpatient COVID and flu vaccination programmes from autumn 2020<br>• Trust responded to NHSE published *infection prevention and control board assurance framework* by assessing, identifying risks and developing and implementing action plans<br>• Improvements in Newham mental health inpatient services – managed through self-imposed special measures in respect of a cluster of incidents<br>• Relationship with NELFT enabled beds closer to home. There have been no out of areas admissions as a result of this<br>• Clinical audit continued for quality assurance<br>• Regular meetings with CQC focusing on the 'safe and caring' domain and in particular discussions on areas we are worried about and action plan<br>• CQC inspections of our primary care services included in the Trust's well-led action plan<br>• Patient safety external review commissioned to improve learning from patient safety incidents and issues |
| **Strategic Objective: Improved staff experience** | |
| **Risk 5: If the Trust does not effectively attract, retain and look after staff wellbeing, there will be an impact on the Trust's ability to deliver the Trust's strategy** | |
| **Risk Score Changes**<br>Current risk score increased from **12** to **16** in December 2020<br><br>Target risk score increased from **4** to **9** in December 2020 | **Key Actions and Progress**<br>• People and culture workstreams (including recovery and staffing) established as part of Silver Command structure<br>• Emphasis on supporting people and teams in the Trust, e.g. in looking after each other, series of race and privilege sessions, OD support for managers<br>• 98% submission rate for risk assessment for vulnerable staff<br>• Results from staff survey: decrease in respondents but overall indicators are the same or improved with exception of MSK issues which is believed to be related to changes in staff's working arrangements, e.g. working from home<br>• Trust is the lead employer for people working at vaccination centres across NEL which may provide a source of staff after centres close/work/demand reduces<br>• Memorandum of Understanding in North East London and Bedfordshire, Luton and Milton Keynes to help with the movement of staff across organisations<br>• Recruitment processes streamlined to expedite recruitment<br>• Rolled out wide use of virtual and online methods for training, induction, meetings, seminars, etc<br>• Hardship grants awarded to some staff<br>• Embraced digital and technology<br>• Internal audit on remote working |
| **Strategic Objective: Improved staff experience** | |
| **Risk 6: If issues affecting staff experience and equalities are not addressed there may be issues around staff morale and engagement** | |
| **Risk Score Changes** | **Key Actions and Progress**<br>• Equality networks continued to liaise with network members virtually – a range of webinars held |

| | |
|---|---|
| Current risk score increased from **9** to 1**6** in May 2020<br><br>Target risk score increased from **4** to **9** in December 2020 | • Emphasis on Race and Privilege work and risk assessment/shielders including wellbeing checks<br>• Organisational development offer to support services<br>• Vitamin D as requested by BAME network made available to all staff and take up was positive<br>• Significant staff support offer throughout the COVID period including specific support to shielding staff, support for home schooling, people on parental leave, and those affected by long COVID<br>• Provision of staff support line and, since the end of 2020, staff support hubs<br>• Addressed issues regarding sub-contractors pay<br>• There has been an increase in the number of employee relations cases, whistleblowing cases and employment tribunals – working with staffside to take a pragmatic approach in respect of employee relation cases; where possible informal resolutions sought<br>• People and culture embedded in all COVID 'recovery' workstreams<br>• Reverse mentoring programme established: Board undertaken reverse mentees training and two cohorts of training for reverse mentors held |
| **Strategic Objective: Improved population health outcomes** | |
| **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 Changes**<br>Risk score reduced from **25** to **20** in May 2020 and from **20** to **16** in March 2021 | **Key Actions and Progress**<br>• Financial viability programme continued during the pandemic to ensure there is recognition that financial viability remains a focus of the work that teams deliver, and a number of plans for 2021/22 already developed<br>• COVID impacted on the delivery of financial viability schemes, both positive and negatively; a number of new financial viability plans emerged from the necessary service redesign as a result of the pandemic. Delivery of schemes through the pandemic has been challenging<br>• Worked with service users and staff to understand impact of service changes and waste reduction<br>• Focused on embedding infrastructure to support the required behavioural and culture changes<br>• Value culture change work being delivered also through the shaping our future workstream<br>• Changes to NHS planning guidance and financial regime impacted on internal planning arrangements |
| **Strategic Objective: Improved population health outcomes** | |
| **Risk 8: If infrastructure plans are not well implemented and adopted, services will be impacted, waste and the Trust's carbon footprint will not be reduced and in year financial benefits and service SLAs may not be delivered. This includes physical infrastructure, buildings and suitability of all the elements of digital infrastructure** | |
| **Risk Score Changes**<br>Current risk score increased | **Key Actions and Progress**<br>• COVID impacted on the delivery of strategic digital plans, both positively and negatively<br>• Future of work post COVID and the integrated care agenda will require a high level of digital maturity |

| | |
|---|---|
| from **10** to **25** in May 2020<br><br>Target risk score increased to **8** from **6** in January 2020 | • The Trust's digital strategy has been approved to support the achievement of the required levels of maturity. The digital strategy will enable improvements in the investment into skills, and maturity of the digital function<br>• Cyber security: increased significance and focus in this area given the dependence on digital as the main platform to deliver services with older style technology. Established dedicated funded cyber remediation resources including recruiting expert team and purchasing tools/partnerships<br>• Digital governance arrangements reviewed; new framework established<br>• Chief Digital Officer appointed July 2020<br>• Trust carbon footprint has been positively impacted by changes in travel arrangements.<br>• Trust estate has been rapidly reviewed and adjusted in light of social distancing and infection control requirements related to COVID. |

The Trust reviewed the national guidance from NHS England and NHS Improvement *Reducing the Burden* in respect of releasing capacity to manage the COVID-19 pandemic and made only minimal changes to its corporate governance arrangements; these were in line with the Trust's standing orders and constitution. The Trust's Board, its committees and the Council of Governors were regularly updated on how management is continuing to deliver services safely and effectively.

We recognise that uncertainties remain about the longer term impact of the pandemic. In addition, the current rapidly changing health and social care landscape – both nationally and locally – combined with wider system pressures poses a potential risk to the sustainability of high quality service provision for the populations we serve as well as providing opportunities for continued improvement. Our Board reviews this regularly and our Trust provides strong leadership within both North East London and Bedfordshire, Luton & Milton Keynes Integrated Care Systems, as well as maintaining good relationships with our commissioners, local providers and other key stakeholders.

The Annual Governance Statement includes more information on how we manage risk within the Trust including the detail of the key risks that the organisation was exposed to during 2020-2021 and those being considered for 2021-2022.

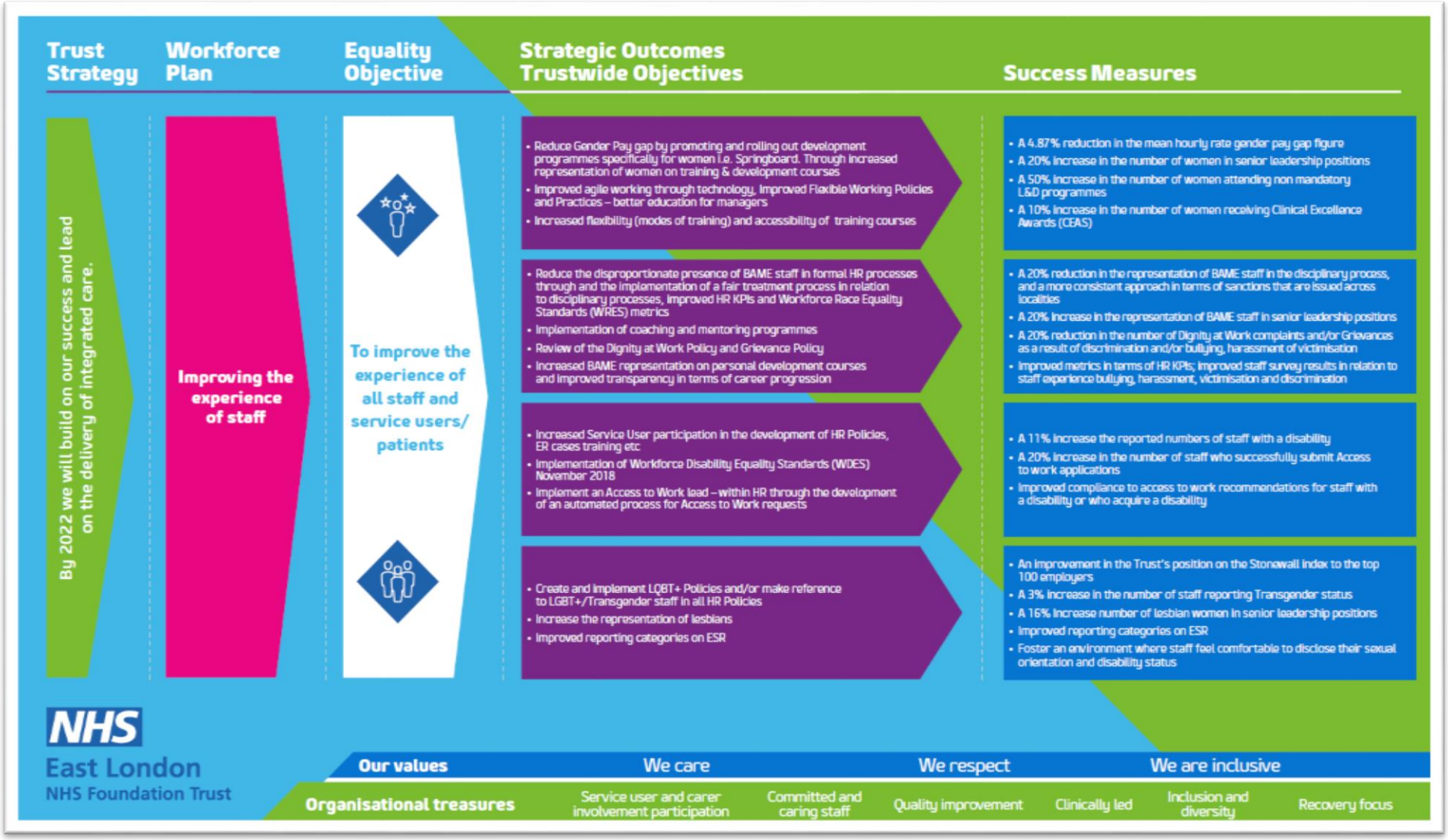
# Equality of Service Delivery

Ensuring equality and valuing diversity is one of the Trust's core values. This means offering the right services regardless of people's age, gender, ability to speak English, religion, race, disability, sexual orientation, marital or civil partnership status, or culture.

The Trust is committed to challenging prejudice and discrimination wherever this affects our service users and staff, and making equality and diversity integral to our organisational culture. We have adopted the NHS Equality Delivery System, a framework to help us continually improve our performance on equality.

## Workforce Equality Plan

The Workforce Equality plan underpins the 2018-2021 Equality, Diversity and Human Rights (EDHR) plan as well as the People plan. Its objective is to improve the experience of all staff and service users/patients. It has a number of strategic objectives that tie in with the objectives of staff equality networks and the work of People & Culture teams.



## Friends and Family Test

Tables below show the percentage of people who responded positively to the Friends and Family Test question. This means they responded with either with either 'Likely' or 'Extremely Likely' to the question 'Would you recommend this service to friends and family?' (FFT question up until November 2020), or 'Good' or 'Very Good' to the question 'Overall, how was your experience of our service?' (FFT question since November 2020).

Of the 4,453 responses to the FFT question between 1 April 2020 and 31 March 2021, 2,295 also responded to questions related to demographic information that includes age, race, gender, disability and sexuality. In all cases, the number of people the percentage pertains to is included (n = number) as in some cases the percentage is made up of a very small sample, e.g. 0-15 years olds of which there are only 2.

The data includes the following directorates:

- Bedfordshire and Luton mental health services
- Bedfordshire community health services
- CHN Adults (including Stratford Vaccination Centre)
- City and Hackney
- Forensics
- Newham
- Primary Care
- Specialist services (except CAMHS whose FFT data is not available via the Envoy system, and SCYPS)
- Tower Hamlets
- Tower Hamlets community health services.

| Gender | Female (n=1,198) | Male (n=1,061) |
|---|---|---|
| **% scoring positively** | 80.56% | 82.47% |

| Age | 0-15 (n=2) | 16-24 (n=194) | 25-34 (n=370) | 35-44 (n=314) | 45-54 (n=382) | 55-64 (n=428) | 65-74 (n=336) | 75-84 (n=113) | 85+ (n=33) |
|---|---|---|---|---|---|---|---|---|---|
| **% scoring positively** | 50% | 84.54% | 83.24% | 84.39% | 82.46% | 79.91% | 75.30% | 77.88% | 90.91 % |

| Race | Asian/ Asian British (n=254) | Black/African/ Caribbean/Black British (n=243) | Mixed/ Multiple Ethnic Groups (n=97) | Other Ethnic Group (n=54) | White (n=1,603) |
|---|---|---|---|---|---|
| **% scoring positively** | 89.76% | 88.07% | 72.16% | 87.04% | 79.41% |

| Sexuality | Bisexual (n=90) | Gay (n=68) | Heterosexual (n=1780) | Lesbian (n=25) |
|---|---|---|---|---|
| **% scoring positively** | 77.77% | 88.24% | 81.18% | 72% |

| Are your day-to-day activities limited because of a health problem or disability which has last, or is expected to last, at least 12 months? | No (n=965) | Yes, limited a little (n=572) | Yes, limited a lot (n=463) |
|---|---|---|---|
| **Percentage scoring positively** | 79.79% | 79.90% | 79.48% |

**Disability data does not include Stratford Vaccination Centre data due to slightly different questions being asked in relation to disability.*

# Overall Performance of the Trust in 2020-2021

| Category | Indicator | Performance |
|---|---|---|
| NHS England and NHS Improvement | NHS Oversight Framework 2020-2021 segmentation (1-4 with 1 = 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 is supported by a cash balance at as 31 March 2021 of £143m. For this reason, the Trust continues to adopt the going concern basis in preparing the accounts.

# Financial Review

# Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2020-2021*. For 2020-2021, 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.

This section provides the financial performance summary for the year ended 31 March 2021.

# Overview

The Trust met its key financial target for 2020-2021, achieving a breakeven position for the first six months of the year, and recording an adjusted surplus of £4.3m for the second half of the year, a position agreed as part of the North East London Integrated Care System.
The table below summarises and contrasts our performance for 2020-2021:

| 2020-2021 Annual Report: I&E Extract | 2020-2021 £000 | 2019-2020 £000 |
|---|---|---|
| **Annual Income and Expenditure Summary** | | |
| Operating Income | 508,403 | 467,131 |
| Operating Expenditure | (498,975) | (450,470) |
| **Operating Surplus** | **9,428** | **16,661** |
| **Finance Costs** | | |
| Interest Receivable | 177 | 843 |
| PFI and Finance lease interest payment | (2,232) | (2,309) |
| PDC Dividends payable | (4,299) | (5,804) |
| **Net Finance Cost** | **(6,354)** | **(7,270)** |
| Share in Profit of joint venture | 605 | - |
| Movement in fair value of investment Property | 13 | - |
| **Surplus for the year** | **3,692** | **9,391** |
| Add back all I&E impairments/(reversals) | 611 | (1,007) |
| Remove capital donations/grants I&E impact | 82 | 83 |
| Less prior year PSF | - | (167) |
| Remove net impact of consumables donated from other DHSC bodies | (208) | - |
| IAS19 - Removal of Non cash Pensions on SOFP | 148 | (1) |
| **Adjusted financial performance** | **4,325** | **8,299** |
| **Target** | **3,600** | **5,683** |

A total of £20.9m worth of revenue costs relating to COVID-19 were recorded by the Trust in 2020-2021. The figure includes the costs of the operating the Westfield Vaccination Centre as well as acting as the Lead Vaccination Employer for North East London

## Capital

The Trust delivered a sizeable capital programme of £20.1m. The broad categories of spend are upgrades of clinical areas and buildings (£4.2m), plant and machinery / furniture and fittings (£1.4m),spend in response to COVID (£1.4m), and Information Technology and informatics improvements (£13.1m, including £8.5m hosted on behalf of North East London).

## Income

The Trust received £508.4m of income in 2020-2021. 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.

The following table provides an analysis of the income for 2020-2021 as reported in the accounts.

| Annual Income | 2020-2021 £000 | 2019-2020 £000 |
|---|---|---|
| **Income from Activities** | | |
| Clinical Commissioning Groups and NHS England | 420,572 | 418,845 |
| Department of Health and Social Care | 189 | 10 |
| Foundation Trusts | 3,239 | 2,910 |
| Local Authorities | 14,606 | 15,685 |
| NHS Trusts | 29,825 | 9,000 |
| NHS Other | - | 1 |
| Non-NHS: Overseas patients (chargeable to patient) | 15 | - |
| Non-NHS Other | 5,185 | 1,216 |
| **Total Income from Activities** | **473,631** | **447,677** |
| **Other Operating Income** | | |
| Education and Training | 9,672 | 8,902 |
| Research and Development | 3,007 | 2,630 |
| Rental revenue from operating leases | 481 | 480 |
| Other income | 807 | 3,956 |
| PSF, FRF, MRET funding and Top-Up | 17,051 | 3,486 |
| Donated equipment from DHSC / NHSE for COVID response (non-cash) | 8 | - |
| Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response | 3,746 | - |
| **Total Other Operating Income** | **34,772** | **19,454** |
| **Total Operating Income from Continuing Operations** | **508,403** | **467,131** |

## Expenditure

| Annual Expenditure | 2020-2021 £000 | 2020-2021 % | 2019-2020 £000 | 2019-2020 % |
|---|---|---|---|---|
| Service from NHS Bodies | 32,403 | 7% | 28,945 | 7% |
| Service from Non NHS Bodies | 8,211 | 2% | 8,907 | 2% |
| Staff Salary | 380,488 | 78% | 328,096 | 74% |
| Establishment | 3,734 | 1% | 4,600 | 1% |
| Supplies and Services | 21,003 | 3% | 16,744 | 4% |
| Drugs | 6,394 | 1% | 4,522 | 1% |
| Premises | 17,698 | 4% | 18,428 | 4% |
| Other | 19,346 | 4% | 34,069 | 7% |
| **Subtotal** | **489,277** | 100% | **444,311** | 100% |
| Depreciation and Amortisation | 9,087 | | 7,166 | |
| Impairments (reversals) | 611 | | (1,007) | |
| **Subtotal** | **9,698** | | **6,159** | |
| **Total Expenditure** | **498,975** | | **450,470** | |

Analysis of the operating spend is shown in the table above with comparative figures for 2019-2020. Staff pay costs for 2020-2021 account for 78% 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.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# ACCOUNTABILITY REPORT

# Directors' Report

## Introduction

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.

## 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 Director brings to the Trust.

**Mark Lam, Trust Chair**
Mark is an experienced board director and digital technologist with global experience in both private and public sectors. He is Chair of Royal Free London NHS Foundation Trust, Vice-Chair of North Central London Provider Alliance and a Non-Executive Director on the Board of Social Work England.

Mark has previously held a variety of board positions in public healthcare, including as Chair of Barnet, Enfield and Haringey Mental Health NHS Trust, and was a Trustee of the University of Essex.

Mark began his technology career during the dotcom boom, training at web start-ups before moving into telecommunications and IT. Mark's longest association was with BT Group, where he was a senior executive, finishing his career there as Chief Technology and Information Officer of Openreach, the national infrastructure provider. Prior to BT Group, he led a number of digital initiatives at major global businesses, including Carphone Warehouse and Siemens.

**Paul Calaminus, Chief Executive**
Paul joined the Trust in March 2017 as Chief Operating Officer and was appointed as Deputy Chief Executive in December 2019 and interim Chief Executive in October 2020. He was appointed as Chief Executive in March 2021.

Paul joined the NHS management training scheme in 1995, completing training in the Oxford and Anglia region.

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

**Aamir Ahmad, Non-Executive Director**
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 Lloyds TSB Asian Retail Entrepreneur Jewel award winner in 2008.

Aamir is a Trustee and Director at children's mental health charity Place2Be.

Other previous 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.

**Ken Batty, Senior Independent Director**
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, Vice Chair of the Inner Circle Education Trust, Trustee of DFM Learning (usually called Dr Frost Maths) and Chair of the Mosaic LGBT+ Young Persons' Trust. He is also the Independent Chair of the Nominations Committee at the Royal College of Emergency Medicine.

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.

**Richard Carr, Non-Executive Director**
Richard was the first Chief Executive of Central Bedfordshire Council, a unitary authority created from the merger of a County Council and two District Councils in 2009. In his 11 years at the helm, the Council delivered significant improvements in key areas such as Children's Services, Adult Social Care and Regeneration, against the background of a challenging financial climate. Richard has worked for seven councils throughout his career.

Throughout his career, Richard has led major programmes of change, including two housing stock transfers, a £350m Building Schools for the Future programme and several urban regeneration projects.

Between May 2017 and October 2020, Richard was the Senior Responsible Officer for the Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) serving a population of a million people and comprising fifteen organisations straddling the NHS and Local Government. Richard has also been a University governor and a governor of two colleges of Further Education.

Richard now runs a small management consultancy whose assignments include work with the Department of Health and Social Care as part of the response to the COVID-19 pandemic

**Tanya Carter, Executive Director of People & Culture**
Tanya joined the Trust in 2016 as the Associate Director of Human Resources and was appointed as the Trust's interim Director of Human Resources in May 2018, until her substantive appointment in July 2018.

Tanya has Human Resource management experience spanning over 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 two London local authorities and further education colleges. Her experience also includes lecturing on undergraduate programmes and working as a management consultant with PriceWaterhouseCooper (PwC).

**Anit Chandarana, Non-Executive Director**
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 held 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.*

**Steven Course, Chief Finance Officer**
Steven joined the NHS graduate national financial management training scheme in 2002 and was appointed as Chief Finance Officer at the Trust in June 2015. He has over 19 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's qualifications include Chartered Institute of Management Accounting (ACMA), and he is a qualified accountant member of the Chartered Institute of Public Finance and Accountancy (CPFA), BA (Hons).

**Professor Sir Sam Everington MBBS, MRCGP, Barrister, OBE, Non-Executive Director**
**Appointed 1 January 2020**
Sam has been a GP in Tower Hamlets since 1989 in the Bromley-by- Bow Partnership. The centre has over 100 projects under its roof supporting the wider determinants of health. The social prescribing delivered at the centre is now part of a network of two thousand across the country and is in the process of being put in every general practice in the country. He is Vice-Chair of North East London CCG.

Sam is a member of BMA Council and Vice President of the BMA. 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 is a member of the Ministerial National NHS Infrastructure and NHS Resolution Boards, and is Fellow and Honorary Professor of Queen Mary University of London and Vice President of the Queen's Nursing Institute. He has previously been a member of GMC Council, Cabinet appointed Ambassador for Social Enterprise, Acting Chair of the BMA, adviser to shadow cabinet ministers between 1992 and 1997 and national advisor to NHS England’s New Models of Care project.

**Richard Fradgley, Executive Director of Integrated Care**
Richard joined the Trust as Director of Integrated Care in June 2015 and joined the Trust Board in 2017.

Richard 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, Richard worked in a variety of commissioning and provider leadership roles, including General Manager and CMHT Manager roles in the Trust.

Richard is a qualified social worker and has worked in acute hospital social work, mental health social work and as an Approved Social Worker.

**Dr Paul Gilluley, Chief Medical Officer**
Paul joined the Trust in December 2012 and was appointed as Chief Medical Officer in March 2018.

Paul was previously the Head of Forensics Services at the Trust and Interim Chief Medical Officer from October 2017 to February 2018. He was 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 a doctor in 1991 specialising in psychiatry and forensic psychiatry in 1992. 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.

**Philippa Graves, Chief Digital Officer**
Philippa joined the Trust in July 2020. She was previously the Chief Information Officer for Bedfordshire Hospitals NHS Foundation Trust and has been an Executive Director of Operations & Transformation in two acute Trusts prior to this.

Philippa has worked in a variety of senior strategic and operational roles and in a range of settings including A&E and Estates. She has conducted research into Neurology, Pathology & Radiology at King's College Medical School.

Philippa's passion is global digital networking, to learn what good looks like from all sectors, and she led a team that partnered with a F1 Racing company to learn about the value of analytics in the diagnosis of problems, and to share with them the knowledge to manage a fully mobile delivery platform. She has also partnered with a HIMSS level 7 hospital in Cascais in Portugal which is a world leader in digitally informed healthcare.

**Professor Dame Donna Kinnair DBE, Non-Executive Director**
Dame Donna is General Secretary and Chief Executive of The Royal College of Nursing (RCN). She is responsible for delivering the RCN's strategic and operational plans and promoting patient and nursing interests on a wide range of issues.

Prior to joining the RCN, Dame Donna held various roles including Clinical Director of Emergency Medicine, Executive Director of Nursing and Director of Commissioning. Dame Donna has specialised in child protection, providing leadership in major hospital trusts in London, teaching, and advising on legal and governmental committees.

**Edwin Ndlovu, Interim Chief Operating Officer**
Edwin was appointed as Director of Operations in January 2020 and Interim Chief Operating Officer in October 2020.

Edwin is a mental health nurse by background. He has held various nursing and management roles in a range of settings including Forensic Mental Health Services and Adult Mental Health Services.

Edwin was the Borough Lead Nurse and Associate Clinical Director for Newham adult mental health services between 2009 and 2015 before taking up the Borough Director position for Tower Hamlets in 2016.

**Dr Amar Shah, Chief Quality Officer**
Amar has been the Chief Quality Officer at the Trust since 2017 and is a consultant forensic psychiatrist. He leads at executive and Board level on quality, performance, strategy, planning and business intelligence.

Amar is the national improvement lead for mental health at the Royal College of Psychiatrists, leading a number of large-scale improvement collaboratives on the topics of suicide prevention, reducing restrictive practice and improving sexual safety. He is also chair of the QI faculty at the Royal College of Psychiatrists, honorary visiting professor at the University of Leicester, and is an improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world.

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

Lorraine has over 20 years' registered nurse experience. She 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 Lorraine was appointed as Head of Nursing for Forensic Services and in 2015 was appointed as Deputy Director of Nursing for London - Mental Health. She became Interim Chief Nurse in November 2017 and was substantially appointed in June 2018.

Lorraine's qualifications include RMHN and she is a Myers-Briggs Step 2 Administrator.

**Eileen Taylor, Vice Chair**
Eileen is a veteran investment banker with 38 years' experience within global leadership roles based in Asia, US and the UK. She has held a range of senior roles in Deutsche Bank over 30 years including Global Head of Regulatory Management and CEO of DB UK Bank Ltd.

Eileen has previously held Chief Operating Officer roles at Global Markets Europe, Global Foreign Exchange and the Institutional Client Group. She was also Chair of the Catalyst Europe Advisory Board and was the Co-Chair of the Task Force of Talent Innovation.

Eileen Taylor is currently 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).

**Dr Mohit Venkataram, Executive Director of Commercial Development**
Mohit was appointed as Executive Director of Business Development and Performance at the Trust in November 2016 having previously been the Commercial and Business Development Director from February 2011.

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.

**Deborah Wheeler, Non-Executive Director**
Deborah trained as a nurse at St Bartholomew's Hospital, spending her clinical career in orthopaedic nursing before moving into nursing management. She has been Director of Nursing at several NHS trusts in London and became Deputy Regional Chief Nurse for NHS England South Region. More recently, Deborah moved back to a Director of Nursing post at the North Middlesex Hospital, before retiring from full-time work at the end of 2019.

Deborah is a Florence Nightingale Foundation Leadership Scholar and received the Chief Nursing Officer's Gold Award for lifetime achievement in 2019. Deborah is also a Trustee of two national charities – Epilepsy Society and Revitalise Respite Holidays.

The following individuals were also Board Directors at East London NHS Foundation Trust during 2020-2021:

**Dr Navina Evans**
Chief Executive to
30 September 2020

**Mary Elford**
Vice Chair
Bedfordshire & Luton
to 30 September 2020

**Mason Fitzgerald**
Executive Director
Planning &
Performance on
secondment to
Norfolk and Suffolk
NHS Foundation Trust
from 1 November
2019

**Jenny Kay**
Senior Independent
Director to
31 December 2020

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

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

The Board considers it is balanced and complete in its composition, and appropriate to the requirements of the Trust. There is a clear division of responsibilities between the Chair and Chief Executive. The Chair ensures that the Board has a strategy that delivers a service that meets the expectations and requirements of the communities we serve and that the Trust has an Executive team with the ability to deliver the strategy. The Chair also facilitates the contribution of Non-Executive Directors and their constructive relationships with the Executives. The Chief Executive is responsible for the leadership of the Executive team and for implementing our strategy and delivering our overall objectives, and for ensuring that we have an appropriate risk management system in place.

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

All Directors are required to comply with the Fit and Proper Persons test requirements (to meet the requirements of the general conditions of the provider licence) and are required to make an annual declaration of compliance in this regard.

The Board of Directors and Council of Governors approved a change in the constitution to remove the upper limit of both Non-Executive and Executive Directors to provide flexibility when considering and managing the impact of increased expectations and workloads of our Directors particularly with the expansion of our services and the increased requirements to support system work.

## Independence of the Non-Executive Directors

Non-Executive Directors bring strong, independent oversight to the Board and all Non-Executive Directors are currently considered to be independent. The Trust is committed to ensuring that the Board is comprised of a majority of independent Non-Executive Directors who objectively challenge management.

The Council of Governors is responsible for all decisions to reappoint Non-Executive Directors and is supported in its consideration by the recommendations it receives from the Chair and the Board's Appointments & Remuneration Committee. Any recommendation to reappoint a Non-Executive Director beyond six years follows detailed review to ensure the continued independence of the individual Director. Any Non-Executive Director appointed beyond six years is subject to annual reappointment.

Non-Executive Directors declare their interests and in the unlikely event that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

## Chair's Significant Commitments

During 2020-2021 Mark Lam has declared an interest in the following:

- Chair, Barnet, Enfield and Haringey NHS Trust (to 31 March 2021)
- Group Chair, Royal Free London NHS Foundation Trust (from 1 April 2021)
- Vice-Chair, North Central London Provider Alliance
- Non-Executive Director, Social Work England.

## Declarations of Interest

All Board Directors are required to disclose their relevant interests as defined in our constitution. These are recorded in a publicly available register that is formally reported to the Board at the beginning of each meeting. A copy of the register is available on our website or on request from the Director of Corporate Governance at Robert Dolan House, 9 Alie Street, London E1 8DE or email elft.declarations@nhs.net

## Directors Meeting Attendance Summary

The table below shows the attendance at Board of Directors and Council of Governor meetings for all Directors in post during the 2020-2021 financial year.

| Name | Role | Board of Directors | Council of Governors |
|---|---|---|---|
| | | Actual of Possible Meetings | |
| Mark Lam | Trust Chair (from 1 June 2020) | 7 of 7 | 6 of 6 |
| Paul Calaminus | Chief Executive (from 12 March 2021)<br>Interim Chief Executive (1 October 2020 – 11 March 2021)<br>Deputy Chief Executive (December 2019 – 30 September 2020) | 7 of 7 | 5 of 7 |
| Navina Evans | Chief Executive (to 30 September 2020) | 3 of 4 | 2 of 3 |
| Aamir Ahmad | Non-Executive Director | 7 of 7 | 6 of 7 |
| Ken Batty | Non-Executive Director<br>Senior Independent Director (from 1 October 2020) | 7 of 7 | 5 of 7 |
| Richard Carr | Non-Executive Director (from 1 December 2020) | 3 of 3 | 2 of 2 |
| Tanya Carter | Executive Director of People & Culture | 7 of 7 | 6 of 7 |
| Anit Chandarana | Non-Executive Director | 7 of 7 | 5 of 7 |
| Steven Course | Chief Finance Officer | 6 of 7 | 6 of 7 |
| Mary Elford | Vice Chair Bedfordshire & Luton (to 30 September 2020) | 4 of 4 | 3 of 3 |
| Sam Everington | Non-Executive Director (from 1 January 2020) | 7 of 7 | 2 of 7 |
| Mason Fitzgerald | Executive Director of Planning & Performance (on secondment from 1 November 2019) | 0 of 0 | 0 of 0 |
| Richard Fradgley | Executive Director of Integrated Care | 7 of 7 | 6 of 7 |
| Paul Gilluley | Chief Medical Officer | 7 of 7 | 5 of 7 |
| Philippa Graves | Chief Digital Officer (from 1 July 2020) | 5 of 5 | 5 of 6 |
| Jenny Kay | Non-Executive Director (until 31 December 2020)<br>Senior Independent Director (until 30 September 2020) | 5 of 5 | 4 of 5 |
| Donna Kinnair | Non-Executive Director (from 1 January 2021) | 2 of 3 | 2 of 2 |
| Edwin Ndlovu | Interim Chief Operating Officer (from 5 October 2020) | 7 of 7 | 3 of 4 |
| Amar Shah | Chief Quality Officer | 7 of 7 | 5 of 7 |
| Lorraine Sunduza | Chief Nurse | 6 of 7 | 5 of 7 |
| Eileen Taylor | Vice Chair<br>Interim Chair (from 1 April to 31 May 2020) | 7 of 7 | 7 of 7 |
| Mohit Venkataram | Executive Director of Commercial Development | 7 of 7 | 5 of7 |
| Deborah Wheeler | Non-Executive Director (from 1 January 2021) | 3 of 3 | 2 of 2 |

## Evaluating Performance and Effectiveness

The Board undertakes regular reviews of its performance and effectiveness as this provides a useful opportunity to step back and reflect. This includes:

- 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 and Executive Directors via the Chief Executive
- 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 & 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 & Remuneration Committee.

During the year the Board continued to review 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.

The Board also agreed to establish a new committee from April 2021 to provide oversight and assurance on the broader role of the Trust in Integrated Care Systems, and also as a commissioner of services, involvement in new models of care and provider of primary care services. The committee will focus on delivery of the Trust's population health strategy and impact of integrated care.

## Directors' Remuneration

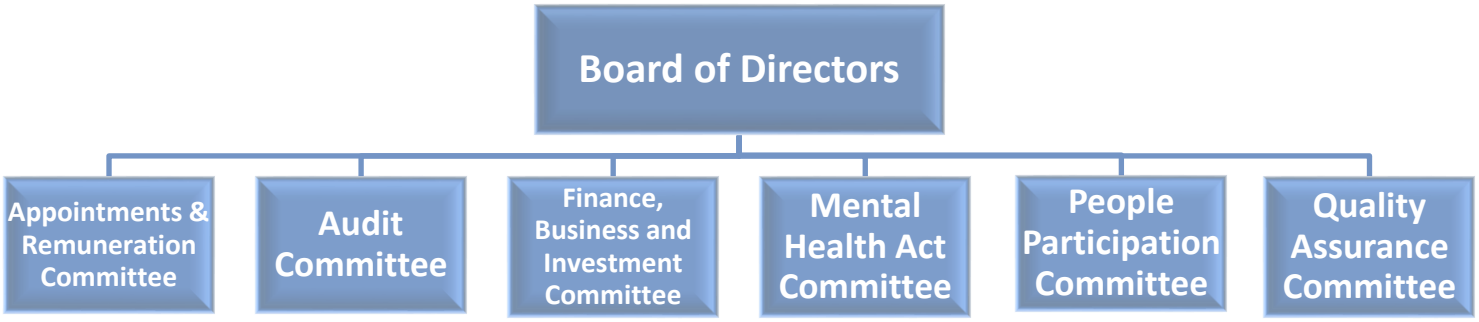
The responsibility for setting the remuneration of the Executive Directors falls to the Board of Directors Appointments & Remuneration Committee.

The Council of Governors Nominations & 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.

# 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 & Remuneration Committee

**Purpose**
The Appointments & 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.

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

The table below shows the attendance at committee meetings during the 2020-2021 financial year.

| Committee member | Title | Attendance (actual of possible) |
|---|---|---|
| Aamir Ahmad | Non-Executive Director | 2 of 2 |
| Ken Batty | Non-Executive Director, Committee Chair | 6 of 6 |
| Paul Calaminus | Chief Executive (from 12 March 2021) | 4 of 4 |
| Dr Navina Evans | Chief Executive (to 30 September 2020) | 2 of 2 |
| Mark Lam | Trust Chair (from 1 June 2020) | 6 of 6 |
| Eileen Taylor | Non-Executive Director | 6 of 6 |
| Deborah Wheeler | Non-Executive Director | 1 of 1 |

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

During the year, the committee received regular detailed updates on the actions being taken following the enquiries by BBC East into the qualifications claims by a Board Director.

Further information on the decisions made by the committee during the last year is included in the Remuneration Report.

## Audit Committee

**Purpose**
The role of the Audit Committee is to provide independent assurance to the Board on the effectiveness of the governance processes, risk management systems and internal controls on which the Board places reliance for achieving its strategic objectives and in meeting its fiduciary responsibilities. It works in partnership with the other Board committees to fulfil these aims.

The committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from staff. It considers both the internal and external audit work plans and receives regular updates from both sets of auditors. The committee also receives an anti-fraud update at each of its meetings.

**Membership and Meeting Attendance**
The 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 table below shows the attendance at committee meetings during the 2020-2021 financial year.

| Committee member | Title | Attendance (actual of possible) |
|---|---|---|
| Richard Carr | Non-Executive Director (from 1 December 2020) | 2 of 2 |
| Anit Chandarana | Non-Executive Director, Committee Chair | 7 of 7 |
| Mary Elford | Non-Executive Director (to 30 September 2020) | 4 of 4 |
| Jenny Kay | Senior Independent Director (to 31 December 2020) | 5 of 5 |
| Eileen Taylor | Non-Executive Director | 4 of 5 |
| Deborah Wheeler | Non-Executive Director (from 1 January 2021) | 2 of 2 |

The Chief Finance Officer, the Director of Corporate Governance, and representatives from Internal Audit, External Audit, and Local Counter Fraud Specialists were also 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 also 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**
Grant Thornton UK LLP were the Trust's External Auditors until 31 July 2020. Following a tender process under the SBS External Audit Services framework, BDP LLP was appointed as the Trust's External Auditors with effect from 1 August 2020 for one year with the option to extend for two periods (one year plus one year). The tender process included Governor representation and involvement, and was approved by the Council of Governors noting BDO's commitment to being involved in Audit Committee meetings, their innovations offer and contributing to the Trust's corporate social responsibility.

The main responsibility of external audit is to plan and carry out an audit that meets the requirements of the National Audit Office's *Code of Audit Practice* by reviewing and reporting on the Trust's accounts and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Audit Committee reviews the external audit annual audit plan at the start of the financial year and receives regular updates on progress. From 2020-2021 the committee will also receive an auditors' annual report under new reporting requirements for the audit of the Trust's value for money arrangements.

The value of the external audit contract and additional agreed fees with BDO for 2020-2021 was £70,000 excluding VAT. Their audit and non-audit fees are set, monitored and reviewed throughout the year. No non-audit services were provided by BDO or Grant Thornton during 2020-2021.

**External Auditor's Reporting Responsibilities**
BDO's report on the Trust's financial statements is based on its examination conducted in accordance with International Financial Reporting Standards (IFRS) and DHSC Group Accounting 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 2020-2021 were RSM UK. Internal audit provides an independent appraisal service to provide the Trust Board with assurance with regard to the Trust's systems of internal control.

The committee considers and approves the internal audit plan and receives regular reports on progress against the plan, as well as an annual report. The committee also receives and considers internal audit reports on specific areas. Internal audit also provides benchmarking data, updates on assurance frameworks and briefing notes on a range of current issues.

**Counter Fraud and Bribery**
The Trust employs two Local Counter Fraud Specialists (LCFS). The role of the LCFS is to assist in creating an anti-fraud and anti-bribery culture within the Trust; to deter, prevent and detect fraud and bribery; to investigate any suspicions that arise; to seek to apply appropriate sanctions; and to seek redress in respect of monies obtained through fraud and bribery.

The Audit Committee receives regular progress reports from the LCFS during the 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, reappointment and/or removal of the Trust's external auditors and will consider recommendations from the Audit Committee when doing so.

**Financial Reporting**
A key aspect of the Audit Committee's work is to consider significant issues in relation to financial statements and compliance. To assist this review, the committee considered reports from management, and 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 Committee continued with the deep dives into individual risks on the Trust's Board Assurance Framework and received a report on the status of the Trust's cyber security following an external review and the actions being put in place to address areas of weakness.

In response to the pandemic, the committee also received an assurance report regarding information governance and IT controls put in place due to changes from face to face to virtual services. The committee also approved additional financial governance arrangements in relation to COVID-19 related expenditure to enable efficient and effective decision-making, and to ensure the capture and monitoring of such expenditure in line with NHS England and NHS Improvement guidance.

The committee also received regular updates on the actions being taken following the enquiries by BBC East into the qualifications claims by a Board Director, including the appropriateness and effectiveness of relevant processes and procedures, and strengthening the mitigating systems and checks in place.

## Finance, Business and Investment Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors, the Chief Executive, the Chief Finance Officer, Chief Operating Officer and the Executive Director of Commercial Development & Primary Care. Its main role is to scrutinise financial reports, issues with a material financial impact (including proposed service and capital developments) and the Trust's cash investment policy. The committee is also the lead committee for two risks relating to improving value on the Board Assurance Framework.

## Mental Health Act Committee

Chaired by a Non-Executive Director, this committee includes a 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

Chaired by a Non-Executive Director, this committee has a wide representative membership including 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. The committee is also the lead Committee for a risk relating to improving patient experience on the Board Assurance Framework.

## Quality Assurance Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors, the Chief Medical Officer, Chief Nurse, Chief Operating Officer and Chief Quality Officer. The Head of Internal Audit also attends each meeting. 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. The committee is also the lead Committee for a risk relating to improving patient experience on the Board Assurance Framework.

# 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 covered in detail in the Annual Governance Statement as well as in the performance section of the annual report, and in particular, the changes made to take account of the Trust's response to the COVID-19 pandemic.

## Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the CQC. Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Assurance and Quality Committees. Following the COVID-19 pandemic beginning from March 2020, the CQC paused routine inspections and focussed activity where there was a risk to people's safety. As a result of this, the planned well-led inspections at ELFT for early 2020 did not take place.

As of March 2021, the CQC was using a risk-based approach in relation to all services. Mental Health Act reviews continued with record reviews in a central location and virtual interviews with staff.

During October 2020, CQC carried out focused inspection at Leighton Road Surgery, Bedfordshire. We are pleased that CQC recognised that' significant improvements' had been made to the quality of care provided by the service and it is now rated as 'requires improvement' overall and rated as 'good' for providing safe services; it had previously been rated as 'inadequate' overall following a previous inspection in 2019 before joining the Trust in February 2021. The report took into account the exceptional circumstances of the COVID-19 pandemic and found that staff were proud to work at the practice; patients were involved with their suggestions helping shape and improve practice; there was an active Patient Participation Group; and that a monthly blog helps inform the public of changes at the practice.

# Stakeholder Relations

The Trust is an active and engaged partner to the Bedfordshire, Luton & Milton Keynes and North East London Integrated Care Systems, and the system partnerships and borough based partnerships within them. The Trust works very closely with the two Clinical Commissioning Groups, three acute Trusts, six local authorities (and the corporation of London), a large number of voluntary and community services and a wide range of other partners to plan and deliver integrated person-centred and preventative care to the residents and communities we serve. The Trust also works closely with NHS England and NHS Improvement in our two regions, and with the developing provider collaboratives leading the commissioning of specialised services.

# People Participation

At ELFT, we want to deliver the very best quality and safe services, and we can only do this by listening and working with our service users and carers. The People Participation team operates across Trust services 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 so that we can offer a better service for all.

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 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 Priorities 2021-2022**
The Trust-wide Working Together Group identified the following priorities that 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.


People participation at the Trust supports service users in their recovery journey by increasing their confidence, ensuring they are feeling valued, listened to and by making a difference.

Our service users can engage with the Trust in a variety of non-traditional ways to ensure that all aspects of our services are designed with service users in mind. Service users are involved on all interview panels, have been involved in the procurement of both a taxi service and new payroll system; and the complaints team benefits from a service user who helps to write responses. Some of the benefits stretch beyond the Trust; service users deliver training to external agencies in the surrounding community raising awareness of mental health and suicide to the Metropolitan Police and the Docklands Light Railway (DLR).

Alongside our continuing work on the DLR, we have added a nurse on Network Rail. This person links with vulnerable people and the rail network particularly around suicide and vulnerability.

During the first month of COVID-19 pandemic last year, People Participation set up a service user-led befriending service. This service employs over 30 service user befrienders and a befriending service coordinator with lived experience. The service has been a huge success with over 3,000 calls made in 12 months.

We want our service users and carers to receive the very best services and so over the year our People Participation team has grown to support us to do this. New roles include five People Participation workers, peer support professional lead, befriending coordinator and head of People Participation. In addition, we now have specialist People Participation leads covering digital, perinatal, and learning disabilities.


# Service User and Patient Care

## Safer Services

**Patient Safety Review**
A blueprint on how the Trust's patient safety system could be improved was presented at the end of 2020 following the commissioning of an independent review in 2019. The review which looked at our patient safety system and international evidence on patient safety, was carried out by Prof Carl Macrae, a patient safety expert based at the University of Nottingham but due to the pandemic the review was delayed in reaching its conclusion. We are now planning a way forward on how to implement the recommendations.

**COVID-19 Excess Deaths**
During the first wave of the COVID-19 pandemic we noted an increase in death rates of service users above that would be expected. The pandemic period where rates of deaths exceeded those previous experienced started at the end of March 2020 and lasted for five weeks in London services and extended over seven weeks in Bedfordshire. The excess in deaths was particularly noted in services users who lived in care homes, BAME service users

and services users with a learning disability. We are presently analysing the data from the second wave.

**Hackney Suicides**
During the first lock down there were noted to be 11 suspected suicide of service users in contact with mental health services in Hackney. All had serious incident investigations completed and a table top exercise found there was no theme regarding ethnicity, contact with the team or area they lived in, and no evidence to suggest this was a cluster. There was a broad spread of social factors at play in all of the cases as well as factors associated to the COVID pandemic including health anxieties, social isolation, financial issues related to furlough and bereavement.

**Inpatient Violence and the COVID-19 Pandemic**
During the course of the pandemic, violence within our inpatient services increased by 20%. The reasons for this are both directly attributable to nature of the pandemic – in that there is an increased degree of worry and concern about catching the virus itself leading to an increase in the types of controls used within services to mitigate transmissions – and also to the traditional set of institutional processes for containing violence once it has occurred.

Simply put, in 'normal' times there is a greater emphasis on connection and engagement in care; this has changed with the necessity for infection prevention and control measures. Isolation, mask-wearing, social distancing and curtailed social contact can all contribute towards or amplify feelings of distress, alienation and impotence within some of the patient population – in the same manner they have within the general population. Certain groups are more affected than others – in particular; young people and those within forensic services – and most significantly within this population, those with a learning or intellectual disability.

**Staffing and Restrictive Practice**
During the height of waves 1 and 2 of the pandemic, there were large numbers of regular staff absence. Using larger numbers of temporary staff means that that usual teamwork, communication and decision making was affected. The impact of this is significant – the usual mitigations that often detect and divert incidents from occurring were affected over a period of weeks. Once violence occurs, the paths to managing it are primarily restrictive until the incident has concluded. It follows that when we have more violence within our services, there is a commensurate increase in the use of restrictions.

One of the hallmarks of the pandemic has been how care has at times been a real challenge to deliver due to the disruption it has caused. Mitigating this has been a primary objective - so aiding inpatient staff to return to work safely in COVID secure environments, ensuring that there is good clinical leadership to focus on the needs of the patients and keeping any universal restrictions for hospitals (such as leave and visits) under review and in-step with the Government's roadmap to unlocking.

**Recovery**
To help address this impact of COVID and the increase in levels of violence, we have focused on reinforcing and re-embedding what we know works:

- Safe levels of experienced and reliable staffing
- High quality engagement in individualised cares
- Use of debrief, learning and reflection about the causes and prevention of violence

- A fully engaged multi-disciplinary team approach to violence reduction
- Full package of support for service users and staff who have experienced violence.

To achieve all of this we will be setting an ambitious target of reducing violence and associated restrictive practice by 50% by the end of 2021. The current processes and practices are being used well but to increase the pace of positive change is essential – we also need to learn how to work within a COVID context with our most vulnerable groups to prevent further escalations in violence.

## Compliments and Complaints

Lessons learnt from complaints are shared at directorate events and at the annual Trust-wide patient safety learning lessons event.

This event held over Zoom in October 2020 highlighted the new complaints process, lessons learnt from complaints and changes to practice and services that resulted from complaints information. Subsequent directorate learning lessons events in community health services and mental health services have also included updates on the complaints process and details of local changes to practice as a result of complaints information. Local services are supported to deliver their learning lessons events with assistance and contributions from the risk and governance service in the conceptualisation and delivery of these events.

The Chief Nurse commissioned an external human factors review of the Trust's complaints and conflicts of interest processes, led by Dr. Jane Carthey, Human Factors and Patient Safety Consultant. The review focused on:

- Processes for transitioning complaints when the Trust acquires a service.
- The process for coordinating complaints responses
- The processes for managing conflicts of interest
- How the Trust's Board gains assurance that complaints are handled in a timely, transparent and empathetic way.

As part of this external review, interviews were held with a cross section of ELFT staff responsible for responding to complaints and for managing conflict of interest issues that arise from the complaints process. The findings in this report noted that the governance structure currently in place across directorates has ensured that where any potential conflicts of interest matters arise they are immediately identified and necessary mitigations put in place. Directorate teams were able to demonstrate a good awareness of how conflict of interest issues should be managed when responding to complaints.

In November 2020, our Non-Executive Directors provided feedback on their audit of 10 randomly sampled complaint responses. The audit noted a systemic improvement and that all of the responses were better than in previous years

Trust-wide monthly complaints training continued throughout the year focusing on the legislation and guidance underpinning the process, investigative practice, response writing, learning/action plan development and regular report updates. The training schedule is communicated monthly via the intranet, communications emails and directorate governance

leads. The stage 1 local resolution process in the directorates has resulted in a greater number of resolutions completed in less time, whilst still capturing learning.

A Trust-wide bi-monthly complaints meeting was established comprising of the complaints team and governance leads, which in addition to the governance network meeting provides a regular forum to share information and discuss any complex cases or process issues.

During 1 April 2020 to 31 March 2021:

- 408 formal complaints were received
- The average monthly number of complaints received was 34, compared with an average of 24 per month in the previous year
- 956 Patient Advice and Liaison Service (PALS) enquiries were logged and handled, an average of 80 enquiries per month
- The Trust has received nine new contacts from the PHSO (Parliamentary and Health Service Ombudsman) based on complainants expressing dissatisfaction with the Trust's response/outcomes of their complaint compared to seven received in the previous year
- Four PHSO enquiries were closed without progressing to an investigation; one is currently under investigation and four are awaiting a decision regarding whether an investigation will take place
- 748 compliments were recorded centrally by the Trust and it is recognised that many more informal compliments would have been received by individuals and teams across the organisation where these were not formally recorded.

**Tower Hamlets (Mental Health): Brick Lane Ward**

*Great staff dealing with difficult and complex people. Staff never stopped and always patient.*

**Newham (Mental Health): Ruby Triage Ward**

*I have felt really cared for in terms of medication and meals. Compassionate and helpful staff. The kindness and patience is hugely appreciated.*

**Community Health Services (Bedfordshire): Community Nursing South, District Nurses**

*I have been recovering from surgery for some weeks now and have been blessed to receive the support of the amazing district nurse team.*

*Everyone is so kind, professional, knowledgeable and sympathetic, and in my position I can't imagine trying to struggle through without them, so thank you so much.*

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# Remuneration Report

I am pleased to present the Remuneration Report for the financial year 2020-2021 on behalf of the Trust's two committees responsible for Directors remuneration. The statements are supported by the chairs of the Board of Directors Appointments & Remuneration Committee and the Council of Governors Nominations & Conduct Committee.

Within this report, the term 'senior manager' is used. Guidance issued by NHS Improvement defines senior managers as those who influence the decisions of the Trust as a whole rather than the decisions of individual directorates within the Trust. For the purposes of this report, only members of the Board of Directors are treated as senior managers.

In accordance with the requirements of the HM Treasury Financial Reporting Manual and reporting requirements issued by NHS England and NHS Improvement, this report is in three parts:

- **Annual statement on remuneration** describes the major decisions on senior managers' remuneration as well as any substantial changes to senior managers' remuneration which were made during the year and the context in which those changes occurred and decisions taken
- **Senior managers' remuneration policy** sets out information about our policy
- **Annual report on remuneration** includes details about senior managers' service contracts and sets out other matters such as committee membership, attendance and the business transacted.

## Annual Statement on Remuneration

### Committees Responsible for Remuneration

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

- Council of Governors Nominations & Conduct Committee
- Board of Directors Appointments & Remuneration Committee.

The two committees aim to ensure that both Non-Executive and Executive Directors' remuneration is set appropriately taking into account relevant market conditions.

### Non-Executive Directors (including the Chair)

The Council of Governors Nominations & Conduct Committee has the delegated responsibility to recommend to the Council of Governors 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.

During 2019, NHS Improvement published guidance on the remuneration of Chairs and Non-Executive Directors of NHS Foundation Trusts and NHS Trusts in order to standardise Non-Executive Directors' remuneration across the NHS and for the level of Chairs' remuneration to be informed by the size of the organisation's turnover. The guidance acknowledges that whilst there are 150 Foundation Trusts they are not necessarily the largest or most complex NHS organisations and it argues that there is essentially no distinction between the services provided by NHS Trusts and NHS Foundation Trusts, nor in their respective responsibilities, yet there is significant variation in the level of remuneration.

Whilst recognising that as an autonomous Foundation Trust there is no requirement for ELFT to comply with the guidance, the Council has agreed to consider the recommendations when reviewing remuneration for the Chair and Non-Executive Directors and will also take into account the need to retain talented individuals to ensure an appropriate skill mix around the Board table.

## Executive Directors (including the Chief Executive)

An incremental scale for Executive Director posts was introduced by the Trust as a more structured way of determining Executive Director pay, providing an incremental scale in line with other NHS reward schemes, and simplifying decision-making on the level of reward. The Appointments & Remuneration Committee reviews this scale annually to reflect any uplifts as recommended by NHS England and NHS Improvement.

The committee has the discretion to vary starting salaries for those on Very Senior Managers' (VSMs) terms and conditions within the agreed salary scale in line with skills, experience and market conditions. In setting the remuneration level, the committee balances the need to attract, retain and motivate Directors of the quality required. A variety of factors are 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.

## Decisions Made During 2020-2021

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

- Appointed the new Chair of the Trust, Mark Lam with effect from 1 June 2020, and agreed his remuneration and terms and conditions
- Approved the appointment of Paul Calaminus as the Trust's new Chief Executive with effect from 12 March 2021
- Appointed three new Non-Executive Directors: Richard Carr with effect from 1 December 2020, Professor Dame Donna Kinnair DBE and Deborah Wheeler both with effect from 1 January 2021; and agreed their remuneration and terms and conditions
- Following consultation supported the appointment of Ken Batty as the Senior Independent Director with effect from 1 October 2020 and addressed an anomaly in

the Senior Independent Director's remuneration bringing it in line with the approach taken for other Non-Executive Directors with additional responsibilities.

During the year, the Board of Directors Appointments & Remuneration Committee:

- Led on the recruitment of a new Chief Executive; Paul Calaminus was appointed on 12 March 2021 following a robust recruitment process which was supported by Gatenby Sanderson, an executive recruitment agency; and agreed the new Chief Executive's salary following approval by HM Treasury
- Appointed Paul Calaminus as the Interim Chief Executive with effect from 1 October 2020; and agreed his remuneration following approval by HM Treasury
- Approved the extension to the term of office for Millie Banerjee as Chair of Compass Wellbeing CIC by a further two years (to a three-year period) to 31 December 2022
- Approved a permanent change to the responsibility allowance of Dr Mohit Venkataram, as Chief Executive of Compass Wellbeing CIC following approval by HM Treasury
- Approved the appointment and salary of the Interim Chief Operating Officer, Edwin Ndlovu, with effect from 5 October 2020
- Approved the appointment and salary of the Chief Digital Officer, Philippa Graves, with effect from 1 July 2020
- Approved the implementation of a 1.03% uplift for the Trust's senior managers in line with the Department of Health & Social Care (DHSC) recommendations, following approval by HM Treasury in respect of Steven Course, Chief Finance Officer and Lorraine Sunduza, Chief Nurse
- Agreed a single pay scale and alignment of increment dates for all Executive Directors
- Supported the appointment of Ken Batty as the Senior Independent Director with effect from 1 October 2020.

# Senior Managers' Remuneration Policy

## 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.

## 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 (AfC) 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 attracting and retaining appropriately experienced colleagues who demonstrate the Trust values and behaviours.

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. The Board's Appointments & Remuneration Committee reviews this scale annually to reflect the uplift as recommended by NHS England and NHS Improvement. In recognition of the end of the three-year AfC pay deal in 2020, and in anticipation of the new pay deal in 2021, annual increments due in April 2021 for Executive Directors were frozen in February 2021 pending a national decision about the AfC pay deal.

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 & 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.

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, 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.

## Diversity and Inclusion Policy

We are committed to the principles of diversity and inclusion and we recognise the importance of having a Board that comprises of people from different backgrounds, and consideration is given to this with both Executive and Non-Executive Director appointments.

The Board's Appointments & Remuneration Committee and Trust Board regularly receive reports on People, which includes matters of equality, diversity and inclusion. The report also includes progress updates against the Trust's people plan and the Trust equalities plan, which

are monitored by the Appointments & Remuneration Committee and the Trust Board, both of which have over sight of annual submissions of the Workforce Race Equalities Standards (WRES) and the Workforce Disability Equality Standards (WDES) and associated action plans.

During the year, we have appointed seven new Directors; three of whom are female and three are BAME.

## Service Contract Obligations – Policy on Payment for Loss of Office

Eight Executive Directors are permanent members of the Executive team. One Executive Director is interim pending substantive recruitment and during 2020-2021, one Executive Director was on secondment to another NHS 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 that 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 via the Mental Health HR Directors network and also taking account of the national NHS Providers annual salary benchmarking survey analysis. These comparisons are also used to benchmark salaries when new posts are recruited to. The Trust have also reviewed and complied with the NHS England and NHS Improvement's salary guidance for Foundation Trusts to obtain a ministerial opinion where salaries exceed £150,000.

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 by the Council of Governors for a three-year term of office and are able to serve up to three terms of three years subject to satisfactory performance. The Council is mindful of the need to ensure independence and progressive refreshing of the Board and consider this when making a decision as to the reappointment of Non-Executive Directors.

| Name | Non-Executive Director Post | Term of Office | Appointment Date | Expiry of Current Term |
|---|---|---|---|---|
| **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 |
| **Richard Carr** | Non-Executive Director | 1st term | 1 December 2020 | 30 November 2023 |
| **Anit Chandarana** | Non-Executive Director | 1st term | 1 November 2018 | 31 October 2021 |
| **Mary Elford** | Vice Chair Beds & Luton | 3rd term | 1 February 2012 | 30 September 2020* |
| **Sam Everington** | Non-Executive Director | 1st term | 1 January 2020 | 31 December 2022 |
| **Jenny Kay** | Non-Executive Director | 3rd term | 1 October 2014 | 31 December 2020* |
| **Donna Kinnair** | Non-Executive Director | 1st term | 1 January 2021 | 31 December 2023 |
| **Mark Lam** | Chair | 1st term | 1 June 2020 | 31 May 2023 |
| **Eileen Taylor** | Vice Chair London | 1st term | 1 November 2018 | 31 October 2021 |
| **Deborah Wheeler** | Non-Executive Director | 1st term | 1 January 2021 | 31 December 2023 |

** Leaving date*

## Service Contracts: Executive Directors

| Name | Executive Director Post | Appointment Date | Notice Period |
|---|---|---|---|
| **Paul Calaminus** | Chief Executive<br>Interim Chief Executive<br>Deputy Chief Executive | 12 March 2021<br>1 October 2020<br>December 2019 | 6 months |
| **Tanya Carter** | Executive Director of People & Culture | 1 July 2018 | 6 months |
| **Steven Course** | Chief Finance Officer | 1 June 2015 | 6 months |
| **Navina Evans** | Chief Executive (until 30 September 2020) | 1 August 2016 | 6 months |
| **Mason Fitzgerald** | Executive Director of Planning & Performance (on secondment) | 1 February 2014 | 6 months |
| **Richard Fradgley** | Executive Director of Integrated Care | 19 October 2017 | 6 months |
| **Paul Gilluley** | Chief Medical Officer | 1 March 2018 | 6 months |
| **Philippa Graves** | Chief Digital Officer* | 1 July 2020 | 6 months |
| **Edwin Ndlovu** | Interim Chief Operating Officer | 5 October 2020 | 6 months |
| **Amar Shah** | Chief Quality Officer* | 19 October 2017 | 6 months |
| **Lorraine Sunduza** | Chief Nurse | 25 September 2017 | 6 months |
| **Mohit Venkataram** | Executive Director of Commercial Development | 1 November 2016 | 6 months |

**Non-voting*

## Board Directors Remuneration

### Senior Managers Pay 2020-2021 (subject to audit)

| Name | Title | Salary (bands of £5,000) | Performance pay and bonuses* (bands of £5,000) | All pension related benefits (bands of £2,500) | Total (bands of £5,000) |
|---|---|---|---|---|---|
| Aamir Ahmad | Non-Executive Director | 15-20 | 0 | 0 | 15-20 |
| Ken Batty | Non-Executive Director and Senior Independent Director (from 01/10/2020) | 15-20 | 0 | 0 | 15-20 |
| Richard Carr | Non-Executive Director (from 01/12/2020) | 5-10 | 0 | 0 | 5-10 |
| Anit Chandarana | Non-Executive Director | 15-20 | 0 | 0 | 15-20 |
| Mary Elford | Vice Chair (to 30/09/2020) | 15-20 | 0 | 0 | 15-20 |
| Sam Everington | Non-Executive Director (from 01/01/2020) | 15-20 | 0 | 0 | 15-20 |
| Jennifer Kay | Non-Executive Director (to 31/12/2020); Senior Independent Director (to 30/09/2020) | 10-15 | 0 | 0 | 10-15 |
| Mark Lam | Chair (from 01/06/2020) | 50-55 | 0 | 0 | 50-55 |
| Donna Kinnair | Non-Executive Director (from 01/01/2021) | 0-5 | 0 | 0 | 0-5 |
| Eileen Taylor | Vice Chair; Interim Chair (01/04/2020-31/05/2020) | 25-30 | 0 | 0 | 25-30 |
| Deborah Wheeler | Non-Executive Director (from 01/01/2021) | 0-5 | 0 | 0 | 0-5 |
| Paul Calaminus | Chief Executive (from 12/03/2021); Interim CEO (from 01/10/2020); Chief Operating Officer and Deputy CEO (to 30/09/2020) | 170-175 | 0 | 127.5-130 | 295-300 |
| Tanya Carter | Executive Director of People & Culture | 135-140 | 0 | 42.5-45 | 180-185 |
| Steven Course | Chief Finance Officer | 160-165 | 0 | 40-42.5 | 200-205 |
| Navina Evans** | Chief Executive (to 30/09/2020) | 55-60 | 0 | 0 | 55-60 |
| Richard Fradgley | Executive Director of Integrated Care | 145-150 | 0 | 5-7.5 | 150-155 |
| Dr Paul Gilluley* | Chief Medical Officer | 170-175 | 15-20 | 50-52.5 | 240-245 |
| Philippa Graves | Chief Digital Officer (from 01/07/2020 ) | 105-110 | 0 | 190-192.5 | 295-300 |
| Edwin Ndlovu | Interim Chief Operating Officer (from 05/10/2020) | 60-65 | 0 | 25-27.5 | 85-90 |
| Dr Amar Shah* | Chief Quality Officer | 130-135 | 10-15 | 15-17.5 | 160-165 |
| Lorraine Sunduza | Chief Nurse | 150-155 | 0 | 0 | 150-155 |
| Dr Mohit Venkataram | Executive Director of Commercial Development | 165-170 | 0 | 80-82.5 | 245-250 |

** Bonus refers to Clinical Excellence Awards which are given to recognise and reward the exceptional contribution of NHS consultants over and above that normally expected in a job, to the values and goals of the NHS and to patient care. There were no taxable benefits or long-term performance pay or bonuses paid to Senior Managers during the period.*

*** Deferred member of the pension scheme in the current year and prior year but pensions information was not provided by NHS Pensions.*

*NB: definition of senior managers reconsidered in the year and now include non-voting members of the Board*

## Senior Managers Pay 2019-2020 (subject to audit)

| Name | Title | Salary (bands of £5,000) | Performance pay and bonuses* (bands of £5,000) | All pension related benefits (bands of £2,500) | Total (bands of £5,000) |
|---|---|---|---|---|---|
| Marie Gabriel | Chair (to 31/03/2020) | 60-65 | 0 | 0 | 60-65 |
| Mary Elford | Non-Executive Director and Vice Chair Bedfordshire & Luton | 30-35 | 0 | 0 | 30-35 |
| Jennifer Kay | Non-Executive Director and Senior Independent Director | 15-20 | 0 | 0 | 15-20 |
| Robert Taylor | Non-Executive Director (to 31/12/2019) | 10-15 | 0 | 0 | 10-15 |
| Aamir Ahmad | Non-Executive Director | 15-20 | 0 | 0 | 15-20 |
| Anit Chandarana | Non-Executive Director | 15-20 | 0 | 0 | 15-20 |
| Sam Everington | Non-Executive Director (from 01/01/2020) | 0-5 | 0 | 0 | 0-5 |
| Eileen Taylor | Non-Executive Director and Vice Chair London | 20-25 | 0 | 0 | 20-25 |
| Ken Batty | Non-Executive Director | 15-20 | 0 | 0 | 15-20 |
| Dr Navina Evans | Chief Executive | 105-110 | 0 | 0 | 105-110 |
| Steven Course | Chief Finance Officer | 150-155 | 0 | 70-72.5 | 220-225 |
| Kingsley Peter | Interim Chief Finance Officer (from 01/10/19 to 31/03/20) | 65-70 | 0 | 15-17.5 | 80-85 |
| Dr Mohit Venkataram | Executive Director of Commercial Development | 150-155 | 0 | 97.5-100 | 245-250 |
| Paul Calaminus | Deputy CEO | 145-150 | 0 | 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 (on secondment from 1/11/2019) | 85-90 | 0 | 45-47.5 | 130-135 |
| Tanya Carter | Executive Director of People and Culture | 120-125 | 0 | 52.5-55 | 175-180 |
| Richard Fradgley | Executive Director of Integrated Care | 125-130 | 0 | 145-147.5 | 275-280 |
| Lorraine Sunduza | Chief Nurse | 120-125 | 0 | 190-192.5 | 315-320 |
| Dr Amar Shah* | Chief Quality Officer | 110-115 | 15-20 | 72.5-75 | 195-200 |

**Bonus refers to Clinical Excellence Awards, which are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care. There were no taxable benefits or long-term performance pay or bonuses paid to Senior Managers during the period.*

## Salary and Pension Entitlement of Senior Managers: Pension Benefits 2020-2021 (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 31.03.2021 (bands of £5,000) £000 | Lump Sum at pension age related to accrued pension at 31.03.2021 (bands of £5,000) £000 | Cash Equivalent Transfer Value at 01.04.2020 £000 | Real Increase in Cash Equivalent Transfer Value £000 | Cash Equivalent Transfer Value at 31.03.2021 £000 | Employers Contribution to Stakeholder Pension £000 |
|---|---|---|---|---|---|---|---|---|
| Paul Calaminus, Chief Executive Officer | 5.0-7.5 | 10-12.5 | 50-55 | 110-115 | 742 | 101 | 880 | 0 |
| Tanya Carter, Executive Director of People & Culture | 2.5-5.0 | 0-2.5 | 10-15 | 0-5 | 82 | 15 | 119 | 0 |
| Steven Course, Chief Finance Officer | 2.5-5.0 | 0-2.5 | 45-50 | 90-95 | 648 | 27 | 709 | 0 |
| Richard Fradgley, Executive Director of Integrated Care | 0-2.5 | 0 | 35-40 | 60-65 | 575 | 1 | 607 | 0 |
| Dr Paul Gilluley, Chief Medical Officer | 2.5-5.0 | 0-2.5 | 65-70 | 145-150 | 1,195 | 54 | 1,295 | 0 |
| Philippa Graves, Chief Digital Officer* | 10.0-12.5 | 27.5-30 | 55-60 | 150-155 | n/a* | 201 | 1,282 | 0 |
| Edwin Ndlovu, Interim Chief Operating Officer | 2.5-5.0 | 5-7.5 | 30-35 | 65-70 | 439 | 49 | 514 | 0 |
| Dr Amar Shah, Chief Quality Officer | 0-2.5 | 0 | 35-40 | 50-55 | 436 | 0 | 435 | 0 |
| Lorraine Sunduza, Chief Nurse | 0-2.5 | 0 | 40-45 | 80-85 | 616 | 0 | 627 | 0 |
| Dr Mohit Venkataram, Executive Director of Commercial Development | 5.0-7.5 | 5-7.5 | 40-45 | 80-85 | 668 | 66 | 769 | 0 |

**No opening CETV balance as start date with the Trust 01/07/2020*

## Fair Pay Multiple (subject to audit)

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

The banded mid-point remuneration of the highest paid Director in ELFT in the financial year 2020-2021 was £190k-195k (2019-2020: £185k-190k). This was 5.1 times (2019-2020: 5.2) the median remuneration of the workforce which was £37,638 (2019-2020: £36,208).

In 2020-2021, no employees received remuneration in excess of the highest-paid Director. (2019-2020 nil). Remuneration ranged from £13,896 to £192,665 (2019-2020: £13,896 to £185,145).

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.

| | 2020-2021 | 2019-2020 |
|---|---|---|
| **Mid-point of Band of Highest Paid Director's Total Remuneration (£000s)** | 192.5 | 187.5 |
| **Median Total Remuneration (£000s)** | 37,638.00 | 36,207.62 |
| **Ratio of Median Remuneration to Midpoint of the Highest Paid Director's Band** | 5.1 | 5.2 |

## Director Expenses

There was a total of £2,351.18 of non-taxable expenses claimed for 2020-2021 financial year by six out of a total of 23 Directors (£3,078.51 claimed for 2019-2020 by 13 Directors). The number of Directors includes all those in post at any time during the year. All expense claims are made and processed in line with Trust policy.

## Governor Expenses

There was a total of £25.60 claimed by one Governor during 2020-2021 out of 50 in office during that period (£298.26 was claimed by nine Governors in 2019-2020). All expense claims are made and processed in line with Trust policy.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# Staff Report

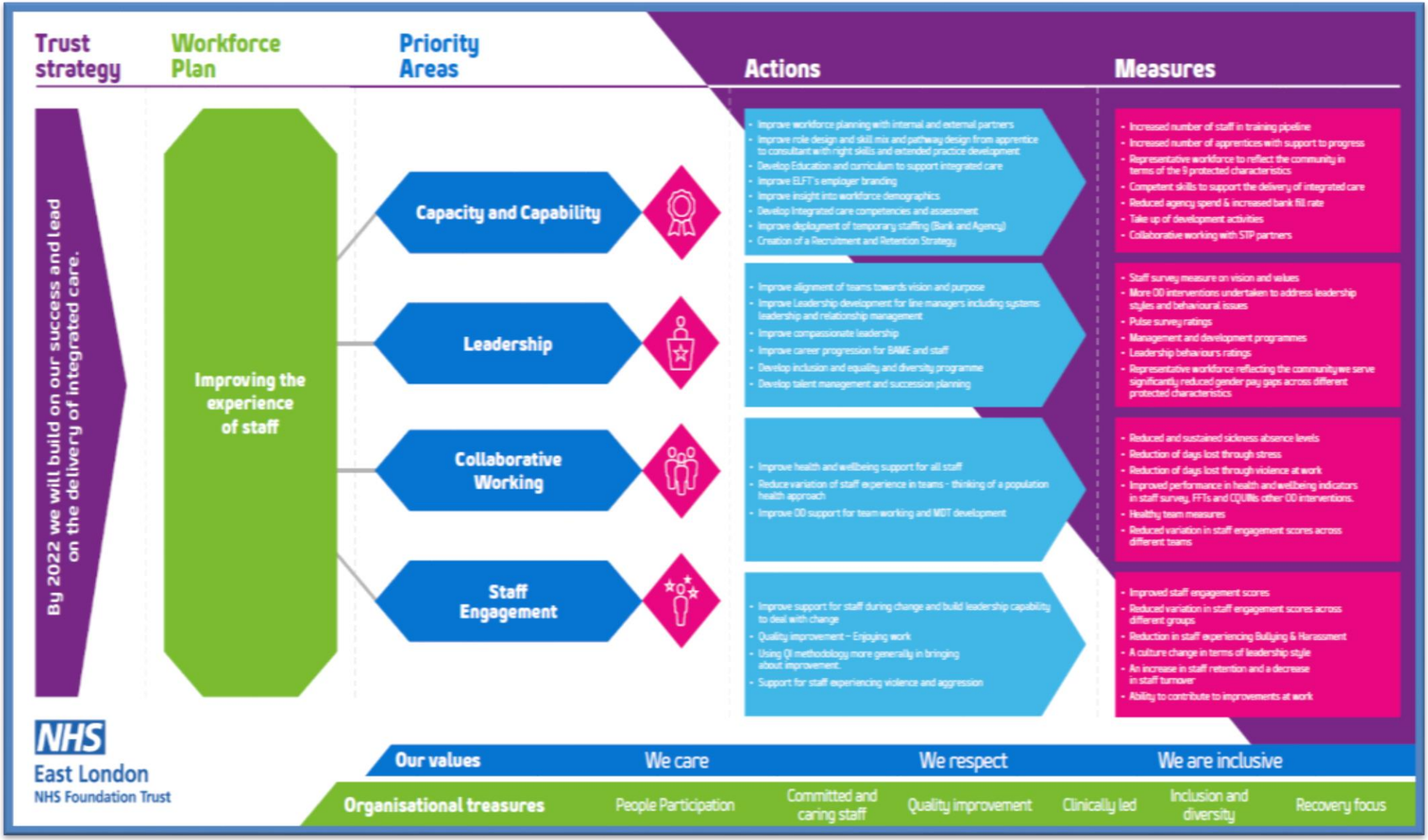
## Our People

The Trust recognises that providing high-quality inpatient 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 positive staff experiences 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 third and final 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.

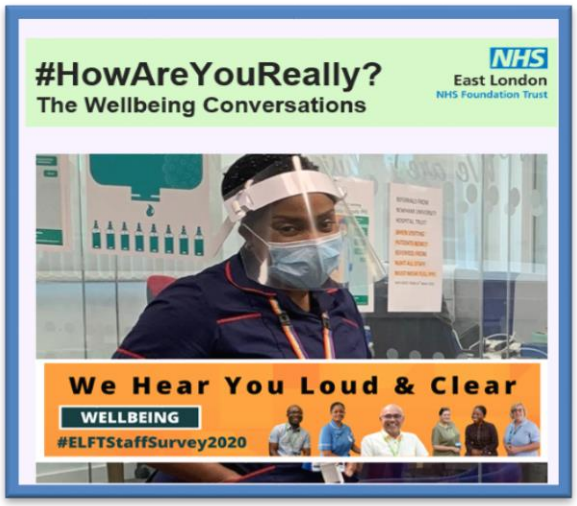
*Newham cardiac rehabilitation team*


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 continued to develop its wellbeing offering to staff and throughout 2020-2021; this offer has evolved in response to staff needs during the COVID-19 pandemic. The offer has encompassed positive emotional, physical and social wellbeing. We are actively supporting staff wellbeing to ensure that their experience in the workplace is a positive one through some of the following:

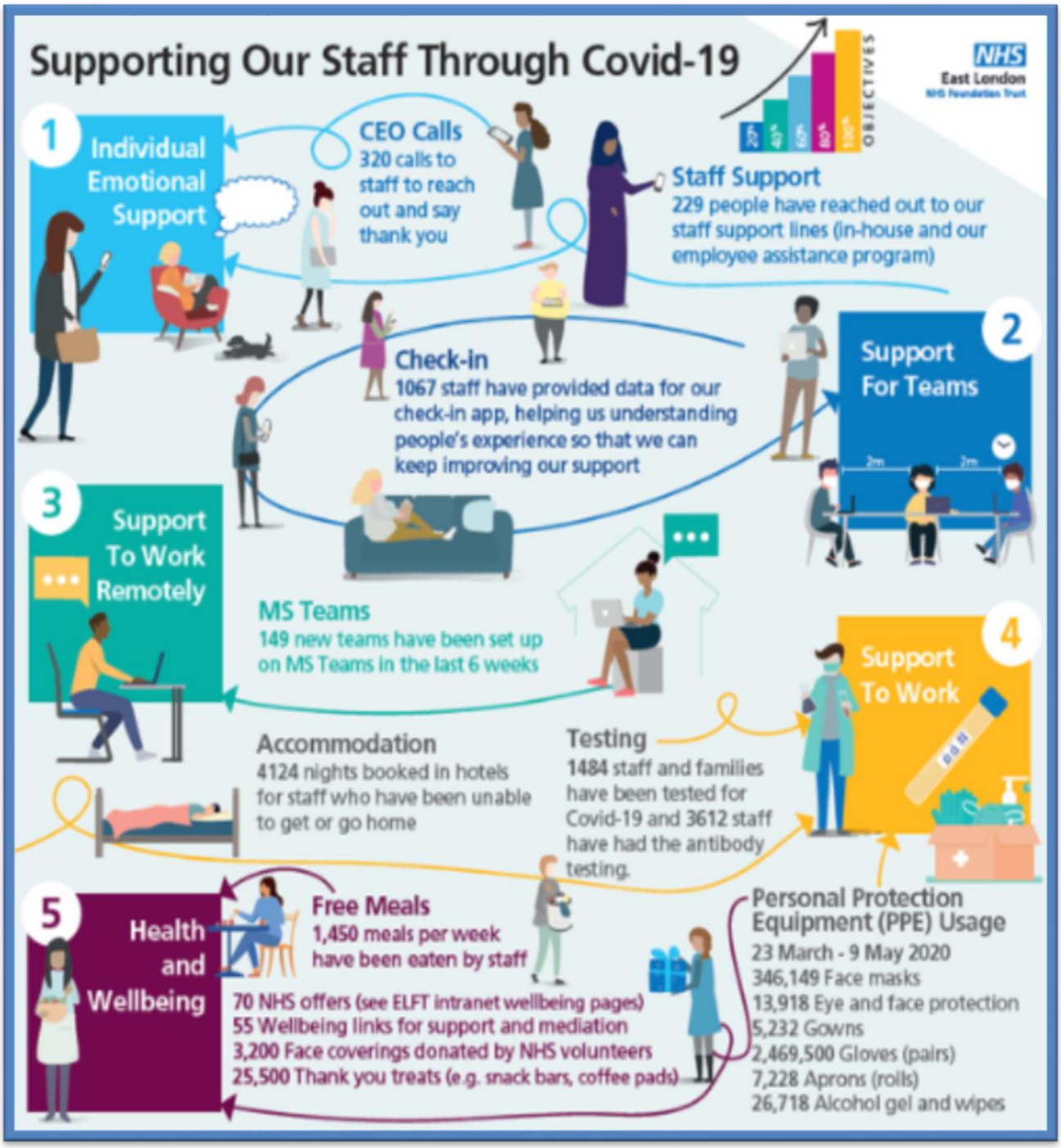
- Delivered subsidised massage yoga and Pilates
- Delivered monthly well-being sessions during induction
- Encouraged uptake of the Cycle to Work Scheme to promote physical activity
- Staff who become unwell or disabled during the course of their employment are supported through the sickness absence management policy to access training and support and redeployment where appropriate to enable them to continue working
- Year two of the newly procured Occupational Health (OH) Provider and Employee Assistance Programme (EAP)
- Funded physiotherapy for staff via our OH provider
- We have launched our *Wellbeing Wheel* which pulls together physical, financial, social and emotional wellbeing support available to our staff
- In response to the NHS People Plan, we have rolled out wellbeing conversations and a Twitter Campaign *#Howareyoureally?* The wellbeing conversations were accompanied by guides for managers and staff
- Launched staff risk assessments to ensure that staff are supported and their risks against COVID-19 were mitigated
- There was extensive support for staff who were working from home through the provision of IT kit and office furniture where required.


During the 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 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).



**Awards**

The Trust was shortlisted for four awards:

**Employee Benefits Awards**

*Best Diversity & Inclusion Strategy*

*Best Employee Support Strategy During a Crisis*

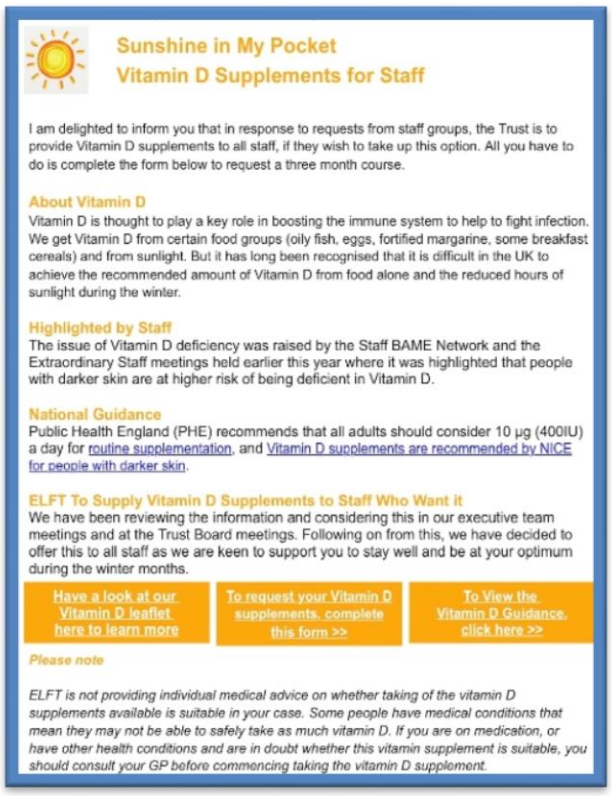
**Engage Awards**

*Best Employee Wellbeing Strategy*

**Health Service Journal (HSJ)**

*Workforce Race Equality Award (WRES)*

*Compassion and Equality in Employee Relations (ER)*, which the Trust was successful in winning. This project incorporated quality improvement (QI) and co-production, working closely with a service who anonymously reviewed ER cases. This project has shaped our approach to managing ER cases, and is having a tangible impact on how we look after people going through formal processes.

Sunshine in My Pocket
Vitamin D Supplements for Staff

I am delighted to inform you that in response to requests from staff groups, the Trust is to provide Vitamin D supplements to all staff, if they wish to take up this option. All you have to do is complete the form below to request a three month course.

About Vitamin D

Vitamin D is thought to play a key role in boosting the immune system to help to fight infection. We get Vitamin D from certain food groups (oily fish, eggs, fortified margarine, some breakfast cereals) and from sunlight. But it has long been recognised that it is difficult in the UK to achieve the recommended amount of Vitamin D from food alone and the reduced hours of sunlight during the winter.

Highlighted by Staff

The issue of Vitamin D deficiency was raised by the Staff BAME Network and the Extraordinary Staff meetings held earlier this year where it was highlighted that people with darker skin are at higher risk of being deficient in Vitamin D.

National Guidance

Public Health England (PHE) recommends that all adults should consider 10 µg (400IU) a day for routine supplementation, and Vitamin D supplements are recommended by NICE for people with darker skin.

ELFT To Supply Vitamin D Supplements to Staff Who Want it

We have been reviewing the information and considering this in our executive team meetings and at the Trust Board meetings. Following on from this, we have decided to offer this to all staff as we are keen to support you to stay well and be at your optimum during the winter months.

Have a look at our Vitamin D leaflet here to learn more | To request your Vitamin D supplements, complete this form >> | To View the Vitamin D Guidance, click here >>

*Please note*

*ELFT is not providing individual medical advice on whether taking of the vitamin D supplements available is suitable in your case. Some people have medical conditions that mean they may not be able to safely take as much vitamin D. If you are on medication, or have other health conditions and are in doubt whether this vitamin supplement is suitable, you should consult your GP before commencing taking the vitamin D supplement.*

**Vitamin D**

Following feedback from the Black, Asian Minority (BAME) Network, the Trust, in a campaign called #Sunshine in your pocket made available a three-month supply of vitamin D supplements, to all staff accompanied with and guidance how one can access vitamin through diet, detailing which foods contain vitamin D. This offer was taken up by almost 50% of the Trust.

**Non-Violence Resistance Workshops (NVR)**

As part of our staff support, we have run the first cohort of Non-Violence Resistance (NVR) parenting classes for staff, to support staff cope with challenging issues with their children. This was a 10-week course run online. The course was oversubscribed and we are due to run a second cohort.

**Online Learning Activities for Children**

During the pandemic, one recurrent theme that we heard from staff was that staff were struggling with working from home and home schooling. Staff were feeling guilty and that

some children were sat in front of screen with pre-recorded lessons or lessons that were not interactive.

We also heard about the varying quality of provision for children and some of the difficulties. We set out to provide practical solutions to help our staff and the children. We engaged agency teachers and designed a range of learning activities covering key stages1-4 (primary and secondary school ages) that were interactive and 'live' delivered online via Zoom.

These were attended by over 1,400 children over seven weeks. With steady increases in attendance each week, some children participated multiple times a day and/or week. These sessions helped to occupy children with interactive lessons and enabled them to connect with other children. The project was mobilised within a week. The feedback was overwhelmingly positive from parents and children, and there were soon requests for this to be extended to an online 'after school' offer as well as sessions during the half term holiday. It also was fantastic as a morale booster for our staff because it demonstrated that we listened and cared enough to do this.

## Recruitment, Selection and Retention

The Trust maintains a stable vacancy factor between 6 and 7% is low compared to other NHS Trusts, and lower than it has been in previous years. However, some areas such as community health services face more of a challenge and are considerably higher than this. During the first ‘lockdown’ we streamlined all of our recruitment processes and made them 100% digital.

We have a strategic recruitment and retention group that focuses on targeted marketing for difficult to recruit groups including band 5 and 6 community nurses, psychologists and occupational therapists. The group also focuses on the delivery of attraction and retention initiatives such as digital careers fairs, the nursing transfer scheme, operationalising recruitment and retention premium, increasing uptake of new roles and increasing apprenticeships.

The key strategy for the Trust to impact on Workforce Race Equality Standard (WRES) indicators for resourcing is values based recruitment. This is now well embedded within nursing, Tower Hamlets early intervention and learning disabilities services. The Trust has also undertaken a diagnostic on where to de-bias and streamline recruitment processes.

Our staff bank has expanded considerably; in part due to a pre-planned strategy for expansion, and benefits optimisation of electronic rostering. Also, due to the workforce expansion in response to the pandemic. The Trust continues to further embed centralisation of temporary staffing management that will have a positive impact on agency usage.

The Trust is now the lead employer for mass vaccination centres in North East London and will be reviewing how to retain the new immunisers/ NHS workforce and how to transition people into healthcare support roles.

Staff turnover has stabilised under 13% against a target of 16%, which is also lower than it has been in previous years. There are external factors to consider such as ‘good feeling’ towards the NHS and its workforce, and the economic impact on other industry that may be contributing factors. Additionally, the Trust has put significant focus on staff wellbeing

throughout the pandemic. There is a regular staff wellbeing newsletter and the Trust was shortlisted for best staff support strategy during a crisis.

## People Relations

The Trust launched a new occupational health contract with Team Prevent in January 2020 and sickness absence (excluding COVID-19 related absence) has been lower than it has been in previous years.

The Fair Treatment Process implemented in 2019 has seen a significant and sustained reduction in the number of suspensions of staff and we have consistently seen a closingof the proportional gap of Black, Asian Minority Ethnic (BAME) staff who are in formal disciplinary processes.

The People Relations team have two new roles that focus on the pastoral care of those staff going through a formal HR process and on improving the quality of investigations. Both posts have received positive feedback from staff and managers.

The Trust will go on to focus on respectful resolution of conflict and grievances this year, and on band 3 staff going through a disciplinary process. This will result in increased informal resolution of difficulties and fewer formal HR processes.  In addition, Trust board members are being reverse mentored by colleagues from BAME communities.

## 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*. We have seen over 70 Team of the Month awards winners and over 50 awards to Employee of Month winners between April 2020 and March 2021.

## Learning and Development

Compliance with training is the foundation of our learning activities and the year started with the statutory and mandatory training levels sitting above the 90% Trust target. The arrival of social distancing requirements and staff availability throughout the pandemic impacted on the delivery of the wider training but through redesign and increased focus on priorities some classroom learning continued, and as the year continued the volume of classroom learning increased.

The focus of learning moved to online, with the utilisation of digital platforms such as Zoom and MS Teams to deliver content to learners across the Trust. This included creating blended approaches to some learning where the taught content was delivered virtually and the practical assessments were completed on a 1:1 basis, increasing the efficiency of the overall process and reducing the risks of social contact.

As part of this, the Trust embraced Zoom as the platform for delivering learning and events, with the Learning & Development team creating a centralised account for those delivering learning.  Training was provided and support given to help with increasing the impact and effectiveness of the learning delivered.

In the last 12 months we have delivered over 600 individual learning events with over 10,000 individual attendances and the delivery teams have honed their skills in delivering impactful learning virtually. This includes support for the delivery of two Trust-wide network conferences.

Virtual learning allowed the Trust to share a common experience to all corners of the organisation. Whilst the volume of training has been greatly reduced across the Trust, there has been ongoing delivery of a range of elective learning programmes including the launch of new programmes including *Having 'That' Conversation,* a programme designed for staff around having difficult conversations, and *Put on Your Brave Pants*, a programme in which attendees are challenged to talk about race.

Leadership learning has continued with the internal development programme called 'ELFT Lead' being redesigned to be delivered virtually as well as a shift to utilise other virtual open spaces such as the CEO Discussion group as a learning moment for attendees. The Trust has also created a COVID-19 Leadership workstream that is working to create leader-learning activities to support leaders across the Trust to reflect on their personal learning throughout the pandemic.

Interest in Apprenticeships has continued to increase of the past year, with the Trust now having more than 200 learners on programmes; the vast majority of these being existing staff taking the opportunity to upskill themselves and develop their careers internally.

## 2020 NHS Staff Survey

The 2020 national staff survey response rate was 44%, 9% lower than the previous year. However, the Trust headcount is significantly higher than the previous year. In 2020, 57 questions had no significant difference, compared to the previous year. Seventeen questions were significantly better than the previous year and only one question was significantly worse:

| | 2019 | 2020 |
|---|---|---|
| **In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities** | 76% | 72% |

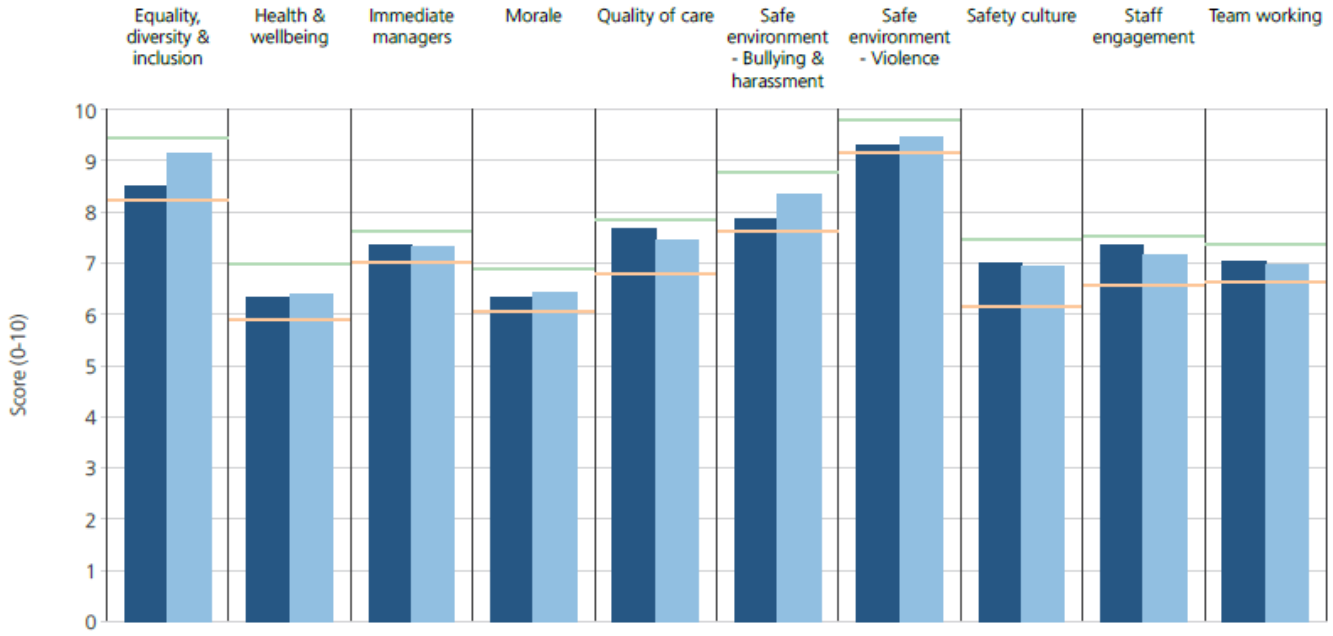
4% more staff have reported experiencing an MSK issue as a result of work this year. It is believed that this relates to the proportion of staff who are working from home due to the COVID-19 restrictions. The Trust has tried to mitigate this by making kit available for staff to order for usage at home.

An overall summary of the themes is as follows:

Survey Coordination Centre

**2020 NHS Staff Survey Results > Theme results > Overview**

NHS England




| | Equality, diversity & inclusion | Health & wellbeing | Immediate managers | Morale | Quality of care | Safe environment - Bullying & harassment | Safe environment - Violence | Safety culture | Staff engagement | Team working |
|---|---|---|---|---|---|---|---|---|---|---|
| Best | 9.5 | 7.0 | 7.6 | 6.9 | 7.9 | 8.8 | 9.8 | 7.5 | 7.5 | 7.4 |
| Your org | 8.5 | 6.3 | 7.4 | 6.3 | 7.7 | 7.8 | 9.3 | 7.0 | 7.3 | 7.0 |
| Average | 9.1 | 6.4 | 7.3 | 6.4 | 7.5 | 8.3 | 9.5 | 6.9 | 7.2 | 7.0 |
| Worst | 8.2 | 5.9 | 7.0 | 6.1 | 6.8 | 7.6 | 9.1 | 6.1 | 6.6 | 6.6 |
| Responses | 2,555 | 2,567 | 2,571 | 2,531 | 2,342 | 2,491 | 2,561 | 2,545 | 2,591 | 2,576 |

Survey Coordination Centre

**2020 NHS Staff Survey Results > Appendices >** Significance testing – 2019 v 2020 theme results

NHS England

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

| Theme | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|---|---|---|---|---|---|
| Equality, diversity & inclusion | **8.5** | 2779 | **8.5** | 2555 | Not significant |
| Health & wellbeing | **6.0** | 2798 | **6.3** | 2567 | ↑ |
| Immediate managers † | **7.2** | 2800 | **7.4** | 2571 | Not significant |
| Morale | **6.2** | 2737 | **6.3** | 2531 | ↑ |
| Quality of care | **7.7** | 2549 | **7.7** | 2342 | Not significant |
| Safe environment - Bullying & harassment | **7.8** | 2763 | **7.8** | 2491 | Not significant |
| Safe environment - Violence | **9.2** | 2767 | **9.3** | 2561 | Not significant |
| Safety culture | **7.0** | 2764 | **7.0** | 2545 | Not significant |
| Staff engagement | **7.3** | 2834 | **7.3** | 2591 | Not significant |
| Team working | **7.0** | 2801 | **7.0** | 2576 | Not significant |

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the technical document.

The future priorities are to reduce variation, and to continue to build on the work to reduce bullying and harassment, violence and aggression as part of the Respect and Dignity at Work project. We are also in the process of implementing the Respectful Resolution project to quip staff with tools to differentiate and address when bullying and harassment occurs at an early stage so that it can be resolved without the need for a formal process.

We are building on our equality, diversity and inclusion work and continue to deliver the Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) metrics and action plans.

Key priorities are the co-creation of an updated ELFT People Plan and Equalities Plan for 2022 onwards. The wellbeing of our people remains a significant focus.

Our targets are monitored by the People Plan Delivery Board (formerly the People & Culture Committee), the Appointments & Remuneration Committee and the Trust Board through regular People Plan updates.

## NHS Friends and Family Test

The last Friends and Family Test (FFT) ran in March 2020 and these figures were reported in the 2019/2020 Annual Report. The Trust's provider of the Pulse Go Engage survey ceased operating in March 2020. At the time of writing this report, we are in the process of rolling out the NHS England and NHS Improvement pulse survey.

However, the two relevant staff survey questions from the 2020 national staff survey are as follows:

| Questions | 2019 | 2020 | Difference |
|---|---|---|---|
| **Would recommend organisation as place to work** | 69% | 74% | **5%** |
| **If friend/relative needed treatment would be happy with standard of care provided by organisation** | 69% | 71% | **2%** |

## 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 to support the Trust
- Implement a Learning Management System (LMS) to foster a culture of continuous personal and professional development summer 2021
- Continue striving to be the 'Employer of Choice' and to achieve the Mayor's Healthy Workplace Charter Excellence in summer 2021
- Work alongside other Corporate services such as quality improvement support
- Continue the cultural work around respect and dignity and develop the Trust's ambition to become an anti-racist Trust
- Continue to expand the organisational development offer and support to leaders
- Deliver the short term and longer term leadership offering to ensure that there is leadership capacity and capability in all areas of the organisation;
- 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 in the context of the Integrated Care System White paper
- Offer staff continuous support and guidance during times of continuous change in the organisation and the whole of the NHS
- Implement succession planning for all leaders
- 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)
- Widen the reverse mentoring scheme across all protected characteristics, where junior colleagues throughout the Trust can mentor Board Directors
- Continue to develop our values-based recruitment processes in collaboration with staff-side colleagues and service users.

## People & Culture Response to COVID-19

In order to facilitate the demand for staffing in response to COVID-19, we reviewed all recruitment processes and revised these to be more fit for purpose for swift digital implementation. This was achieved by conducting pre-employment checks remotely using technology procured during the pandemic to be able to check and verify Identity documents.

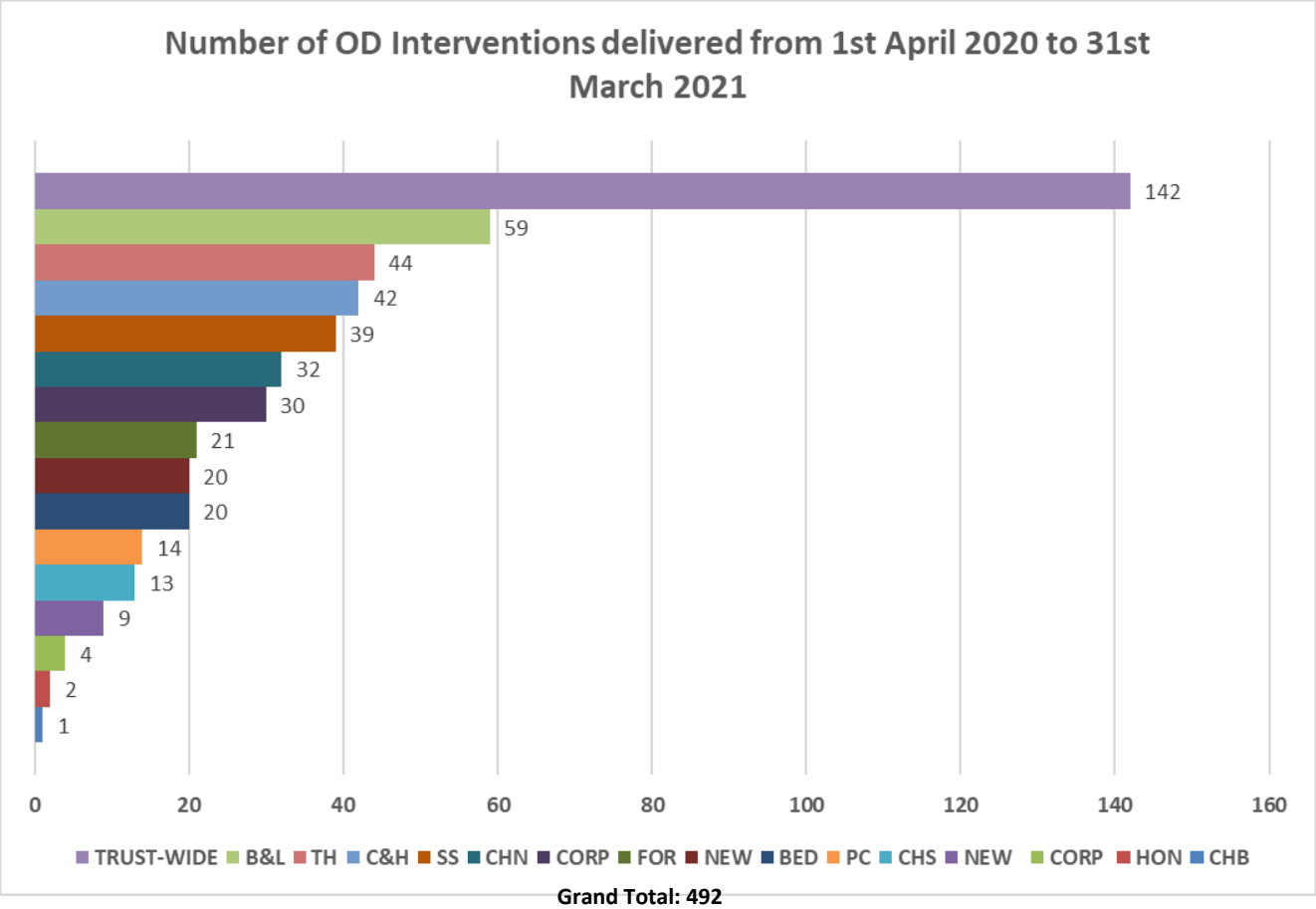
We also took the decision to extend the recheck period from three to four years for the Disclosure and Barring service (DBS) in order to facilitate the response to the COVID pandemic.

Various policies were also developed in response to the pandemic:

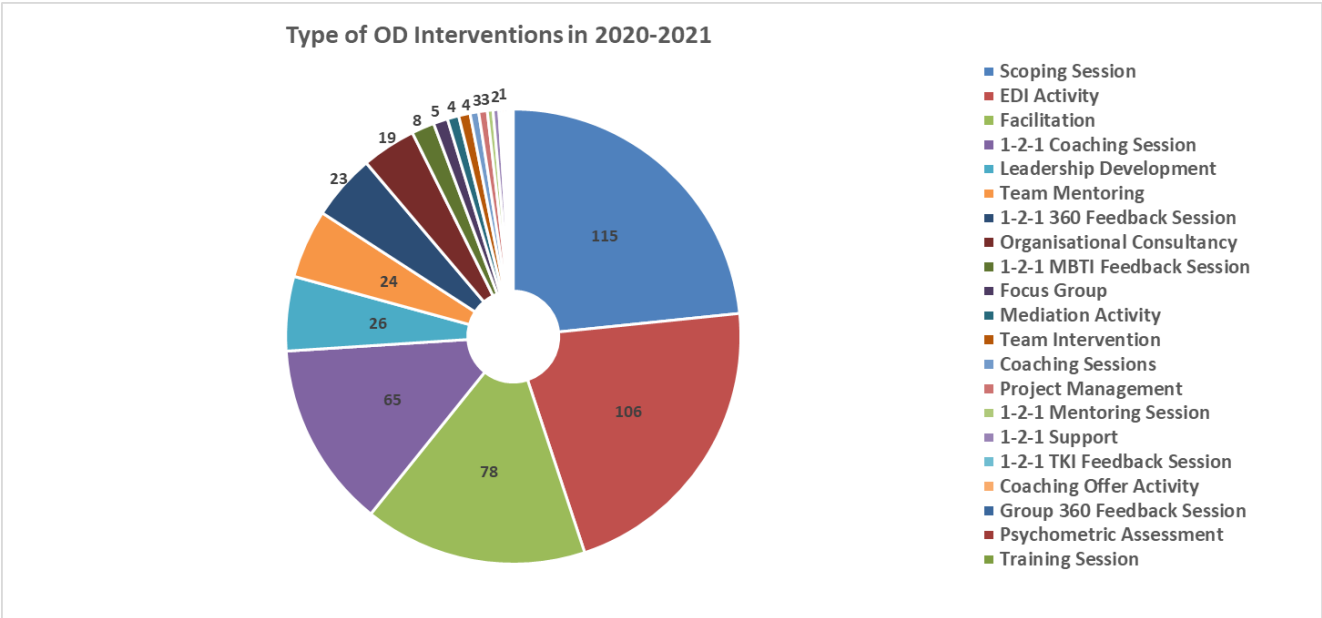
- Pandemic Guidance
- Remote Working Guidance
- Staff Support – Including Death in Service
- Staff Testing Guidance (Coronavirus)
- Streamlined Bank recruitment processes
- Staff Accommodation
- Remote pre-employment checks.

## People & Culture

During the year, 492 organisational development (OD) interventions took place. The most OD activity has taken place Trust-wide (142) followed by Bedfordshire and Luton Directorate (59).




**Grand Total: 492**

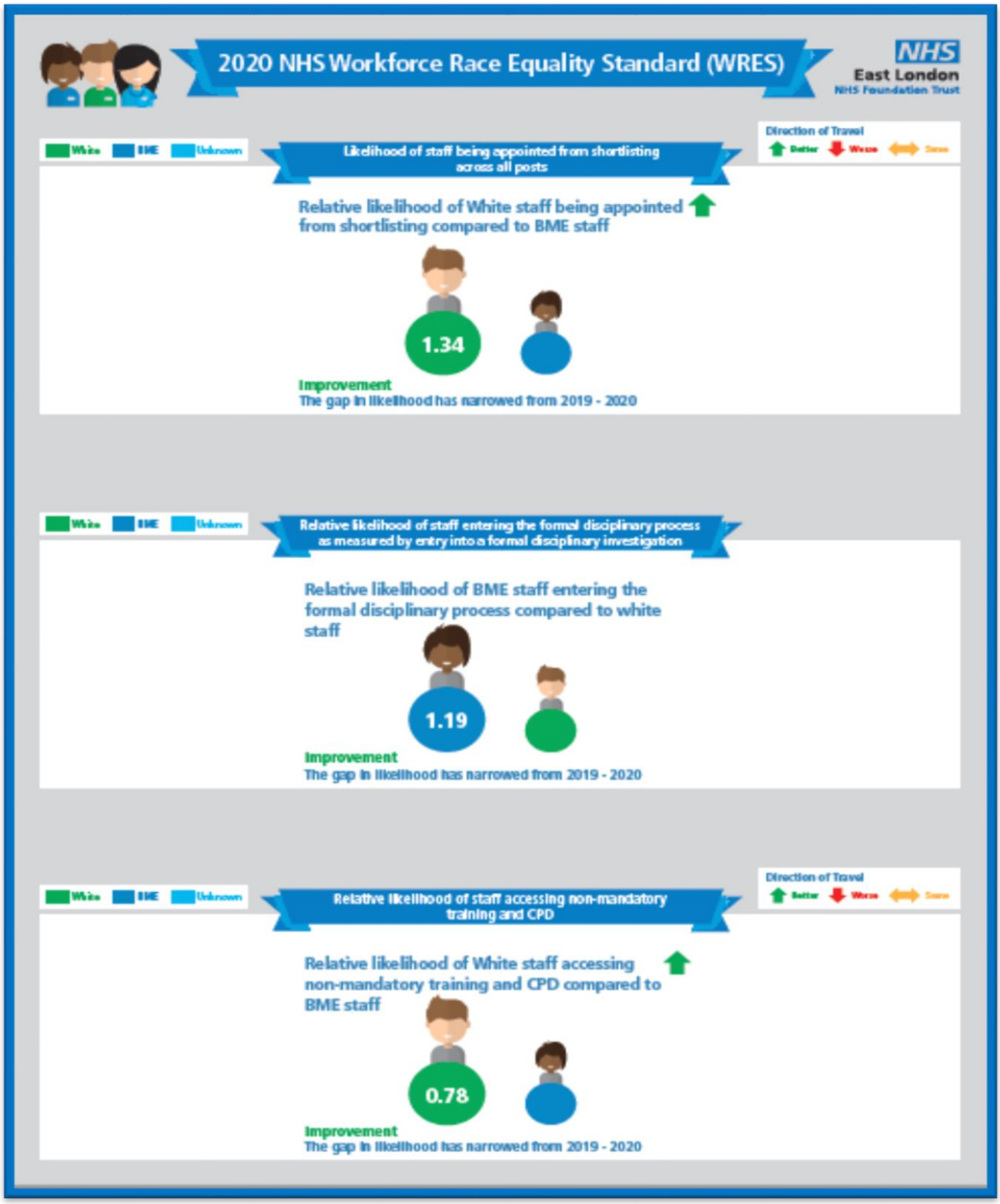



## Partnership Working

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 that affect staff are taken for discussion at one of these committees prior to consultation with staff.

# Equality, Diversity and Inclusion

## Equality, Diversity and Inclusion: Staff

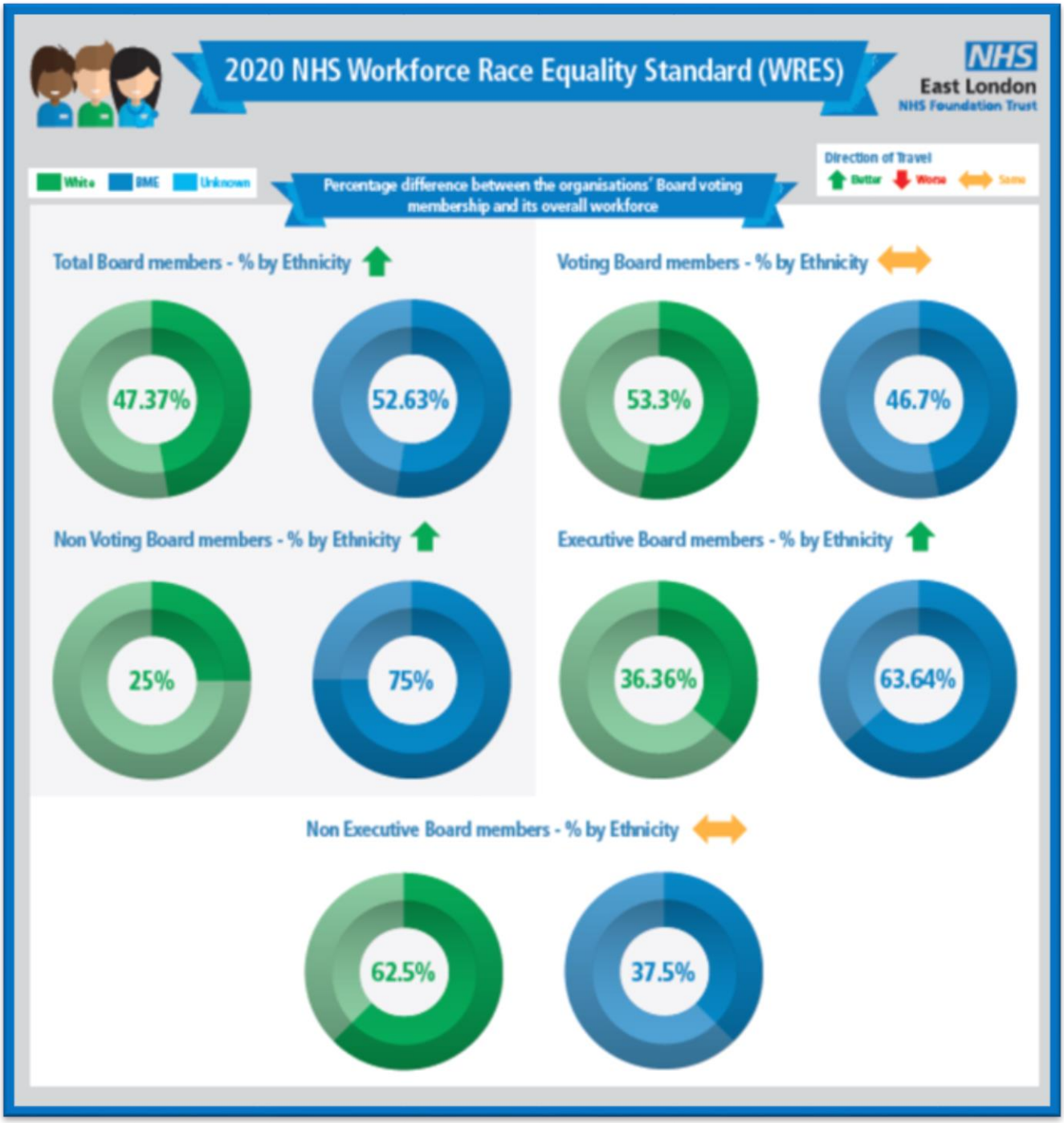



The relative likelihood of staff from Black and Minority Ethnic communities going through formal disciplinary processes fell from 2.44 times likely in 2019 compared to White staff to 1.19 times likely in 2020. This reduction was achieved because of the innovations using

Quality improvement methodology and co-production with service users in order to make changes to the Trust Disciplinary processes. The Trust have also implemented a standalone investigator role and a pastoral care role to support staff who are going through formal processes.

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.

52.63% of the Trust Board were from Black and Minority Ethnic groups. 63.64% of the Trust Executive were from Black and Minority Ethnic groups.

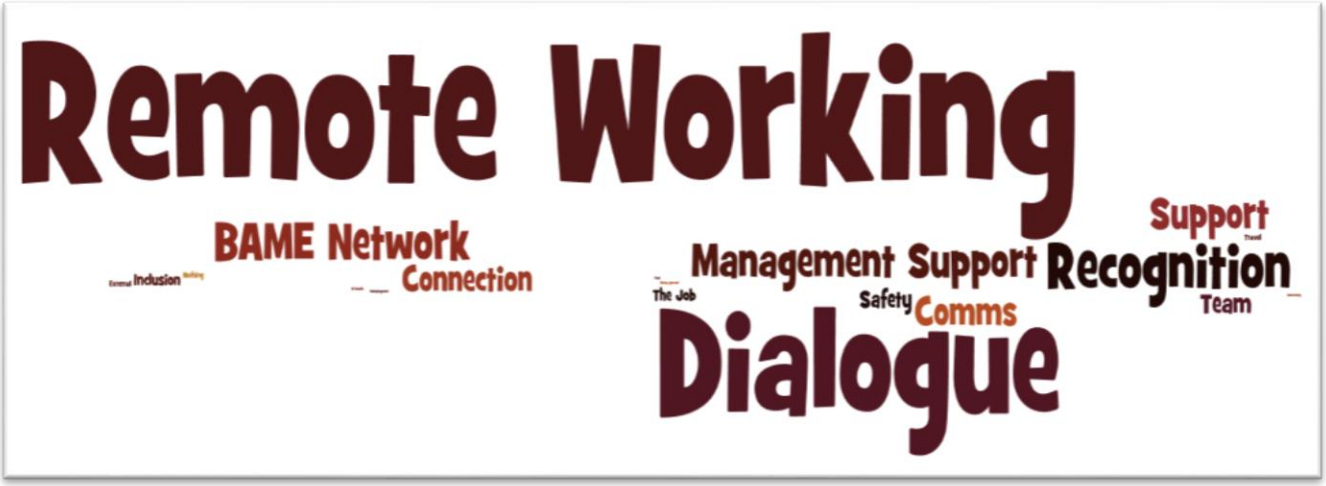


## Respect and Dignity Project

The Trust's Request and Dignity project continues, and in summer 2020, the Trust developed into the next phase: *COVID-19, Race and Privilege*. A series of Trust-wide events led by the Executive team were undertaken. Staff told their stories under the title *Living and working while BAME*. These sessions highlighted how for some staff, the experience of racism and discrimination is a daily occurrence.

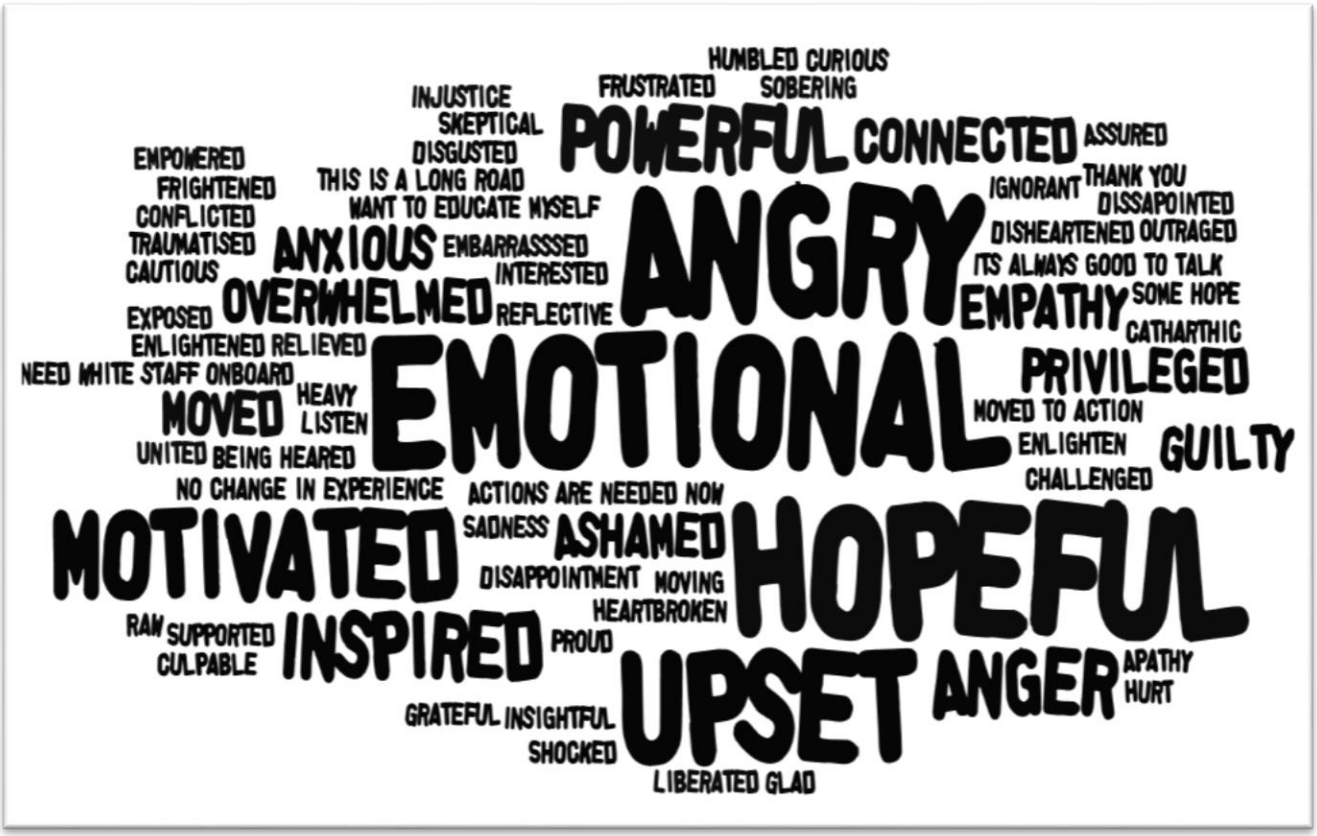
Over 600 staff attended these sessions that were well represented by both White staff and staff from Black and Minority Ethnic groups. A session with the Trust Board and with our Council of Governors was also held. A detailed action plan was developed with the following stages and more work continues to develop this agenda.


We held five extraordinary BAME network meetings in spring 2020 and the feedback from the network in terms of what was working well included:



In terms of what support was required the feedback was as follows:


A series of Trust-wide events took place and here is one of the word clouds created from some of the events created from what staff had said in the sessions.




One of the themes from the COVID-19, Race and Privilege events was the number of staff who felt that they had to assimilate to fit in by either changing their style of dress, not speaking in their native language/'mother tongue' and/or changing their name to something more English. To start the conversation, we launched a Twitter Campaign called *#MyNameReallyIs* and encouraged staff to re-introduce themselves, explaining the meaning behind their name and the correct pronunciation. This was Trust's second most popular Twitter story in August 2020 with over 18,200 impressions and over 8,500 views.


There were five monthly sessions with the Trust's most senior leaders exploring:

- Understanding White Privilege
- What it means to be White
- White Fragility
- Whiteness.

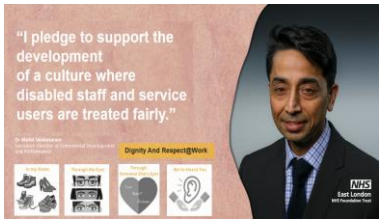
The Trust Executive team has made a number of pledges:









# Equality, Diversity and Inclusion: Our Service Users

## Patient and Carer Race Equality Framework (PCREF)

PCREF is an important part of the NHS England and NHS Improvement advancing mental health equalities strategy, as it will be used to support NHS trusts to improve ethnic minority community experiences of care in mental health services. It is one of the key recommendations of the independent review of the Mental Health Act and will be an organisational competency framework to help services provide culturally appropriate care.

PCREF is a practical tool to help trusts work with ethnic minority communities and understand what steps the trusts can take to achieve practical improvements. This will provide an opportunity for patients, service users, carers, communities and NHS staff to voice their experiences and ideas on how to reduce inequalities for ethnic minority communities.

PCREF consists of three core components:

- National expectations on all mental health trusts in fulfilling their statutory duties under core pieces of legislation, such as the Health and Social Care Act, and the Equalities Act.
- Competency framework, in line with the original vision, to support trusts to improve patient and carer experience for ethnic minorities. The framework will aim to capture what good looks like, and how to achieve improvements over time.
- A patient and carers feedback mechanism, to embed patient and carer voice at the heart of the planning, implementation and learning cycle.

ELFT is one of four Trusts that are piloting PCREF. We have recruited two lived experience researchers (LER) to help coordinate our efforts and we will partner with one local organisation per borough to help coordinate focusing on different communities, responses will be sought from People Participation networks, Healthwatch organisations and local organisations identified by the LERs.

The PCREF pilot sites will be undertaking community engagement in 2021 on the PCREF competencies and the best way to measure them, to develop and test their local PCREF approach. We will continue to engage more broadly on the PCREF, building on the series of engagement events held over winter/spring 2021.

## Learning Disability

**Annual Health Checks**
The target for annual health checks was lowered due to COVID-19 from 75% to 67%. In the current year, there was improvement in the achievement of this target, with services across Bedfordshire and East London achieving over 60% of people supported to take up their health check. To support further progress two new liaison nursing posts have been developed in Newham to work with primary care colleagues to increase the uptake for those aged 14+.

**Mainstreaming in Mental Health Care**
Services have continued to maintain access to mainstream mental health services for people with a learning disability, and all admissions for inpatient mental health care have been to acute mental health services within appropriate support.

**Learning Disability and Health Inequalities pre COVID-19**

- People who have a learning disability are four times more likely to die from a preventable death than those without a learning disability, generally through inequitable access to healthcare (Learning Disability Mortality Review – LeDeR - 2019 annual report)
- Evidence tells us that people with learning disabilities have high levels of physical health co-morbidities
- People are still dying early deaths from physical health causes such as aspiration pneumonia, late diagnosed cancers, constipation
- People's life expectancy was significantly less than for those people without a learning disability, up to nearly 30 years less for females.

**Impact of COVID-19**

- There was an increase in deaths of people who have a learning disability during the first acute phase of the pandemic across ELFT services and in the period March 2020 to end of March 2021, the services sadly lost 55 people who had a learning disability
- There was a higher rate of deaths in females and some 70% of those who died were white, with around 30% from a BAME community.

The vaccination programme has provided an opportunity to ensure that people with a learning disability received the vaccinations and there has been a significant programme to encourage the uptake of vaccination amongst people with a learning disability. This programme has been adapted to local circumstances, and has been delivered in partnership between staff known to service users and the service users themselves. Accessible information has been developed along with one to one conversations about the vaccination programme, and the service has ensured appropriate support with Mental Capacity Act discussions.

## Spiritual Care

A combination of remote working with ward visits ensured that all service users who needed spiritual support were provided with care throughout the year.

Some service users in the community were supported either in person within a safe environment or remotely. The most significant curtailment to contact was the inability to maintain informal regular visits to the wards and occasionally some services were moved to wards at the John Howard Centre to maintain Friday Prayers. This was challenging as cross-ward activities could not take place due to infection prevention and control processes therefore limiting the ability to see more service users face to face. Sadly, the team were unable to engage with the faith groups in the community providing joint support groups since all buildings were closed. Our regular training programme for faith leaders was also interrupted by the pandemic restrictions.

The spiritual care team also spent time offering informal support to all our colleagues and families of service users across the Trust. Although the team is diverse team last year prompted many service users, staff and carers to seek spiritual support not aligned to any particular faith. The team responds to service users of every faith tradition represented by the population of Bedfordshire, East London and Luton. Where it is not possible for a member of the team to meet the spiritual needs of a service user, there are volunteers from other faiths and contacts within the community. There is a team member who

responds to those service users who do not have a particular faith allegiance but have spiritual needs.

## Interpreting and Translation

The Trust's interpreting and translation contract was managed by Compass Wellbeing CIC. This section highlights the usage of the service from April 2020 to March 2021. With services reducing patient activity during the pandemic, this also impacted on the use of interpreting services.

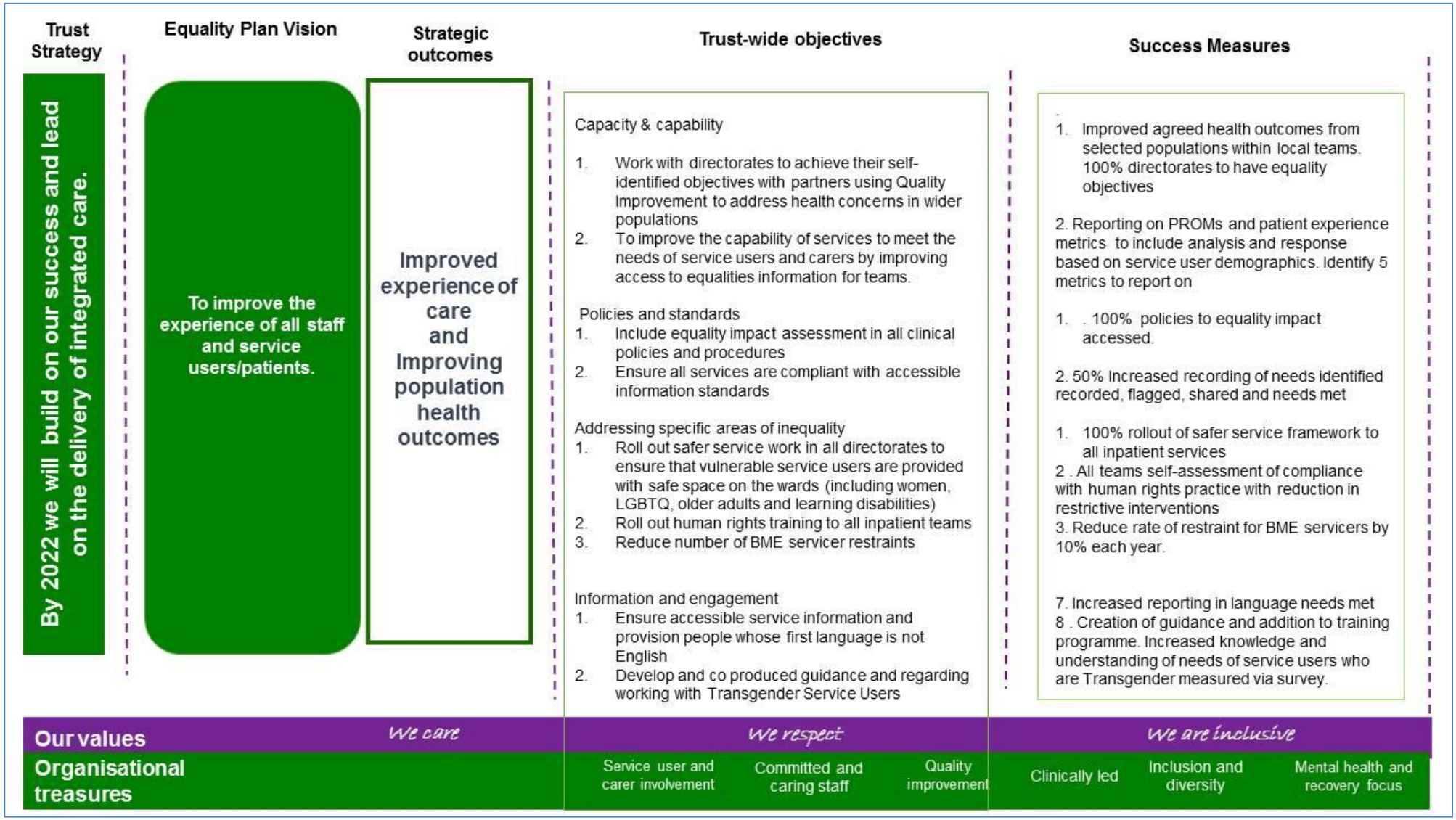
**Impact of COVID-19**
As part of the Trust's digital plan, interpreting services moved to video and telephone. This incorporated shifting all face-to-face interpreting and encouraged services to start utilising the online methods. Video interpreting proved to be an ideal option in the first instance offering a similar experience to face-to-face service. Two options for telephone interpreting were offered: on demand which connected to an interpreter within 60 seconds and scheduled which provided an option to access the same interpreter on a regular basis. Telephone interpreting increased to almost 75% of interpreting usage for the year.

**Main Languages Used**
The number of languages used across the ELFT services were consistent throughout the year. East London, Bedfordshire and Luton have slightly different requirements due to the nature of the demographics.

- London: Bengali/Sylheti, Turkish, Arabic, Urdu, Portuguese, Romanian, Spanish
- Bedfordshire and Luton: Polish, Urdu, Bengali/Sylheti, Punjabi, Italian.

**Going Forward**
The service will continue to adapt to changed models of service delivery, and we are also in the process of starting a service user training programme in community interpreting. This would enable the Trust to train a cohort of users who could potentially assist in delivering interpreting services and is due to start in September 2021.

## Equality Plan Vision



## Making Equality Work

The second series of the forum led by Chief Nurse to discuss equalities work across the organisation moved from being a single central forum to being place-based across the geographical areas of the Trust. All the different services and specialties in the Trust meet at place to share and learn about the approaches to equalities. The virtual platform increased access for staff, service users and carers to webinars and information, although it is recognised that digital poverty affects some populations. In 2020-2021, there was a focus on the impact of the pandemic across all the communities. All the sessions involved service users, network leads and staff across the Trust.

## Inequalities Workstream

Due to the inequalities, becoming more obvious and pronounced as a consequence of the pandemic a new work stream, led by the Director of Integrated Care, was created working with public health and partners to review the inequalities, share good practice and workplans to address issues.

The inequalities workstream focused on:

- Bringing together people from across the Trust who are champions for inequalities to develop and constructively challenge change ideas, and to take ownership of testing them in practice. receive ‘referrals’ in from any area of the Trust where an inequalities matter requires some focus or attention
- Systematically exploring how the Trust should respond to wider determinants
- Celebrating victories in tackling inequalities and reflecting on failures
- Ensuring the Trust is aware of and linked into as appropriate work on inequalities within our systems and with partners
- Ensuring the Trust is aware of and linked into as appropriate research and evaluation opportunities over time, including monitoring the impact of our initiatives.

Linked to this work is the work of the Health Inequalities Steering group that has developed a driver diagram to help structure the work of the Trust in tackling health inequalities.

Work on inequalities is being taken forward across directorates, with examples including:

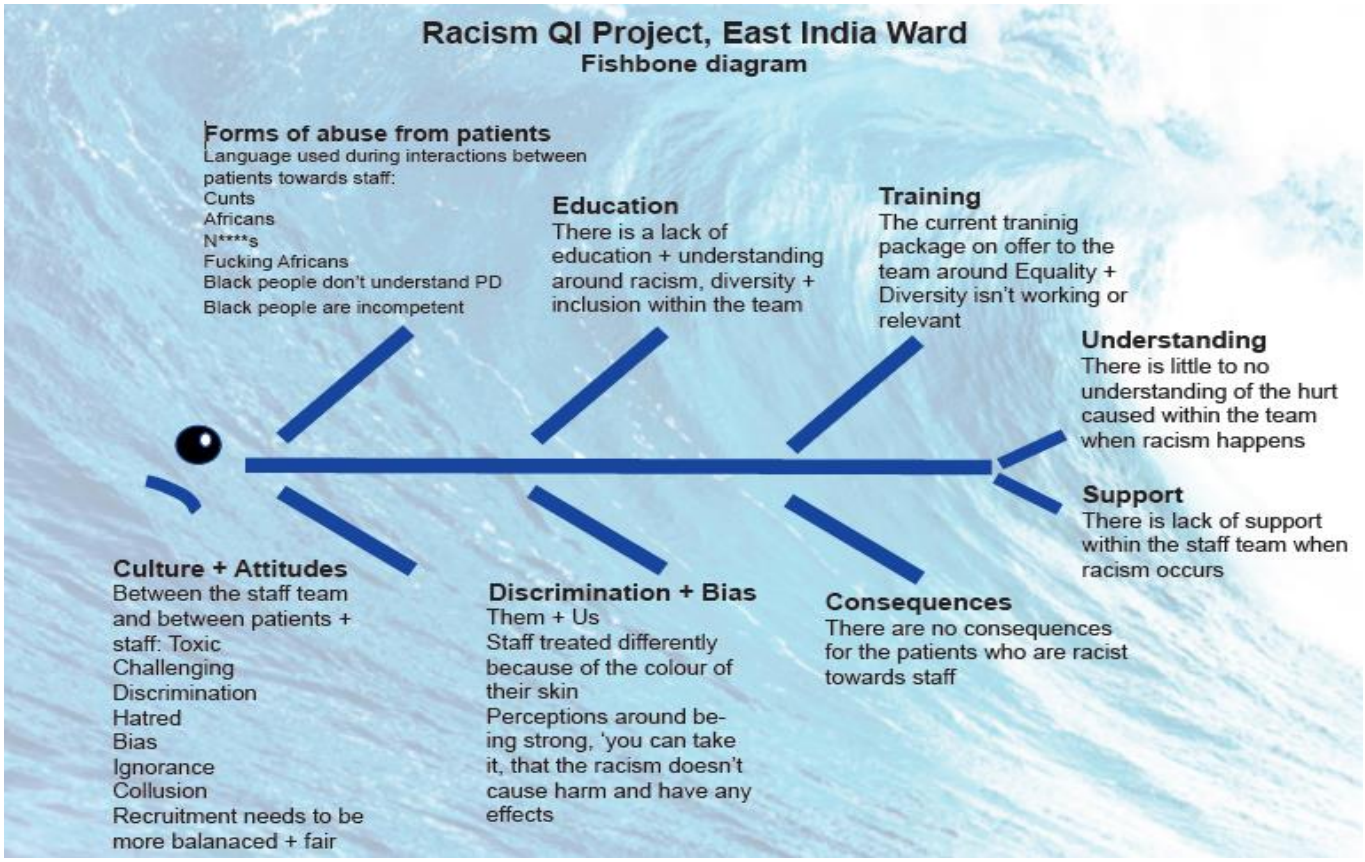
**Sexual Safety Collaboration:** The Trust is currently taking part in the national Sexual Safety Collaboration, run jointly by the Royal College of Psychiatry (RCP) and the National Collaborating Centre for Mental Health (NCCMH) which launched in October 2019. The overall objectives of this collaboration are to produce a set of standards around sexual safety in mental health inpatient settings, to use Quality Improvement methodology to improve sexual safety on wards, and to produce a library of resources in relation to sexual safety to support this work going forward. The work has been ongoing with projects on Ludgate ward, Bow ward and Clerkenwell ward at the John Howard Centre.

**Keep Your Head Up**: Service users at Wolfson House and in the community created a support group to discuss race. This was a safe supportive space for men in the directorate to offer support to each other and feedback to the service about how they can improve. They requested an online forum during lockdown where they could discuss the issues being protested about in the wider community. This forum is incredibly popular, relevant and needed. It is a unique arrangement with two ex-forensic peer support workers

facilitating the meeting, supervised by the People Participation lead; no other staff are permitted. Themes that have arisen include:

- What it feels like to see so many black men in secure services? What that does mean to your mental health? What are the solutions to change?
- Stigma, discrimination and communication: dealing with labels, finding it hard to articulate and being listened to by mental health staff
- Cultural difference: African and white staff misunderstanding Caribbean service users and vice versa.

**Racism Quality Improvement Project:** East India ward have commenced a Quality Improvement project to address racism on the ward. The project is being coproduced and aims to address the racism that staff face in their day-to-day work.




The **Bedfordshire, Luton and Milton Keynes inequalities workstream** is chaired by the Director for Bedfordshire and Luton. This is a useful space to share regional, similarities across, health and voluntary sector. The biggest concern for staff during the year was racism and the group set out to ask what would make a difference. Other areas of work include:

- The leadership team worked with OD team to look at how to support staff progression
- Working the CCG, local authority and faith leaders to increase vaccination awareness due to hesitancy in some groups
- Meetings were also set up with travelling community to support with ideas on how to be safe.

**Community Mental Health transformation** has focused on building links with communities and the voluntary sector in order to improve the Trust's approach to

inequalities. In Newham, for example, the desire is to shift delivery from secondary to primary care under the umbrella of 'One Newham'. Historically the voluntary and community sector has been underfunded, with a lack of trust in mental health services. Twenty-four community connectors are therefore being recruited through a creative procurement process designed to increase diversity. Recognising the need for resources to support work in the community, micro grants are being made available to small community organisations around the ten primary care networks.

As staff are also part of the local community, the implications of the challenges from the pandemic and the Black Lives Matter agenda are being openly discussed with them, especially the vulnerability of those from BAME backgrounds, the resulting anxiety they feel and broader debates about the nature of racism. A BAME mentoring scheme is in place and stronger links made with the Freedom to Speak Up guardian to understand particularly the issues related to race that have been raised.

**Tower Hamlets** has developed a population health project focused on hostels, trauma informed care and the new RAMP service working with street homelessness.

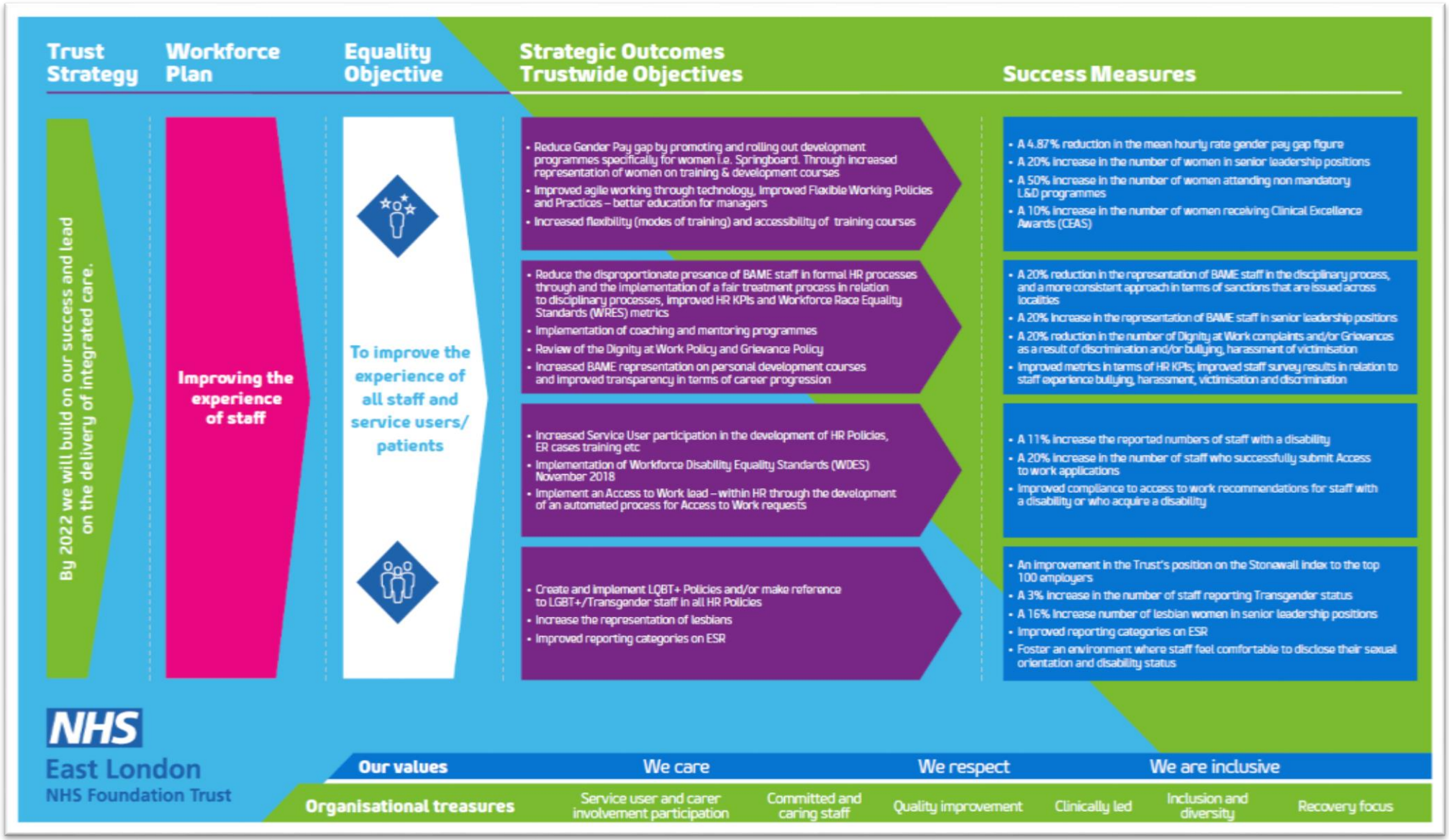
Health inequalities within **community health services** have been addressed in areas such as supporting independent living and hospital discharge for bariatric service users; working on those for whom English is not a first language and home based interventions for those with unexplained pain.

**Digital therapy** in IAPT (Improving Access to Psychological Therapies) services has proved easier to manage, resulted in increased attendance at appointments and improved satisfaction. Access rates have improved across gender, age, ethnicity with more from people from BAME backgrounds coming forward and overall reports of people less worried about stigma. The one exception has been for older people. Our next step is to improve digital enablement especially for those with no room at home or equipment by creating a space for people to access the IT and/or restart face-to-face consultations.

In **CAMHS (**Child and Adolescent Mental Health Services) the Bedfordshire and Luton and service user participation group and CAMHS created a series of interviews and discussions via a podcast featuring a variety of topics. In October and November 2020 this included discussions on BAME and access to mental health services, and on Autism and anxiety in December 2020. They also recognised the under representation in the group of male services users especially from a BAME background. Similarly, the Trust LGBTQ+ network has been working with young people to develop a set of training for staff.

## Workforce Equality Plan

The Workforce Equality plan underpins the 2018-2021 Equality, Diversity and Human Rights (EDHR) plan as well as the People plan. Its objective is to improve the experience of all staff and service users/patients. It has a number of strategic objectives that tie in with the objectives of staff equality networks and the work of People & Culture teams.


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

## Staff Equality Networks

The Trust now has increased from four established staff networks (BAME, Disability, LGBTQ+ and Women) to five (Intergenerational) to offer support and a safe space to staff groups who might benefit from focusing 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 that all contribute to education, awareness, engagement, and reduction in variation of experience for staff with these protected characteristics.

During the pandemic, the networks managed to keep connected virtually either as individual networks or the networks leads supporting each other.

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

### ELFT Ability

- Change in ELFT Ability network leadership: Network Lead Claire McKenna, Network Deputy Lead Laura Pisaneschi, ELFT Ability Project Lead Toitei Kurima
- ELFT Ability focus group at CEO strategic discussion group
- ELFT Ability virtual conference *Conquering Adversity* on 3 December 2020
- Hosted sessions with Purple Space: Hints & Tips for Working from Home and supporting Home-Working
- Run regular network seminars: topics included stress awareness, stammering and Dyslexia awareness
- Supported with submission of WDES and development of WDES action plan
- Meeting and supporting deaf and hearing impaired staff
- Working with disability project lead about assisted technologies for disabled staff Dragon DMO
- Started Pando group for shielding staff and worked with ELFT Ability network sponsor to launch shielding staff groups
- Virtual meetings set up at the start of the pandemic supporting ELFT Ability network members with any concerns about COVID-19 and working from home
- Supported staff with concerns about returning to work after shielding
- Supported staff members with disability related queries
- Attended new student nurses induction and raised awareness about ELFT Ability and staff networks
- Attended staff inclusion event - design workshop Bedford, Luton and Milton Keynes Integrated Care System meeting
- Attended meeting to add ELFT Ability feedback for ELFT as an anchor
- Attended Purple Space #PurpleLightUp reference group
- Hosted a seminar about asthma and its impact on staff on World Asthma Day

## BAME

- Set up themed CQC focused webinar with network members; very positive feedback with requests to attend more sessions and would be open to setting up more focus groups
- Run regular monthly network meetings and development workshops.
- Set up mentorship platform for development support
- Launched quality improvement project on improving the experiences of BAME staff
- Facilitated a series of ‘BAME and COVID-19’ webinars
- Launched initiative to increase, celebrate and improve diversity within the network

## Intergenerational

- Set up of social media and centralised inbox
- Development of a community of interest, through engaging with each directorate
- Initial literature review and staff survey (248 responses) to understand the evidence-base and views/ideas of our staff
- Launch events had to be adapted due to the onset of COVID-19. Three listening and support events were held virtually instead
- Two webinars held on the topic of Age & COVID-19
- Three virtual learning sessions held on the topic of digital / IT experiences, based on a specific request from older staff
- One-to-one interviews held with a range of younger staff to understand issues from their perspective. Plans for a specific seminar aimed at younger staff on the topic of career progression had to be cancelled due to the acute wave of the pandemic

## Women

- Regular network meetings on topics such as, body and vocal confidence and female safety
- Set up coffee connections within the network, to try and mitigate against the lack of connection due to COVID-19
- Facilitated annual conference in a virtual space for 100 delegates
- Ran sessions around Employability
- Worked with the digital team to create a safe space for women

## LGBTQ+

- Webinar with Dr Michael Brady, National Advisor for LGBT Health at NHS England, to discussing the issues relating to LGBT communities and the impact of COVID-19
- Coffee Connection - encouraged each one of the LGBTQ Network to get to know each other in pairs to share stories and challenges
- Coffee Connection Evaluation Survey Monkey, very positive results. Will continue
- ELFTIN1VOICE Music Video for PRIDE month screened a part of NHS England Virtual Pride

- An Evening with Mavin Khoo and Tariq Jordan - Navigating a Queer Cultural Space in The Arts
- Luton and Bedford LGBTWQ Wellbeing and Arts event Beyond the Rainbow virtual event 15 October 2020
- Allies Interviews with Ferenkeh Jalloh and Richard Harwin
- Rolling out of Trust Allies Training across the Trust
- Black Trans Mental Health and intersectionality Black History Month Event an Interview with Diamond and Dr Kamila Kamaruddin
- Primary Care Directorate LGBTQ Network representative
- Designed and Print ELFT LGBTQ allies' card attaches to your lanyard. One side has the PRIDE progress flag acknowledging inclusion and progression of Trans and Queer people of colour, and a message about what it really means to be an ally. The other side are useful contacts and, a QR code that takes you to the ELFT LGBTQ+ information page
- Coms promotion of the Allies training
- Relaunch of Coffee Connection 2
- Stonewall Workplace Equality Index planning meeting with Ruby Kwong Stonewall
- Staff LGBTQ network ELFT ally badges redesigned to reflect all our allies and delivered to hand out to staff
- Working together group with Hackney CAMHS co-designing training with service users and staff originating from Supporting LGBTQ Network staff member experiencing workplace homophobia
- History Month Event ‘Looking After your Body Mind and Spirit during the Pandemic’ event hosted by Dominique Roome with Fiona Lord and Yannis Munro
- History Month Event hosted by Dr Erasmo Tacconelli ‘LGBTQ resilience during the pandemic’
- Trans Inpatient policy update discussion with Claire McKenna (Ability Network)
- Stonewall Online Webinar Training, supporting :
  - LGBTQ Community Groups and Campaigns
  - LGBTQ Inclusive management and leadership
  - Developing an Inclusive Employee Network
  - Becoming an Advocate for Allyship and Inclusive
  - Leadership
  - Monitoring Equalities Data to Support Your Work
- Advancing Non Binary Inclusion.

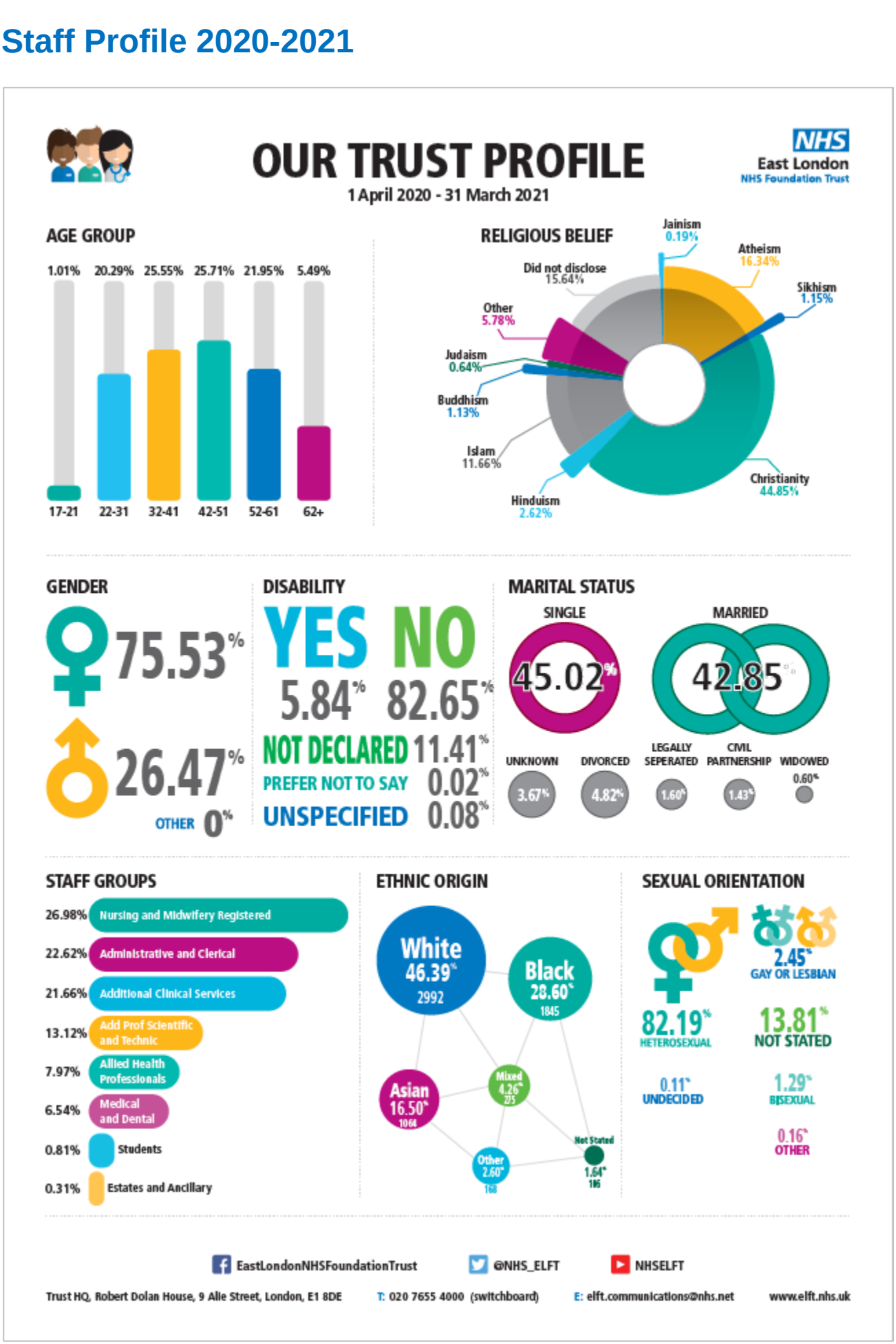
## Freedom to Speak Up

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

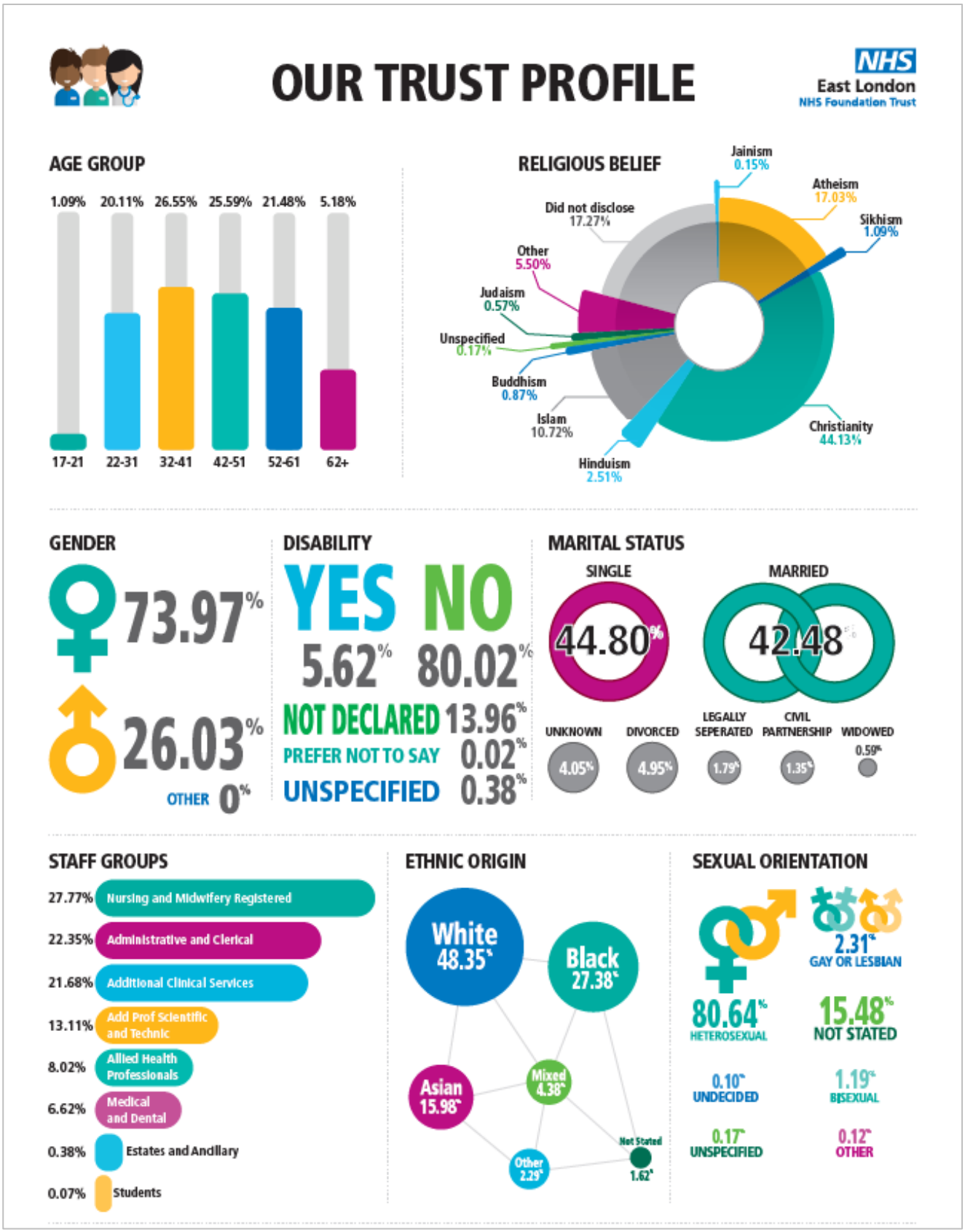
of advice to staff at any stage of raising a concern. They also ensure issues are raised at a senior level of the organisation.

The ELFT Speak Up Safely/Respectful Resolution is resolution pathway that supports all staff and managers to have conversations early, build confidence to discuss, defuse and ultimately defeat bullying through an informal process that creates a kinder culture and tackles poor behaviours.

# Staff Profile 2020-2021



**2019-2020**


OUR TRUST PROFILE
NHS
East London
NHS Foundation Trust
AGE GROUP
1.09% 20.11% 26.55% 25.59% 21.48% 5.18%
17-21 22-31 32-41 42-51 52-61 62+
RELIGIOUS BELIEF
Jainism 0.15%
Atheism 17.03%
Sikhism 1.09%
Did not disclose 17.27%
Other 5.50%
Judaism 0.57%
Unspecified 0.17%
Buddhism 0.87%
Islam 10.72%
Hinduism 2.51%
Christianity 44.13%
GENDER
73.97%
26.03%
OTHER 0%
DISABILITY
YES 5.62%
NO 80.02%
NOT DECLARED 13.96%
PREFER NOT TO SAY 0.02%
UNSPECIFIED 0.38%
MARITAL STATUS
SINGLE 44.80%
MARRIED 42.48%
UNKNOWN 4.05%
DIVORCED 4.95%
LEGALLY SEPERATED 1.79%
CIVIL PARTNERSHIP 1.35%
WIDOWED 0.59%
STAFF GROUPS
27.77% Nursing and Midwifery Registered
22.35% Administrative and Clerical
21.68% Additional Clinical Services
13.11% Add Prof Scientific and Technic
8.02% Allied Health Professionals
6.62% Medical and Dental
0.38% Estates and Ancillary
0.07% Students
ETHNIC ORIGIN
White 48.35%
Black 27.38%
Asian 15.98%
Mixed 4.38%
Other 2.29%
Not Stated 1.62%
SEXUAL ORIENTATION
2.31% GAY OR LESBIAN
80.64% HETEROSEXUAL
15.48% NOT STATED
0.10% UNDECIDED
1.19% BISEXUAL
0.17% UNSPECIFIED
0.12% OTHER

## Staff Costs (subject to audit)

| | Permanent Staff £000 | Other Staff £000 | 2020/21 Total £000 | 2019/20 Total £000 |
|---|---|---|---|---|
| Salaries and wages | 238,736 | 38,355 | **277,091** | 238,464 |
| Social security costs | 29,891 | - | **29,891** | 26,151 |
| Apprenticeship levy | 1,352 | - | **1,352** | 1,050 |
| Employer's contributions to NHS pensions | 44,478 | - | **44,478** | 40,375 |
| Pension cost - other | 103 | - | **103** | 348 |
| Agency/contract staff | - | 27,371 | **27,371** | 21,496 |
| **Total staff costs** | **314,560** | **65,726** | **380,286** | **327,884** |

## Average Staff Numbers WTE basis (subject to audit)

| Staff Group | Total | Permanent | Other |
|---|---|---|---|
| Medical and dental | **431** | 360 | 71 |
| Administration and estates | **1,444** | 1,309 | 135 |
| Nursing, midwifery and health visiting staff | **3,475** | 2,631 | 844 |
| Scientific, therapeutic and technical staff | **1,539** | 1,469 | 70 |
| Other | **6** | 6 | 0 |
| **Total average numbers** | **6,895** | **5,775** | **1,120** |

## Gender Analysis

| Staff Group | Total | Gender | | Age | | | |
|---|---|---|---|---|---|---|---|
| | | Female | Male | <25 | 26-45 | 46-65 | >65 |
| Board Directors | 19 | 6 | 13 | 0 | 6 | 13 | 0 |
| Employees | 8,044 | 5,804 | 2,240 | 652 | 189 | 4,078 | 3,125 |
| **All Employees** | **8,063** | **5,810** | **2,253** | **652** | **195** | **4,091** | **3,125** |
| **All Employees %** | **100%** | **72%** | **28%** | **8%** | **2%** | **51%** | **39%** |

Information on the Trust's gender pay gap can be found at https://gender-pay-gap.service.gov.uk/

## Sickness Absence

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 2020, can be found on NHS Digital website.

The average sickness rate for the Trust during 2020-2021 was 11.99 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 2020-2021** | **Adjusted FTE days lost to Cabinet Office definitions** | **Average Sick Day per FTE** | **FTE-Days Available** | **FTE-Days Lost to Sickness Absence** |
| 5,774.13 | 5,721.72 | 10.88 | 2,107,557 | 62,797.87 |

The number of Full Time Equivalent (FTE) Days Available of 2,107,557 has been taken directly from ESR and has then been converted to Average FTEs for the year by dividing by 365 to give 5,774.13.

The number of FTE days lost due to sickness of 62,797.87 has been taken directly from ESR and has been converted to Adjusted FTE days due to sickness of 5,774.13 by taking account of the number of working days in the year to give the cabinet office measure of 5,774.13 days.

The average sick days per FTE of 10.88 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 2020-2021, the Trust spent £284,000 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.

**Off-payroll engagements as of 31 March 2020, earning at least £245 per day:**

| | |
|---|---|
| The total number of existing engagements as of 31 March 2021 | 1 |
| Of which: | |
| Number that have existed for less than one year at time of reporting | 0 |
| Number that have existed for between one and four years at time of reporting | 0 |
| Number that have existed for between two and three years at time of reporting | 0 |
| Number that have existed for between three and four years at time of reporting | 1 |
| Number that have existed for between four or more years at time of reporting | 0 |

**All off-payroll appointments engaged at any point during the year ended 31 March 2021 and earning more than £245 per day:**

| | |
|---|---|
| Number of off-payroll workers engaged during the year ended 31 March 2021 | 5 |
| **Of which:** | |
| Number assessed as within the scope of IR35 | 4 |
| Number assessed as not within the scope of IR35 | 1 |
| Number of engagements reassessed for consistency/assurance purposes during the year | 0 |
| Of which: number of engagements that saw a change to IR35 status following review | 0 |
| Number of engagement where the status was disputed under provisions in the off-payroll legislation | 0 |

**For any off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021:**

| | |
|---|---|
| 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 (subject to audit)

| Exit Packages 2020-2021 | 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 | 6 | 0 | 1 | 6 |
| £10,001 - £25,000 | 0 | 0 | 0 | 0 | 0 |
| £25,001 - £50,000 | 1 | 44 | 0 | 1 | 44 |
| £50,001 - £100,000 | 2 | 142 | 0 | 2 | 142 |
| **Total** | **4** | **192** | **0** | **4** | **192** |

There were no other departures during the year.

| Exit Packages 2019-20 | 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 |
| **Total** | **32** | **1,191** | 0 | **32** | **1,191** |

There were no other departures during the year.

# Trade Union Facility Time

For the period 1 April 2020 – 31 March 2021

**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 |
| **Total pay bill** | £380,286,000 |
| **Percentage of the total pay bill spent on facility time, calculated as:**<br>**(total cost of facility time ÷ total pay bill) x 100** | 0.0856% |

**Paid trade union activities:**

| | |
|---|---|
| **Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100** | 3% |

# 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.*

This has been a difficult year in many ways, and it is important to pay tribute to the work of our Governors. They have responded magnificently to the challenges posed by the pandemic and by lockdown. They have remained ELFT's critical friends, challenged where necessary, and supported the Trust throughout, responded with creativity and flexibility and at times stepped well outside their comfort zones in terms of adopting new technologies and new ways of working.

The Council is led by the Chair of the Trust and comprises of elected and appointed Governors representing staff, public constituencies and partner 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
- Asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust
- Questioning Non-Executive Directors and seeking assurance about the performance of the Board and of the Trust, and
- Ensuring that the interests of the Trust's members and public are represented.

The Council has a number of statutory duties including appointing the Chair and Non-Executive Directors, determining their remuneration and other terms and conditions of service, approving their reappointment and approving the appointment of the Chief Executive.

The Council 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 usually six meetings of the Council per year. In addition, Governors attend the Annual General Meeting/Annual Members Meeting to receive the Annual Accounts and Report and to be held accountable by the Trust's members.

Due to the COVID-19 pandemic, NHSE Guidance on '*reducing the burden'* and the resultant imposition of the lockdown and social distancing, the Council developed and kept under review its own Governors Engagement Plan, focusing on three priorities:

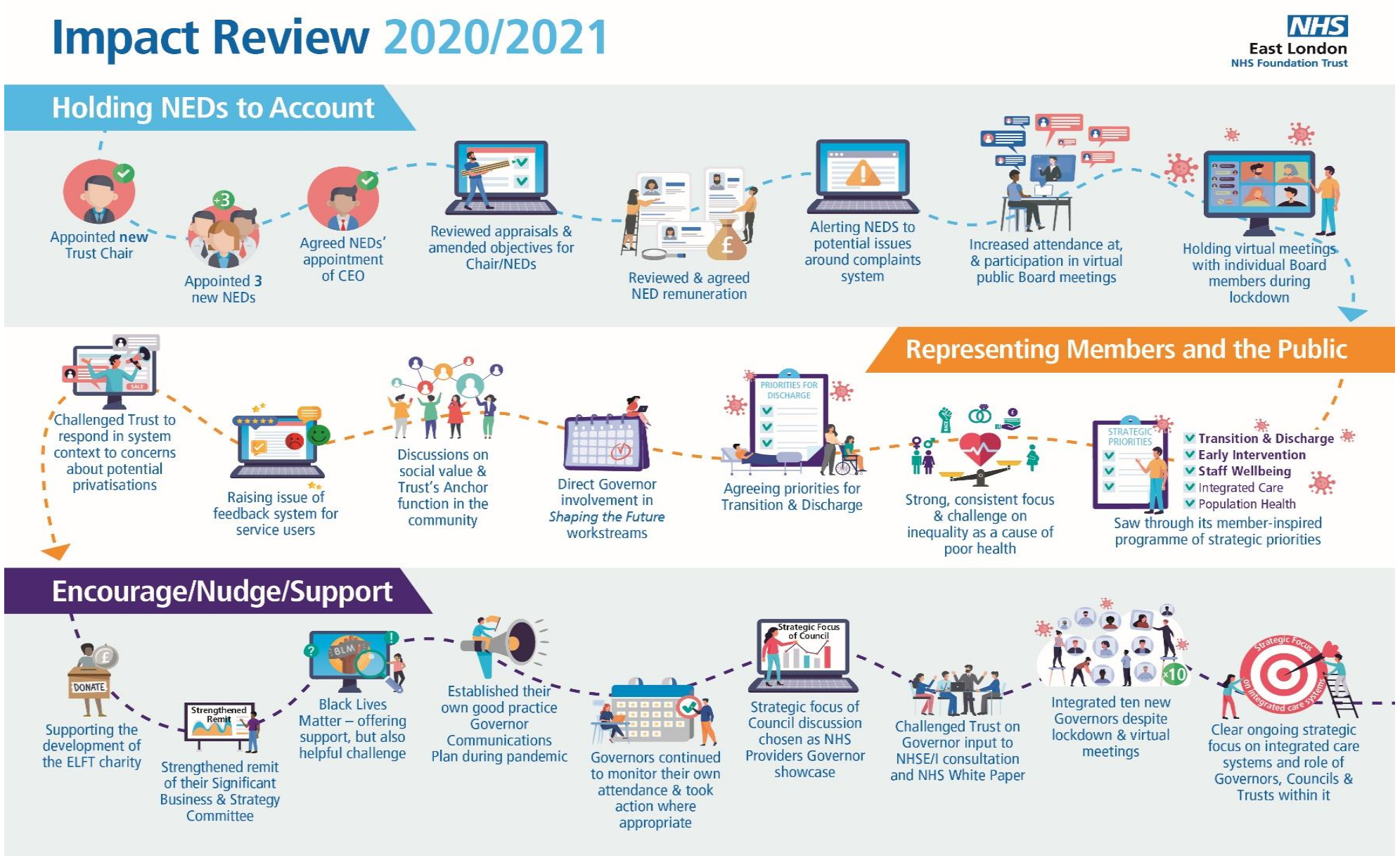
1. Enable the Council to remain informed and engaged, enabled to carry out its functions of holding the Non-Executive Directors to account for the performance of the Board and serve as a conduit for the views of their constituents and the wider public at the heart of Trust decision making and
2. Maintain and strengthen the links between Council/Governors and the Trust, as well as between Governors, and ensure potentially vulnerable or isolated Governors are supported, and
3. Ensure the Trust adheres to recent guidance produced by NHS England/NHS Improvement on 'reducing the burden' to free up management capacity and resource to focus on operational management.

All Council business (including full Council meetings) has been conducted using virtual meeting technology (Zoom or MS Teams). Governors were kept informed between meetings with regular email updates, informal Zoom calls as well as formal written briefings, for example from Gold Command via the Chief Medical Officer and Chief Nurse.

Decisions and actions taken by the Council during the year include:

- Appointing the Interim Chair
- Appointing a new Trust Chair
- Appointing three Non-Executive Directors
- Approving changes to the constitution
- Appointing new Lead Governor
- Appointing the Trust's external auditor
- Approving the appointment of the Chief Executive
- Supporting the appointment of the Senior Independent Director (SID)
- Approving changes to the Significant Business Committee (SBC, now Strategic Business and Strategy Committee [SBSC]) and Nominations and Conduct Committee (NomCo) terms of reference
- Contributing to the Trust's response to the NHSE/I consultation on Integrated Care Systems
- Issuing a formal statement on Black Lives Matter

# Council of Governor Impact 2020-2021



# Composition of the Council of Governors

| Constituency | | No of Governors |
|---|---|---|
| **Public** | Bedford Borough | 2 |
| | Central Bedfordshire | 4 |
| | City of London (from 1 November 2020) | 1 |
| | Hackney | 5 |
| | Luton | 3 |
| | Newham | 5 |
| | Rest of England | 1 |
| | Tower Hamlets (one vacancy as of 31 March 2021) | 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 2021) | 1 |
| | Education Sector (vacancy as of 31 March 2021) | 1 |
| | Voluntary Sector (from 1 August 2020) | 1 |

# Council of Governors Elections

The Council decided to proceed as normal with Governor elections during the pandemic as it was felt that appropriate arrangements could be put in place to ensure appropriate communications and profile raising, and any meetings such as prospective candidate workshops could be held virtually. This proved successful as we had a large number of impressive candidates, contested ballots in every constituency and a higher turnout than in 2019.

2020 saw Council elections for 10 vacancies across four constituencies. Governor workshops were held on 29 July and 6 August 2020 for prospective candidates. Elections commenced on 15 July 2020 with the notice of the ballot with the ballots closing on 29 September 2020, and results being declared on the same day. Elections were conducted by using the single transferable vote electoral system with 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. They may stand for re-election at the end of their term of office and can hold three terms of office.

A summary of candidates and election turnout is as follows:

| Constituency | Number of Governors to be Elected | Number of Candidates | Election Turnout |
|---|---|---|---|
| **Public: City of London** | 1 | 2 | 26.5% |
| **Public: Hackney** | 2 | 6 | 10.5% |
| **Public: Luton** | 2 | 3 | 6.5% |
| **Staff** | 5 | 13 | 9.3% |

## 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.

2020 saw many changes with the departure of Marie Gabriel CBE as Trust Chair accepting the position of Independent Chair of the North East London Integrated Care System and Trust Vice-Chair Eileen Taylor being appointed Interim Chair, successfully leading the Council through the start of the pandemic and the eventual recruitment of new Trust Chair Mark Lam.

The Chair works closely with the elected Lead Governor and Deputy Lead Governor. In the course of the year, long-standing Lead Governor Zara Hosany stood down at the end of her final term and the Council elected Caroline Ogunsola as new Lead Governor. The Chair usually meets with both the Lead Governor and Deputy Lead Governor as well as the 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 continued to 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, during the last year the Council has also flexibly responded to COVID-19 crisis by requesting one Council meeting to be dedicated to the Trust's pandemic response as the main strategic item. Two consecutive meetings focused on the two Integrated Care Systems the Trust operates in North East London (NEL) and Bedford, Luton and Milton Keynes (BLMK), with the chairs of both ICSs being invited to present.


Standing agenda priorities also include reports on strategic activities from the Executive 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.

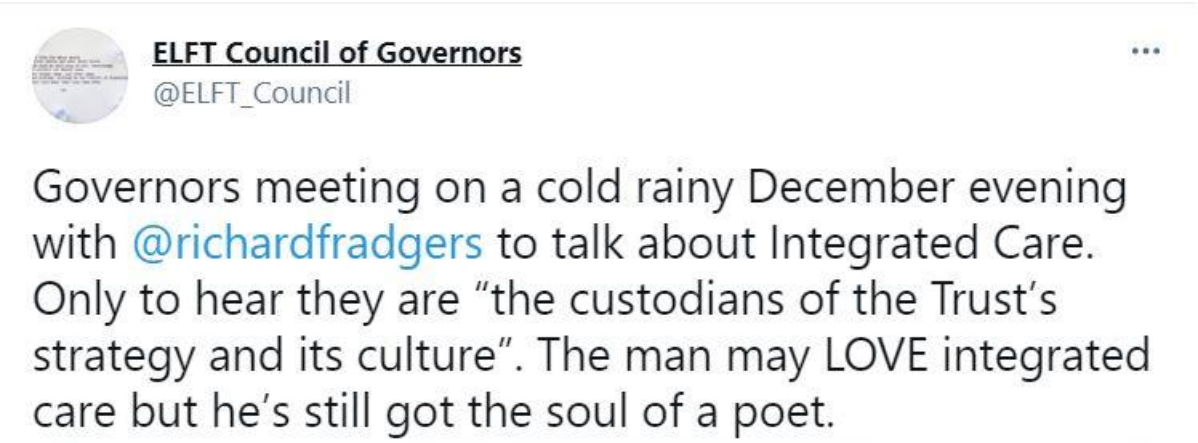
The Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. Governors can contact the Senior Independent Director if they have concerns regarding any issues that have not been addressed by the Chair, Chief Executive or Executive Chief Finance Officer. Although not a member of the Council's Nominations & Conduct Committee, the Senior Independent Director is informed 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 with the successful recruitment process for the Chair of the Trust.

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, Chair's and CEO's reports as well as the Integrated Performance Report separately, in addition to a complete 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, Governor attendance and involvement at virtual Board meetings has increased and the Board value the Governor engagement at the meeting via the chat facility. Board Directors attend and are involved in discussions at Council general meetings.

Governor Open Forum meetings are held bimonthly and are open to all Governors; and individual Non-Executive and 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

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.

During the year, lockdowns made face-to-face engagement with members impossible, but the Trust held virtual engagement meetings wherever possible, both in London and in Luton and Bedfordshire. These focused mainly on updates to the Trust's COVID-19 pandemic response which was, of necessity, rapid in conception and delivery and the Trust valued feedback from Governors and members where gaps in services may have developed as a result.

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 Chief Executive and any Board member as appropriate. The Governors and Members Office keeps track of any queries, ensures a timely and full response and shares outcomes and themes with the Council as appropriate.

Some examples of the wide range of engagement mechanisms with Governors are covered in other sections of the Annual Report but include:

- Council Meetings: six per year; five strategic priorities chosen by the Council addressed annually. The Council can (and does) request feedback on specific discussions and receives regular strategic development and other updates
- Council Committees (Communications and Engagement, Nominations and Conduct, Significant Business and Strategy): supporting the Council through discussing issues in detail and reporting back to full Council. Committees have no devolved decision-making powers, all formal decisions reserved for the Council.
- Governors Open Forum – bimonthly meetings with a NED attending at each as an opportunity to hold an informal discussion with NEDs and Executive Directors without minutes, or staff present
- Quarterly Borough/Service Director Meetings in the localities: formal meetings with the local Borough and Service Directors enabling Governors to learn about local service developments in more granular detail, query issues and feed back local issues to the service directors
- Bi-monthly meetings for Staff Governors to share and discuss issues of concern
- Governor Development Sessions: regular sessions on specific topics to ensure Governor knowledge and training is updated and Governors are informed about major developments, ranging from the recent White Paper, to governance issues around the role of Governors, regular issues such as an in-depth look at the Annual Accounts and Report or new areas of work such as the Digital Strategy, Social Work or Primary Care
- Governor Queries: Governors are entitled to submit formal queries to the Governors and Members Office who will identify the person best placed to respond, within a given timeframe. Queries will be collated and analysed, and themes and learning shared
- Trust Board Meetings: the Board holds bimonthly meetings in public with agenda items covering people, quality, performance, strategy and governance. All papers are published on the Trust's website and also circulated directly to Governors. These meetings are an opportunity for Governors to observe Non-Executive Directors holding the Executive Directors to account for the performance of the Trust. Recent developments (virtual meetings) have enabled Governors to have more input through the chat function and receive responses at or after the meeting on queries; we are currently looking into how to retain this helpful functionality in future face-to-face meetings
- Trust Board meetings in public reports: the Board's Integrated Performance Report provides detailed information that enables Governors to understand the Trust's performance against key indicators (some are national but during the pandemic the Board requested that these focused on COVID-19), with a supporting narrative. Governors can triangulate this information with the assurance reports from the Non-Executive Director chairs of the Board's standing committees and the Board Assurance Framework that focuses on the identification and management of key risks to the Trust achieving its strategic objectives.
- Routine attendance and agenda item presentations by Executive Directors and Non-Executive Directors at all Council meetings held bimonthly. 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
- 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 457 followers.

Governor feedback and views are captured and shared with the Board as described above and are also reported, for example, through:

- the Chair's Report to the Board
- the Trust's Annual Members Meeting
- *TrustTalk* (our members' magazine), featuring a regular feature on the Council's activities.

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 wide ranging areas such as the Patient Safety Learning Event, the Mental Health and Housing/ Homelessness Workshop or the recent webinar on supporting those with no recourse to public funds.

During the year, Governors publicly acknowledged the significant contributions, efforts and sacrifices of staff during the pandemic:

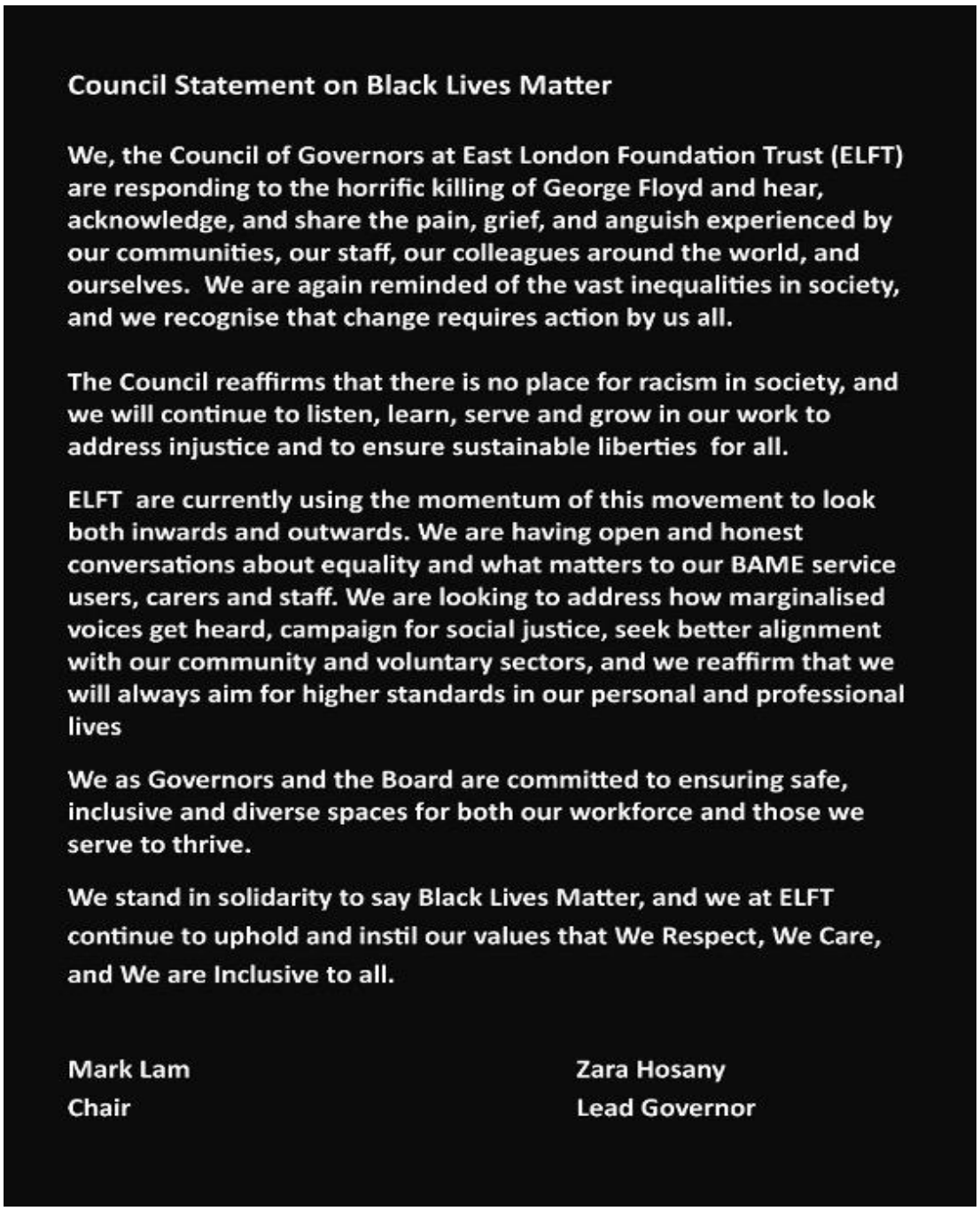
**The governors have heard many stories and have experienced themselves just how amazing ELFT staff have been during the crisis: your hard work, strength, and dedication throughout this difficult time.**

**Everyone from frontline clinical staff to administrators, porters, managers, and all other support staff who have given, give, and keep giving, and for that we are truly grateful.**

**We know it has been challenging and each person will have experienced their own personal loss which comes in many different forms.**

**We wanted to take this opportunity to say a huge thank you with our own round of applause to everyone at ELFT – you are amazing.**

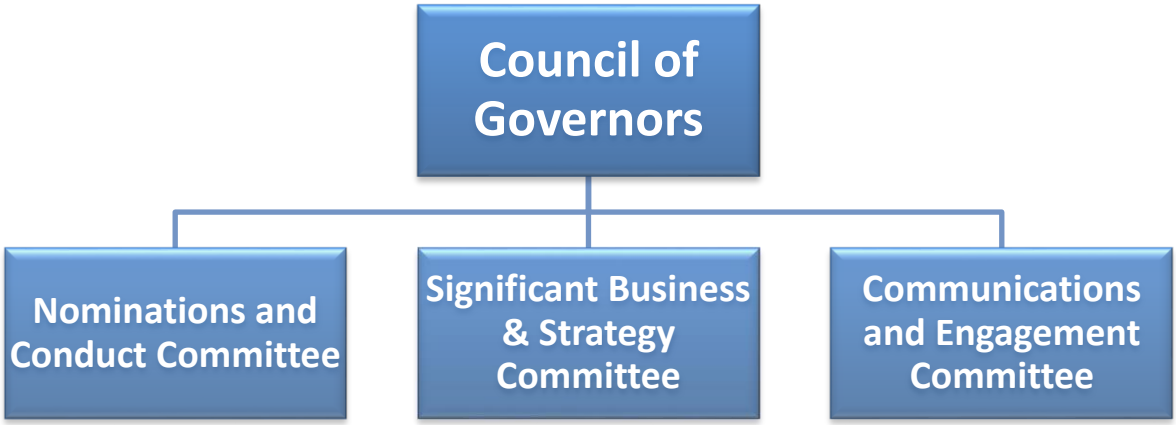
and put on record their support for our BAME colleagues and service users alongside the Black Lives Matter campaign:




## Council of Governors Committees

The Council's committee governance framework is designed to ensure it robustly supports and enables Governors to fulfil their 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 both phases of national lockdown, the Council 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, while some meetings had to be deferred and all moved to virtual platforms, the business of the Council Committees nevertheless was maintained during the pandemic albeit with fewer meetings.




## Nominations & Conduct Committee

**Purpose**
The Nominations & 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.

With fourteen meetings overall, including recruitment-related and one extraordinary meetings, 2020-21 has been a very busy year for the committee having:

- Carried out the successful recruitment process for a new Trust Chair. Mark Lam's appointment was approved by the Council on 14 May 2020
- Carried out the successful recruitment process for three new Non-Executive Directors – Richard Carr, Professor Dame Donna Kinnair and Deborah Wheeler
- Richard Carr was appointed by the Council at its meeting on 9 July 2020; Dame Donna Kinnair and Deborah Wheeler were appointed on 12 November 2021
- Reviewed and recommended to the Council for approval an amendment to the Trust's Constitution to remove the maximum limit of Non-Executive Directors and Executive Directors on the Board
- Supported the Board's appointment of Ken Batty as new Senior Independent Director and addressed an anomaly in the remuneration of the SID, bringing it in line with the standing procedure for other Non-Executive Directors with additional responsibilities such as the Vice Chair.
- Investigated and resolved two absence issues, and drafted guidelines for addressing these more promptly and supportively
- Reviewed its terms of reference and made recommendations (including adding the Vice Chair as a permanent non-voting member) to the Council for approval

**Membership of the Nominations & Conduct Committee**
Membership of the Nominations & Conduct Committee comprises the Trust Chair as chair of the committee, the Trust Vice-Chair, the Lead Governor (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 and Vice-Chair, while members of the committee, may not receive any papers in relation to or be present when their

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 non-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, as will be the Chief Executive as a non-voting member. 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 & Conduct Committee met fourteen times to discuss business, with differing attendance requirements:

- Five full committee meetings
- One extraordinary committee meeting
- Eight committee meetings focusing on NED and Chair recruitment.

The attendance record of full/extraordinary meetings for the committee for the year ended 31 March 2021 is as follows:

| Committee member | Role | Attendance (actual/possible) |
|---|---|---|
| Mark Lam | Chair | 5/5 |
| Eileen Taylor | Vice Chair (Interim Chair to 31 May 2020) | 6/6 |
| Dr Roshan Ansari | Public Governor | 5/6 |
| Ken Batty | Senior Independent Director (from 1 November 2020) | 1/1 |
| Katherine Corbett | Staff Governor | 6/6 |
| Caroline Diehl | Public Governor | 6/6 |
| Susan Fajana Thomas | Appointed Governor (from 12 November 2020) | 2/2 |
| Zara Hosany | Staff Governor (to 31 October 2020) | 4/4 |
| Jenny Kay | Senior Independent Director (to 31 October 2020) | 1/1 |
| Caroline Ogunsola | Staff Governor (ex officio member from 1 November 2020) | 6/6 |
| Jamu Patel | Public Governor (from 12 November 2020) | 2/2 |
| Keith Williams | Public Governor | 6/6 |
| Neil Wilson | Appointed Governor (to 31 October 2020) | 4/4 |

## Communications & Engagement Committee

The Communications & 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.

Despite the limitations imposed by lockdown and NHS England guidance on 'reducing the burden', the Committee met twice during the year. It reviewed the Trust's Annual General Meeting/Annual Members Meeting which had been held online for the first time. Its draft communications guide for Governors was approved by the Council in November 2020. The Committee also started the process of refreshing the Trust's Membership Strategy.

### Significant Business & Strategy 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 also serves as the Council's horizon-scanning forum, 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.

The Committee met virtually three times during 2020-2021 discussing the Trust's strategic move into primary care provision; the impact of COVID on ELFT's commercial activities and reviewed its terms of reference to more accurately reflect the committee's role as the Council's strategic horizon-scanning vehicle including a renaming to Significant Business & Strategy Committee.

The committee also held a meeting open to all Governors on 'Opportunities and Challenges of the new Health Care Systems' to support Governors in the discussions on integrated care planned for the first two Council meetings in 2021.

## Council of Governors Meeting Attendance 2020-2021

| Name | Term | | Attendance (actual/possible) |
|---|---|---|---|
| **Public: Tower Hamlets** | | | |
| Roshan Ansari | 2nd term | 2018-2021 | 7/7 |
| John Bennett | 2nd term | 2019-2022 | 7/7 |
| Terry Cowley | 3rd term | 2019-2022 | 6/7 |
| Arif Hoque | 1st term | 2019-2022 | 7/7 |
| Philip Ross | 1st term | 2018-2021 (to 11 March 2021) | 0/6 |
| **Public: Newham** | | | |
| Shirley Biro | 2nd term | 2018-2021 | 7/7 |
| Tee Fabikun | 1st term | 2019-2022 | 7/7 |
| Carol Ann Leatherby | 3rd term | 2018-2021 | 7/7 |
| Ernell Watson | 3rd term | 2018-2021 | 7/7 |
| Aidan White | 1st term | 2019-2022 | 6/7 |

| Name | Term | | Attendance (actual/possible) |
|---|---|---|---|
| **Public: Hackney** | | | |
| Caroline Diehl | 1st term | 2018-2021 | 7/7 |
| Darlene Dike | 1st term | 2020-2023 | 3/3 |
| Adam Forman | 1st term | 2020-2-23 | 3/3 |
| Beverley Morris | 1st term | 2018-2021 | 7/7 |
| Jummy Otaiku | 1st term | 2017-2020 | 0/4 |
| Sebastian Taylor | 1st term | 2020-2022 | 7/7 |
| Daniel Victorio | 1st term | 2017-2020 | 1/4 |
| **Public: Rest of England** | | | |
| Laura Jane Connolly | 1st term | 2018-2021 | 7/7 |
| **Public: City of London** | | | |
| Reno Marcello | 1st term | 2020-2023 | 3/3 |
| **Public: Luton** | | | |
| Jamu Patel | 2nd term | 2020-2023 | 7/7 |
| Keith Williams* | 2nd term | 2018-2021 | 7/7 |
| Paula Williams | 2nd term | 2020-2023 | 6/7 |
| **Public: Bedford** | | | |
| Dawn Allen | 1st term | 2019-2022 | 7/7 |
| Felicity Stocker | 1st term | 2018-2021 | 7/7 |
| **Public: Central Bedfordshire** | | | |
| Steven Codling | 2nd term | 2019-2022 | 6/7 |
| Larry Smith | 2nd term | 2018-2021 | 7/7 |
| Suzana Stefanic | 1st term | 2019-2022 | 7/7 |
| Mark Underwood | 1st term | 2019-2022 | 5/7 |
| **Staff** | | | |
| Patrick Adamolekun | 1st term | 2020-2023 | 3/3 |
| Victoria Aidoo-Annan | 1st term | 2018-2021 | 6/7 |
| Robin Bonner | 3rd term | 2019-2022 | 5/7 |
| Katherine Corbett | 3rd term | 2018-2021 | 5/7 |
| Joseph Croft | 2nd term | 2019-2022 | 7/7 |
| Mark Dunne | 1st term | 2020-2023 | 3/3 |
| Zara Hosany* | 3rd term | 2017-2020 | 4/4 |
| Tony Isles | 1st term | 2020-2023 | 3/3 |
| Julian Mockridge | 1st term | 2017-2020 | 2/4 |
| Sheila O'Connell | 1st term | 2017-2020 | 4/4 |
| Caroline Ogunsola** | 2nd term | 2020-2023 | 7/7 |
| Mary Phillips | 2nd term | 2017-2020 | 2/5 |
| Lilu Wheeler | 1st term | 2020-2023 | 2/3 |

| Name | Term | | Attendance (actual/possible) |
|---|---|---|---|
| **Appointed: Bedford Borough Council** | | | |
| Jim Weir | 1st term | August 2019 | 7/7 |
| **Appointed: Central Bedfordshire Council** | | | |
| Brian Spurr | 1st term | Jul 2019 – February 2021 | 0/6 |
| **Appointed: City of London** | | | |
| Rehana Ameer | 2nd term | Oct 2017 | 4/7 |
| **Appointed: Education Sector** | | | |
| Neil Wilson | 3rd term | 2017-2020 | 4/4 |
| **Appointed: Hackney Council** | | | |
| Susan Fajana-Thomas | 3rd term | Dec 2014 | 6/7 |
| **Appointed: Luton Council** | | | |
| Khtija Malik | 1st term | Feb 2020 | 7/7 |
| **Appointed: Newham Council** | | | |
| Zulfiqar Ali | 1st term | Feb 2020 | 5/7 |
| **Appointed: Tower Hamlets Council** | | | |
| Eve McQuillan | 1st term | March 2020 | 4/7 |
| **Appointed: Voluntary Sector** | | | |
| Viv Ahmun | 1st term | August 2020 | 3/5 |

* Lead Governor to 31 October 2020
** Lead Governor from 1 November 2020

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.

## Governor Training and Development

The Nominations & Conduct Committee works with the Chair to ensure that the Board have put 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 which has moved to a virtual model 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. This year we are planning a refresher session to aid in our regular review.


New Governors normally benefit from a buddying system whereby a named buddy will make contact with a specific new Governor, 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.

Although this has been challenging as meetings during the year have been held virtually in response to the pandemic, the Governors Engagement Plan offers other opportunities for peer support such as a fortnightly catch up Zoom call to keep in touch or the newly established Governor WhatsApp group.


Our new Chair Mark Lam met with all Governors in small groups online after he took office in June 2020. In addition, the Corporate Governance Manager has been providing 1:1 support as required.

During 2020-2021 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 supported by senior Trust staff including the Trust Chair, Chief Quality Officer, Director of Corporate Governance and 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 also invited to attend
- Attendance at NHS Providers Governor Focus Conference
- Regular Governor development sessions on Annual Accounts with the Chief Finance Officer and Chair of the Audit Committee, on 'Performance, Data and Quality', Integrated Care Systems, the Trust's approach to Population Health, Community Mental Health Transformation, and the NHS Bill White Paper
- Invitations to attend Trust events such as *Patient Safety Learning Event*, the *Mental Health and Housing/Homelessness Workshop* or the recent webinar on supporting those with no recourse to public funds
- A series of future visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services we provide. Governors had chosen the services to visit but these were put on hold due to COVID. We are planning to resume these when it is safe to do so.

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 & Engagement Committee.

Governors are also kept regularly informed through direct emails with information gathered from internal Trust updates such as the regular Gold Command bulletins 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 through the Governors and Members Office:

| | |
|---|---|
| Post: | Governors and Members Office<br>Robert Dolan House<br>9 Alie Street<br>London E1 8DE |
| Freephone: | 0800 032 7297 |
| Email: | elft.council@nhs.net |
| Website: | www.elft.nhs.uk |

# Membership Report

## Membership

Our membership is an essential and valuable asset. 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. 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 continue to be the main focus over the next few years.

As at 31 March 2021, the Trust had 9,548 public members and 6,403 staff members.

| Membership size and movements | |
|---|---|
| **Public constituency** | **2020-2021** |
| **At year start (1 April 2020)** | 9,758 |
| **New members** | 137 |
| **Members leaving** | 347 |
| **At year end (31 March 2021)** | 9,548 |
| **Staff constituency** | **2020-2021** |
| **At year start (1 April 2020)** | 5,962 |
| **New members** | 1,473 |
| **Members leaving** | 1,003 |
| **At year end (31 March 2021)** | 6,403 |

| Analysis of current membership | |
|---|---|
| **Public constituency** | **Number of members** |
| **Age (years):** | |
| **0-16** | 5 |
| **17-21** | 179 |
| **22+** | 8,502 |
| **Ethnicity:** | |
| **White** | 3,579 |
| **Mixed** | 432 |
| **Asian or Asian British** | 2,457 |
| **Black or Black British** | 1,826 |
| **Other** | 195 |
| **Socio-economic groupings** | |
| **AB** | 1,935 |
| **C1** | 2,709 |
| **C2** | 1,759 |
| **DE** | 3,074 |
| **Gender analysis** | |
| **Male** | 3,579 |
| **Female** | 5,932 |

The analysis section of this report excludes:

- 862 public members with no stated dates of birth
- 1,058 members with no stated ethnicity
- 37 members with no stated gender
- General exclusions: Out of Trust Area

# Membership Strategy

The Trust's focus is the quality of membership engagement. 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 and in 2020 we achieved increases in turnout and for the first time in many years contested ballots in every constituency. 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.

At the time of writing this report Governors have started the process of refreshing and updating the Trust's Membership strategy, working with our Board and our People Participation colleagues.

## 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.

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. Three of the current five main strategic priorities which the Council itself identifies for its Forward Plan arose directly from feedback by our members (such as Discharge and Transition).

**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.

In response to member feedback we aim for an 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.

We continue to adjust the meetings in line with local feedback. Regular updates by local Governors about the meetings they have attended and issues they have raised on members' behalf are also provided.

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.


Stakeholder meetings in London and Bedfordshire focused this year on updating members and stakeholders on the Trust's response to the pandemic, both after the first and the second lockdowns, as well as the winter plans for 2021 including flu vaccinations and plans for the COVID-19 vaccination roll out.

Overall, the Stakeholder Lunch Meetings are well received with members having generally scored them 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, 14 October 2020.

Due to the Government imposed lock down and social distancing measure, the Board and Council agreed to hold this meeting virtually. We therefore adapted to a more focused programme of 90 minutes instead of three hours.

Moving to a virtual platform did not appear to impact on attendance as we saw an excellent turnout of attendees comprising of members, service users and carers, volunteers, Governors, Board Directors and staff. This is a similar number to previous attendance at our usual face-to-face meetings.

Members heard from Richard Fradgley, ELFT Executive Director of Integrated Care about the Trust's approach to population health. Additional presentations on the Trust's Befriending Service in response to increased loneliness during lockdown, and the Lighthouse Centre for service users in Leighton Buzzard helped put population health into context.

In addition, the Council and members received the annual report and accounts and auditors report plus an overview of the activities of the Council during the previous year. We received excellent feedback from attendees in response to these changes, especially valuing the clear reports as well as the Trust formally and publicly remembering those we have lost to COVID-19.

Members also stayed on to attend the Council's Annual General Meeting which followed. Questions from the audience focused on the quality of local services, concern around particular groups and their access to services (for example travellers), staff wellbeing especially during the pandemic, the influence of local councils on the Trust's work and the Trust's finances.

**Annual Plan Consultation Events and Trust-Wide Annual Plan Meeting**
Usually every year, the Trust invited its members in February to attend local Annual Plan Meetings to consult 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.

As the national Annual Plan timetable was delayed this year due to COVID, the Annual Plan members meeting was only held on 19 April 2021. The Trust invited members to a virtual event, using four breakout rooms to update members about plans in their locality (City & Hackney, Luton and Bedfordshire, Newham and Tower Hamlets), following a general introduction and setting the scene by the Trust's Executive Director of Integrated Care and the Chief Quality Officer.

About 80 members attended the meeting and shared their views and insights.


Following the introduction and local updates, attendees 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:

- A continued focus on inequalities, particularly with regard to access and digital inclusion
- Integration of services

- Specific population groups – people with learning disabilities, people who are detained under the Mental Health Act
- Communication – improving how we share information
- Carer support
- Increasing access and signposting to People Participation
- Tackling increasing demand and waiting times for access to services
- Transition between services
- Staff recruitment and retention
- Sharing learning from good practice, e.g. IAPT innovation and adaptation, self-management of long-term conditions

These themes were discussed at Council in May 2021 and Governors have requested a progress update on these for the January 2022 meeting in time for the 2022 Annual Plan 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 opportunities to become a Governor, 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

The usual meeting schedule has been severely affected by COVID-19 pandemic, the three lock downs and social distancing requirements. As mentioned previously, following the issue of guidance on 'reducing the burden', a review on the Council's focus was undertaken and a Governors Engagement Plan was agreed by the Council in May 2020. We are grateful that Governors and members quickly embraced digital technology and virtual working (often with support by the Trust), enabling continued engagement with each other, and our Board.

In addition, to support the Trust's response to the pandemic, staff from the Governors and Members Office were reassigned to different roles and/or took on additional responsibilities, for example as Business Manager of Gold Command or seconded to the Westfield Vaccination Centre. Despite the challenges all Trusts faced during the pandemic:

- We were able to hold three virtual Stakeholder Lunch Meetings for members and Governors across London, Bedfordshire and Luton
- Regular meetings for Governors with their local borough or service directors were held where possible – these are now open to Governors from other constituencies to attend as guests to encourage exchange and mutual learning and the use of virtual technology has made this much more accessible
- Workshops for prospective Governors across the Trust
- Governor Development Sessions continued to be held, e.g.
    - A session looking in detail at the Annual Accounts (led by the Chief Finance Officer and the Non-Executive Director Chair of the Audit Committee)
    - on 'Performance, Data and Quality' (with the Chief Quality Officer)
    - on Integrated Care Systems (with the Executive Director of Integrated Care and the Executive Director for Commercial Development and Primary Care)
    - on the Trust's approach to Population Health (with the Director of Integrated Care)
    - on the Trust's Anchor Function within the Communities we serve (led by the Trust's Deputy Director of Population Health), and
    - The recent NHS Bill White Paper (led by the Trust's Executive Director of Integrated Care).
- The Corporate Governance Manager continued to proactively identify opportunities for and encourage Governor participation in wide ranging areas such as the Patient Safety Learning Event, the Mental Health and Housing/Homelessness Workshop or the recent webinar on supporting those with no recourse to public funds
- Governors met in small groups with the Trust's new Chair; in addition, Governor Open Forum Meetings were held virtually with our outgoing Chief Executive, our Interim Chief Executive as well as experienced and new NEDs, These are meetings for Governors to discuss issues of interest without staff present
- A Governors Engagement Plan was developed at the outset of the pandemic and was regularly reviewed. Additional ways of encouraging ongoing communications and engagement were identified including introduction of regular informal Zoom catch-up sessions with Governors which have been well-attended and in addition to an informal update of what's been happening in the Trust, are generally led by the interests of Governors attending. Additional sessions over holiday periods such as Easter or Christmas were scheduled, especially for Governors who may be socially isolated which were much appreciated.

# 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.

**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 this report. The Trust has embedded values based recruitment in order to attract people who demonstrate our values. We are also striving to de-bias recruitment and enable the Trust to be even more inclusive and accessible and to have a workforce that is truly reflective of our community.

**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 that include the right to work and suitable references. Human trafficking and modern slavery guidance is embedded into Trust safeguarding policies.

**Consultations**
Previously established staff consultation arrangements continue to operate through the Joint Staff Committee that 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 consults with staff, service users and carers, the Council of Governors and the membership regarding its annual plan. More information regarding public and patient involvement activities is set out in this report.

**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.

**Health and Safety at Work**
The Chief Nurse is the Executive Director lead for health and safety matters and is supported by the Chief Operating Officer, the Executive Director of People & Culture, estates directorate, governance directorate, staff-side and local health and safety leads. A Health & Safety Committee meets regularly to discuss implementation of legislation and current health and safety issues. Trust staff are provided with occupational health services through an agreement with a private provider.

**Counter Fraud and Bribery**
The Trust employs two Local Counter Fraud Specialists and reports on counter fraud activity are regularly submitted to the Trust's Audit Committee. Further details are set out in the report on the Audit Committee within this annual report.

**Overseas Operations**
The Trust did not undertake any overseas operations during the year 2020-2021.

**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 Director of Corporate Governance.

**Freedom of Information Act 2000**
The Trust complies with the Freedom of Information Act 2000. Details of the Trust's publication scheme, and how to make requests under the Act, are included 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.

**Information Governance Risks and Security of Data**
The Trust robustly manages and controls risks to information including data security. The Chief Quality Officer is the Executive Director lead for information governance as well as the nominated Senior Information Risk Owner (SIRO). The Chief Medical Officer is the nominated Caldicott Guardian. 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 Trust is required to report any data related incidents that would be classed as serious incidents. Further details are included in the Annual Governance Statement.

**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 inpatient service. Details are also included in the Annual Accounts.

**Compliance with the Better Payment Practice Code (BPPC)**
Details of compliance with the BPPC are set out in the Annual Accounts.

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

**Trust Auditors**
The Council of Governors appointed new external auditors – BDP LLP – with effect from 1 August 2020; prior to this period, the Trust's External Auditors were Grant Thornton UK LLP. The Trust's internal auditors during 2020-2021 were RSM Risk Assurance Services LLP. Further details are set out in the report on the Audit Committee within this annual report.

**Political Donations**
The Trust made no political donations during 2020-2021.

# NHS England and NHS Improvement Oversight Framework

The financial performance of the Trust is formally measured by reference to the NHS England and NHS Improvement's NHS Oversight Framework and the Finance and Use of Resource metrics.

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

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

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy.

East London NHS Foundation Trust had the highest segmentation rating of 1 as at 31 March 2021.

For 2020-2021 the Finance and Use of Resources metrics were temporarily replaced by a requirement for providers and systems to meet their financial targets.

# 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 most recently revised in 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. Whilst a newer version of the *UK Code* was published in April 2018, the changes have not yet been replicated within the *NHS Foundation Trust Code of Governance.*

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*.

There are no provisions within the *NHS Foundation Trust Code of Governance* that we did not comply with for the period 1 April 2020 to 31 March 2021.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# Statement of the Director's Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year.

The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The Directors 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 Trust's performance, business model and strategy

By order of the Board

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

**Steven Course**
**Chief Finance Officer**
**East London NHS Foundation Trust**

**17 September 2021**

# 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's 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*.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# Annual Governance Statement 2020-2021

## Scope of Responsibility

As Accountable 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 Trust Accountable 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 2021 and up to the date of approval of the annual report and accounts. As Accounting Officer I am satisfied the system of internal control in place enabled the Trust to respond quickly and effectively to the COVID-19 crisis.

## Capacity to Handle Risk

As the Accountable Officer, I am accountable for ensuring that the Trust can discharge its legal duty for all aspects of risk. I have overall responsibility for the management of risk and for maintaining a sound system of internal control.

Leadership arrangements for risk management are detailed in the Trust's risk management framework and further supported by the Board Assurance Framework and individual job descriptions. The risk management framework outlines our approach to risk and the accountability arrangements including the responsibilities of the Board and its committees, Executive Directors and all staff. Active leadership from all managers at all levels to ensure effective risk management is a fundamental part of an integrated approach to quality, corporate and clinical governance, performance management and assurance.

The Chief Nurse has delegated responsibility for the Trust's Board Assurance Framework and for ensuring the implementation of the risk management framework within services; support is provided by the Director of Governance. 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 Board and its committees receive and scrutinise the risks to achieving our strategic objectives through the Board Assurance Framework. The Audit Committee has delegated responsibility for developing, maintaining and monitoring the risk management and assurance systems within the Trust and specifically the Board Assurance Framework. Directorate Management team meetings review their Directorate Risk Registers and the Trust's Service Delivery Board regularly reviews the Corporate Risk Register.

All members of staff have an important role to play in identifying, assessing and managing risk. To support staff, the Trust engenders a fair and open environment, and does not seek to apportion blame. Where staff feel that raising issues or concerns may compromise them or may not be effective, they are encouraged to follow alternative feedback mechanisms, including through the Freedom to Speak Up Guardian and/or the Trust's Whistleblowing policy.

The Trust ensures that staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational function. Staff are trained in various aspects of risk management including as part of the on-boarding process for new staff. The training is designed to provide an awareness and understanding of the risk management strategy, the risk management process and to give practice experience of completing risk assessment paperwork. Additional training is made available to all levels of staff, covering areas such as fire safety, health and safety, moving and handling, resuscitation and first aid. The Assurance Team is responsible for communications to staff to ensure learning from good practice, experience and lessons learnt from incidents or near misses is shared quickly and effectively.

The Trust uses QI methodology to encourage staff to learn from good practice as local improvement data is shared and visible to teams so that they can learn from, scale up and spread what works well.

# The Risk and Control Framework

## Risk Management During COVID-19

The COVID-19 pandemic, the declaration of an NHS Level 4 incident and lock-down measures have had a significant impact on our staff, our service users, our services and our finances. In response, the Trust implemented its emergency planning, resilience and response, and business continuity plans. The Trust's capacity to manage risk was tested during the pandemic and structures and processes were put in place that have enabled an appropriate response to the emerging risks.

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. A clinical guidance workstream was established to triage new and revised guidance published during the pandemic period to ensure timeliness of review and dissemination.

Consideration was also given to what we needed to do to rebalance and readjust services for the future. Five workstreams were originally established:

- **Shaping Our Future:** Focused on supporting the Trust 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. Between June

and December 2020 engaged approximately 1500 staff, service users, carers and stakeholders in a process of learning, sense-making, planning and redesign

- **Co-Production:** Focused on taking 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 our work.
- **Inequalities:** Focused on inequalities as part of the work to address the impact of the pandemic. It encompassed 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:** Focused on our support for leadership through this period as the Trust recognises that good leadership at all levels is essential to enabling people and teams to continue to provide a high quality of care
- **The Future of Work:** Focused on reviewing the impact of social distancing and other elements of the demands of the pandemic on work, travel, estates, etc, what may change further, and what our response should be.

## Key Elements of the Risk Management Framework

The Trust considers risk management to be an intrinsic part of our governance and quality frameworks and an essential element of the entire management process and not a separate entity. The management of risk underpins the achievement of the Trust's strategic objectives, and effective risk management is imperative to provide a safe environment and improved quality of care for service users and staff.

Risk management including clinical, non-clinical, corporate, business and financial risks is intrinsic in the operational and strategic thinking of every part of service delivery within the organisation and applies to all staff. 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's risk management framework details our risk management arrangements. Potential risks are identified from a variety of sources including risk assessments, risk registers, incidents, safety alerts, management, complaints, claims, internal/external reviews, and staffing trends. The framework overarches both clinical and non-clinical risk management, and define risk and identifies individual and collective responsibility for risk management within the organisation. It also sets out the Trust's approach to the identification, assessment, scoring, management and monitoring of risk. The framework also 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 strategic priorities by considering the Trust's position against a range of factors including national policy, system requirements, and local plans and pressures, as well as the pandemic.

The Trust manages its most significant current and future potential risks to the achievement of our strategic objectives through the Board Assurance Framework that provides a structure for the effective and focused management of the principal risks. Risks are assessed by using a 5 x 5 risk matrix where the total score is an indicator as to seriousness of the risk. Each risk is allocated an Executive Director lead and a lead committee of the Board, and these risks are reviewed at each committee meeting. The Board reviews the complete Board Assurance Framework at each meeting in public.

## Quality Governance

The last formal review of our corporate governance arrangements was undertaken by Grant Thornton in 2016/2017 and no major areas of concern were identified. An action plan was developed to take account of a number of recommendations that were identified to strengthen the arrangements, and progress has continued to be monitored. At the date of writing this report, we are in the process of commissioning another detailed review during 2021/2022 of our corporate governance arrangements using the NHS well-led framework.

Maintaining an effective quality governance system supports our compliance with national standards and we are committed to the continuous improvement of our systems. As a result, we have reviewed our Board and committee reporting arrangements this year and implemented a number of changes to improve efficiency.

The key quality governance committee is the Quality Assurance Committee that is chaired by a Non-Executive Director. The committee seeks assurance that high standards of care are provided, that quality improvement and learning is embedded in the Trust, and ensures that there are adequate and appropriate governance structures, processes and controls are in place across the organisation. Operational oversight of clinical governance and risk management is undertaken by the Quality Committee that reports into the Quality Assurance Committee. Groups that report into the Quality Committee include those focused on safeguarding, medicines management, infection control and health and safety.

The Board receives regular quality and performance reports at its meetings in public. 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 that contains quality measures at an organisational level and provides an oversight of strategic performance and risk issues. The quality of performance information is assessed through the Data Security Protection Toolkit.

At ELFT, we aspire to provide care of the highest quality in collaboration with those who use our services. We have a quality management system to support this that incorporates quality planning, quality control, quality assurance and quality improvement. As an organisation, we embrace continuous improvement and learning, and to achieve this we have a well-established quality improvement programme and training that helps everyone at all levels to develop the skills they need to lead change and deliver improvement focusing on what matters most to our service users and staff to improve patient experience and outcomes.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Assurance and Quality Committees. Following a CQC comprehensive inspection and well-led review in 2018, the Trust was rated ‘outstanding’ for the second time.

During October 2020, CQC carried out focused inspection at Leighton Road Surgery, Bedfordshire. It was recognised that’ significant improvements’ had been made to the quality of care provided by the service and is now rated as ‘requires improvement’ overall and rated as ‘good’ for providing safe services; it had previously been rated as ‘inadequate’ overall following a previous inspection in 2019 before joining the Trust in

February 2021. The report took into account the exceptional circumstances of the COVID-19 pandemic and found that staff were proud to work at the practice; patients were involved with their suggestions helping shape and improve practice; there was an active Patient Participation Group; and a monthly blog helps inform the public of changes at the practice.

## 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 that feed into the Trust's Corporate Risk Register. The local risk registers are reviewed at monthly Directorate performance meetings. The Assurance team receives risk registers from Directorates as well as copies of committee and sub-group meetings. 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 Trust has a Standards of Business Conduct Policy, and all Board standing committees, sub-committees and other Trust groups include 'declarations of interest' as a standing agenda item. The 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 NHS*22 guidance.

## Trust's Major Risks

The Board Assurance Framework includes eight risks that align with the Trust's strategic objectives, and some 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 Committee has responsibility for ensuring that the Trust has good risk management processes in place, which operate effectively. To avoid duplication, the Audit Committee does not discuss in detail any risks that are the responsibility of other committees but makes recommendations to those committees if this is felt to be required. During the year, the Audit Committee continued with the programme of deep dives into the key risks that may affect the achievement of the Trust's strategic objectives.

During 2020 /2021, Trusts found themselves working in an unprecedented time. The COVID-19 pandemic and Government driven lock-downs 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 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. The Board made the decision not to include a specific risk relating to COVID-19 recognising that the pandemic impacted on the achievement of all our strategic

objectives, and individual risks on the Board Assurance Framework were updated accordingly.

Not unexpectedly and as a consequence of the pandemic, the current and target scores for several risks on the BAF increased during the year, and did not reduce to their target score by the end of the year with four significant (red-rated) risks. A summary of the actions taken to mitigate the risks are included in the 'principle risks and uncertainties' section of the performance overview.

| Risk Description | Risk Score | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| **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 | 12 → | 12 → | 12 → | High 12 |
| **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 | 12 → | 12 → | 12 → | High 12 |
| **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 | 12 → | 12 → | 12 → | High 12 |
| **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 | 20 ↑ → | 20 → | 20 | High 12 ↓ |
| **Strategic Objective: Improved staff experience** | | | | |
| **Risk 5:** If the Trust does not effectively attract, retain and look after staff wellbeing, there will be an impact on the Trust's ability to deliver the Trust's strategy | 12 → | 12 | 16 ↑ → | Significant 16 |
| **Risk 6:** If issues affecting staff experience and equalities are not addressed there may be issues around staff morale and engagement | 16 ↑ → | 16 → | 16 → | Significant 16 |
| **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 | 25 ↓ | 20 → | 20 | Significant 16 ↓ |
| **Risk 8:** If infrastructure plans are not well implemented and adopted, services will be impacted, waste and the Trust's carbon footprint will not be reduced and in year financial benefits and service SLAs may not be delivered. This includes physical infrastructure, buildings and suitability of all the elements of digital infrastructure | 25 ↑ → | 25 → | 25 → | Significant 25 |

We recognise that uncertainties remain about the longer term impact of the pandemic. In addition, the current rapidly changing health and social care landscape – both nationally and locally – combined with wider system pressures both poses potential risks to the sustainability of high quality service provision for the populations we serve and our financial sustainability as well as providing opportunities for further improvement.

At the time of writing the report the Board is refreshing its strategy and reviewing the risks that may impact on the Trust's achievement of its strategic priorities.

## NHS Foundation Trust Licence Condition Compliance

The Board has not identified any principal risks to compliance with provider licence condition FT4 and is satisfied with the timeliness and accuracy of information to assess risks to compliance with the provider licence and degree of rigour of oversight it has over performance.

As an NHS Foundation Trust, the Trust is required by its provider licence FT4 to apply relevant principles, systems and standards of good corporate governance. In order to discharge this responsibility, the Trust has an established, clear and effective Board and standing committee structure that is regularly reviewed. This structure provides a layered approach to monitoring, scrutiny, challenge and assurance of the systems of internal control. The responsibilities of the committees are set out in formal terms of reference that includes clear lines of accountability and each has a forward plan of agenda items that ensures an effective and timely flow of information. The 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. The Board receives finance, performance, quality 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. The Board also receives regular assurance reports from the chairs of its standing committees following each committee meeting. There are clear reporting lines and accountabilities throughout the organisation that ensures quality and performance reporting requirements are mirrored from Board standing committee level to local level with information flowing both ways.

A self-assessment of compliance against the Trust's licence is undertaken by the Director of Corporate Governance and reviewed by the Audit Committee in line with the Trust's Governance Development Plan.

The Trust also has a comprehensive programme of internal audit in place aligned to key areas of potential financial and operational risk.

## Involvement of Stakeholders

The interests of service users, carers, staff, our members and local partner organisations 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 England and 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. We work across the local health economy including engagement with and involvement in the integrated care systems in both North East London and Bedfordshire, Luton and Milton Keynes, particularly on the delivery of integrated care pathways. This way of working has been particularly highlighted and effective during the COVID-19 pandemic.

The interests of our service users is overseen by the People Participation Committee which is a standing committee of the Board and includes service users members, 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 (both public and staff) as well as appointing organisations, 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. The Trust is committed to supporting the wellbeing of our staff and ensuring that staff feel valued and able to contribute to the best of their ability. The health and safety of all service users, staff, carers and visitors is paramount and no more so than during the COVID-19 crisis.

The Trust's People Plan reflects the Trust's commitment in terms of its strategy, the NHS People Plan and *Developing Workforce Safeguards* national guidance in managing incidents and engenders a culture that promotes open and honest reporting. Staff have a duty to report all incidents to prevent harm in the future. Incident reporting is monitored through the Trust's committee structure with issues escalated to the Board or its standing committees as appropriate.

## Staffing

During the year, the Trust's workforce planning has focused on ensuring the organisation is prepared for any COVID-19 surge, emergency powers of redeployment, bringing qualified staff up to date with training for any redeployment, and flexible roles working across systems. In addition, the Trust was nominated as the lead employer for COVID-19 vaccination centres for North East London, leading on all recruitment activity on behalf of partner NHS organisations.

Safer staffing and the creation of flexibility within the workforce and 'team around the patient' has been integral in the Trust's response to the pandemic and has been monitored by the Board.

The People & Culture Committee oversees the Trust's wider talent management, leadership development and training initiatives designed to create resilience and capacity within the workforce.

### NHS Pension Scheme

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

### Equality, Diversity and Human Rights Legislation

Measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. In addition, strategies are in place to further quality, diversity and inclusion.

Financial viability programmes are subject to Quality Impact Assessment as necessary and ongoing monitoring to ensure that efficiencies do not adversely impact on the quality of service delivery. A specific COVID-19 workstream has been established to focus on inequalities as part of the work to address the impact of the pandemic encompassing the range of inequalities and in particular the experience of BAME staff and the inequalities that have arisen as a result of COVID.

### Climate Change Obligations

The Trust has undertaken risk assessments and has a sustainable development management plan in place that 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 and am supported by my Executive team that has responsibility for overseeing the day-to-day operations of the Trust. Performance in this area is monitored by the Board on a regular basis and through assurance reports from its standing committees. The Board discusses and approves the Trust's strategic and annual plans (and budgets) taking into account the views of the Council of Governors.

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, and seeks to demonstrate how the Trust is improving the quality of life for all we serve. The Executive team, the Board and its standing committees continued to meet during the COVID-19 crisis, maintaining control of decision-making and oversight of risk and performance.

Performance review meetings assess each directorate's performance across a full range of financial and quality metrics that, in turn, forms the basis of the monthly performance and compliance report to the Trust's 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, the Board's Finance, Business and Investment Committee, and the Board. The budgetary control system is complemented by Standing Financial Instructions, a Scheme of Delegation and financial approval limits.

The Trust's Audit Committee supports the Board and me as Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management and the control environment. The scope of the Audit Committee's work is defined in its terms of reference and encompasses all the assurance needs of the Board and the Accounting Officer. The Audit Committee has engagement with the work of internal audit and external audit, and is chaired by a Non-Executive Director.

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 Chief Quality Officer 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.

There were twenty reportable incidents via the Data Security and Protection Incident Reporting Tool in 2020-2021. One of these incidents met the threshold for notification to the Information Commissioner's Office. This incident occurred when a member of staff obtained demographic information from a clinical system about an individual without a legitimate reason. The ICO has investigated and the case closed.

## 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 that reports to the Board's Quality Assurance Committee.

The quality priorities for 2020-2021 were developed in conjunction with senior clinicians and managers, the Council of Governors and service users. They form part of the Trust's annual plan and quality plan, which has been approved by the Board.

The Trust utilises quality improvement throughout all areas of its operations, as part of our efforts to continually improve the way we work and the services we offer. Quality improvement and coproduction are integral to the way that the Trust delivers its quality priorities.

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. Many of our quality assurance processes were adapted to virtual methods, such as the service user-led accreditation programme. Others were necessarily scaled down or postponed at the height of the pandemic, such as clinical audit. By the final quarter of 2020-21, all quality assurance activities were operating as normal.

Data quality is reported to the Information Governance Steering Group, which is chaired by the SIRO and reports in to the Quality Committee. There are also updates on data quality regularly to the Operations Group. All data presented to the Board within the integrated performance report undergoes local validation, and is accompanied by a narrative to explain any unusual variation, when brought to the Board.

## Review of Effectiveness

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

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. A plan to address weaknesses and ensure continuous improvement of the system is in place. Progress against actions are monitored by the Executive team, Audit and Quality Assurance Committees. My review also takes account of the Trust's responsiveness to the COVID-19 pandemic.

The Head of Internal Audit's opinion for 1 April 2020 to 31 March 2021 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. In his summary, the Head of Internal Audit commented that the audit programme was undertaken through the substantial operational disruptions caused by the COVID-19 pandemic. As such it was recognised that there has been a significant impact on both the operations of the Trust and its risk profile.

The following processes have been applied in maintaining and reviewing the effectiveness of the system of internal control:

- The Board met five times in public during 2020/2021 and received a report at each meeting relating to finance, performance and quality inviting scrutiny and challenge, as well as specific updates relating to the management of the COVID-19 crisis
- A structure of standing committees beneath the Board provides a layered approach to monitoring, scrutiny and challenge of systems of internal control

- A comprehensive quality, assurance and risk structure is in place
- The Board has identified strategic risks facing the Trust that 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
- The Board receives the Board Assurance Framework at each meeting as well as assurance reports from all standing committees within its governance framework
- 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 assigned lead committees to report on risk within their areas of control
- The Audit Committee provides the Board with an independent and objective view of arrangements for internal control and risk management within the Trust and ensures 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 to quality related updates. The Audit Committee receives the minutes of the Quality Assurance Committee and a Non-Executive Director member of the Quality Assurance Committee is also a member of the Audit Committee
- The Trust has a Quality Committee that 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
- A clinical audit programme is in place to drive up quality standards. The Quality Committee considers the clinical audit plan, and receives and discusses individual clinical audit reports ensuring that appropriate action is being taken to address any areas of under-performance. An annual report of results is presented to the Quality Assurance Committee
- The Trust has an in-house counter fraud service in place. The Audit 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 Committee
- 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 comprehensive programme of internal audit is aligned to key areas of potential financial and operational risk
- The internal audit opinion for the period 1 April 2020 to 31 March 2021 provided assurance 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*".

## Conclusion

My review confirms that the Trust has an adequate and effective system of internal control, and any specific internal control issues are being addressed through robust action plans. No significant control issues have been identified, and the control issues identified in this statement have action plans in place to address them. The Audit Committee and the Board will continue to monitor these areas closely and agree additional action as required.

**Paul Calaminus**
**Chief Executive**
**East London NHS Foundation Trust**

**17 September 2021**

# CONTACT US

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**London E1 8DE**

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Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the Communications 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 2021

# Audited Annual Accounts
# for the year ended 31 March 2021

NHS
East London
NHS Foundation Trust

## FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2021, 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:

Paul Calaminus
Chief Executive Officer

Date: 17 September 2021

East London NHS Foundation Trust

## Statement of Comprehensive Income for the year ended 31 March 2021

| | Note | 2020/21 £000 | 2019/20 £000 |
|---|---|---|---|
| Operating income from patient care activities | 3 | 473,631 | 447,677 |
| Other operating income | 4 | 34,772 | 19,454 |
| **Total operating income from continuing operations** | | **508,403** | **467,131** |
| Operating expenses | 5 | (498,975) | (450,470) |
| **Operating surplus from continuing operations** | | **9,428** | **16,661** |
| Finance income | | 177 | 843 |
| Finance expenses | | (2,232) | (2,309) |
| PDC dividends payable | | (4,299) | (5,804) |
| **Net finance costs** | | **(6,354)** | **(7,270)** |
| Share of profit of joint ventures | 27.4 | 605 | - |
| Movement in the fair value of investment property | | 13 | - |
| **Operating surplus for the year from continuing operations** | | **3,692** | **9,391** |
| **Other comprehensive income** | | | |
| **Will not be reclassified to income and expenditure:** | | | |
| Impairments charged to revaluation reserve | 10.1 | (3,845) | - |
| Revaluation gains credited to revaluation reserve | 10.2 | - | 8,408 |
| Share of other comprehensive income from joint ventures | 27.4 | 1,056 | - |
| Remeasurements of the net defined benefit pension scheme liability | 17 | (2,418) | 4 |
| **Total comprehensive income/(expense) for the year** | | **(1,515)** | **17,803** |

The notes on pages 8 to 37 form part of these accounts.

East London NHS Foundation Trust

## Statement of Financial Position as at 31 March 2021

| | Note | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|---|
| **Non-current assets** | | | |
| Intangible assets | | 283 | 471 |
| Property, plant and equipment | 10 | 257,463 | 250,706 |
| Investment property | | 144 | 131 |
| Investment in joint ventures | 27 | 3,661 | 2,000 |
| **Total non-current assets** | | **261,551** | **253,308** |
| **Current assets** | | | |
| Inventories | 11 | 414 | 219 |
| Trade and other receivables | 12 | 20,500 | 36,465 |
| Cash and cash equivalents | 13 | 143,089 | 106,405 |
| **Total current assets** | | **164,003** | **143,089** |
| **Current liabilities** | | | |
| Trade and other payables | 14 | (79,551) | (77,347) |
| Borrowings | 16 | (596) | (539) |
| Provisions | 18 | (6,319) | (7,284) |
| Deferred income | 15 | (23,122) | (10,183) |
| **Total current liabilities** | | **(109,588)** | **(95,353)** |
| **Total assets less current liabilities** | | **315,966** | **301,044** |
| **Non-current liabilities** | | | |
| Borrowings | 16 | (17,215) | (17,811) |
| Provisions | 18 | (136) | (161) |
| Pension liabilities | 17 | (4,382) | (1,809) |
| **Total non-current liabilities** | | **(21,733)** | **(19,781)** |
| **Total assets employed** | | **294,233** | **281,263** |
| **Financed by** | | | |
| Public dividend capital | | 98,256 | 83,771 |
| Revaluation reserve | | 69,470 | 72,670 |
| Retained earnings | | 126,507 | 124,822 |
| **Total taxpayers' equity** | | **294,233** | **281,263** |

The notes on pages 8 to 37 form part of these accounts.

Paul Calaminus
Chief Executive Officer

Date: 17 September 2021

East London NHS Foundation Trust

## Statement of Changes in Equity for the year ended 31 March 2021

| | Public dividend capital | Revaluation reserve | Retained Earnings | Total |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **Taxpayers' equity at 1 April 2020 - brought forward** | **83,771** | **72,670** | **124,822** | **281,263** |
| Surplus for the year | - | - | 3,692 | **3,692** |
| Impairments charged to revaluation reserve | - | (3,845) | - | **(3,845)** |
| Share of comprehensive income from joint ventures | - | - | 1,056 | **1,056** |
| Remeasurements of the net defined benefit pension scheme liability | - | - | (2,418) | **(2,418)** |
| Public dividend capital received | 14,485 | - | - | **14,485** |
| Transfer of excess depreciation over historic cost depreciation | - | 645 | (645) | **-** |
| **Taxpayers' equity at 31 March 2021** | **98,256** | **69,470** | **126,507** | **294,233** |

## Information on reserves

**Public dividend capital**

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 organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

**Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

**Retained Earnings**

The balance of this reserve is the accumulated surpluses and deficits of the trust.

East London 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** | **114,885** | **260,947** |
| Surplus for the year | - | - | 9,391 | **9,391** |
| Revaluation gains credited to revaluation reserve | - | 8,408 | - | **8,408** |
| Remeasurements of the net defined benefit pension scheme liability | - | - | 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** | **124,822** | **281,263** |

East London NHS Foundation Trust

## Statement of Cash Flows
## for the year ended 31 March 2021

| | Note | 2020/21 £000 | 2019/20 £000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Operating surplus | | 9,428 | 16,661 |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 5 | 9,087 | 7,166 |
| Impairments and reversals of impairments | 5 | 611 | (1,007) |
| Income recognised in respect of capital donations (non-cash) | 4 | (8) | - |
| Non-cash movements in on-SoFP pension liability | | 155 | (1) |
| Decrease in receivables and other assets | | 16,042 | 2,184 |
| Increase in inventories | 11 | (195) | (21) |
| Increase in payables and other liabilities | | 15,834 | 17,042 |
| Decrease in provisions | 18 | (990) | (2,874) |
| **Net cash generated from operating activities** | | **49,964** | **39,150** |
| **Cash flows from investing activities** | | | |
| Interest received | | 177 | 843 |
| Purchase of intangible assets | | - | (230) |
| Purchase of property, plant, equipment and investment property | | (20,794) | (10,468) |
| Cash movement from acquisitions of business units | 27.4 | - | (2,000) |
| **Net cash used in investing activities** | | **(20,617)** | **(11,855)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | | 14,485 | 2,513 |
| Capital element of PFI | 22.3 | (539) | (488) |
| Interest paid on PFI | 22.3 | (2,029) | (2,081) |
| Other interest paid | 17.2 | (203) | (228) |
| PDC dividend paid | | (4,377) | (5,904) |
| **Net cash generated from/(used in) financing activities** | | **7,337** | **(6,188)** |
| **Increase in cash and cash equivalents** | | **36,684** | **21,107** |
| **Cash and cash equivalents at 1 April** | | **106,405** | **85,298** |
| **Cash and cash equivalents at 31 March** | 13 | **143,089** | **106,405** |

## 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 2020/21 ('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 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared 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.

### 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

### 1.3 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:

- Property 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 an £11.3m increase or decrease in the value of land & buildings. Refer to Note 10.

  The key assumptions that are most likely to affect the valuations are:
  **Cost data**: For specialised properties valued on a depreciated replacement cost basis, the valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available, the valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to the costs that would actually be incurred in practice. If the cost data were 2% this would increase the value of specialised properties by £1.6m.

  **Adjustments for rental yield**: For non-specialised assets valued at market value for existing use, the key assumption underlying the valuation is the rental yield. Had the adjustment for rental yield been 2% lower than what the valuer assumed, this would increase the value of non-specialised properties by £17m.
- 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 17.3.

### 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. This includes income from contracts with local authorities and education and training income. 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).

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 Revenue from contracts with customers (continued)

**Revenue from NHS contracts**

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

**2020/21**

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

**Comparative period (2019/20)**

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

**Revenue from local authority contracts**

As with revenue from NHS contracts the Trust is contracted to provide health care services to local authorities. A fixed contract amount is received monthly in respect of the agreed service specification. For some contracts a small element of the contract value may be linked to performance against Key Performance Indicators, although the application was often waived in 2020-21 due to COVID. KPIs are monitored on a monthly basis. Where under achievement on KPIs is likely to mean that the contract price is reduced then income is reduced accordingly.

**Revenue from training and education**

Most of the Trust's Training and Education income is derived via an agreement with Health Education England. The majority of training and education income relates to costs in the current financial year. Where dedicated funding is received for training activities that cannot be delivered until the following financial year the relevant portion of income is deferred.

### 1.5 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.

### 1.6 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.

## Notes to the Accounts

### 1.7 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 current value in existing use.

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 current value in existing use 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. Current value in existing use is determined as follows:

a) Land and non-specialised buildings – market value for existing use
b) Specialised buildings – depreciated replacement cost, modern equivalent basis

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 RICS qualified valuers, Montagu Evans, to carry out a full valuation of land and buildings using the modern equivalent asset methodology at 31 March 2021. The valuation exercise was carried out in March 2021 with a valuation date of 31 March 2021.

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. Assets are revalued and depreciation commences when they are brought into use.

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 current 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 are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

## Notes to the Accounts

### 1.7 Property, plant and equipment (continued)

**Impairments**

In accordance with the GAM, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

**De-recognition**

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

a) the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
b) the sale must be highly probable ie:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as "Held for Sale" and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

**Donated, government grant and other grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

**Private Finance Initiative (PFI) transactions**

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their current value in existing use, 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 current value in existing use, 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.

## Notes to the Accounts

### 1.7 Property, plant and equipment (continued)

#### 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.

### 1.8 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure. Only those assets which are held solely to generate a commercial return are considered to be investment properties.

### 1.9 Government 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.

### 1.10 Leases

#### Operating leases

Operating leases 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.

### 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

### 1.12 Provisions

The 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 19 but is not recognised in the Trust's accounts.

#### Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### 1.13 Financial assets/liabilities classified as subsquently measured at amortised cost

#### 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.

## Notes to the Accounts

### 1.13 Financial assets/liabilities classified as subsquently measured at amortised cost (continued)

**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 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 amortised cost.

Financial liabilities are classified as subsequently measured 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.

### 1.14 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.

### 1.15 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance which represents the Department of Health and Social Care's investment in the 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 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 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 16 Leases | Application required for accounting periods beginning on or after 1 April 2022, but not yet adopted by the FReM: early adoption is not therefore permitted. |
| IFRS 17 Insurance Contracts | Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2023: early adoption is not permitted. |

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 2022/23. See note 28 for the estimated impact in 2022/23.

The application of IFRS 17 Insurance Contracts would not have a material impact on the accounts for 2020/21, were it applied in that year.

## Notes to the Accounts

### 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS Foundation Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### 1.19 Consolidation

**Subsidiary**
Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has one subsidiary and has not consolidated the results into the Trust accounts due to materiality.

**Joint ventures**
Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

### 2 Segmental analysis

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

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


## Note 3 Operating income from patient care activities

### Note 3.1 Income from patient care activities (by nature)

| | 2020/21 £000 | 2019/20 £000 |
|---|---|---|
| **Mental health services** | | |
| Cost and volume contract income | - | 8,409 |
| Block contract/system envelope income [1] | 312,378 | 307,714 |
| Clinical income for the secondary commissioning of mandatory services | 20,524 | - |
| Other clinical income from mandatory services | 23,563 | 16,056 |
| **Community services** | | |
| Community services income from CCGs and NHS England [1] | 93,504 | 92,932 |
| Community services income from other commissioners | 10,267 | 10,349 |
| **All services** | | |
| Additional pension contribution central funding [2] | 13,395 | 12,217 |
| **Total income from activities** | **473,631** | **447,677** |

### Note 3.2 Income from patient care activities (by source)

| **Income from patient care activities received from:** | 2020/21 £000 | 2019/20 £000 |
|---|---|---|
| NHS England [1] | 65,641 | 71,671 |
| Clinical commissioning groups [1] | 354,931 | 347,174 |
| NHS foundation trusts | 3,239 | 2,910 |
| NHS trusts | 29,825 | 9,010 |
| Local authorities | 14,606 | 15,685 |
| Department of Health and Social Care | 189 | 10 |
| NHS other | - | 1 |
| Non-NHS: overseas patients (chargeable to patient) | 15 | - |
| Non NHS: other | 5,185 | 1,216 |
| **Total income from activities** | **473,631** | **447,677** |
| **Of which:** | | |
| Related to continuing operations | 473,630 | 447,677 |

[1] As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

[2] The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.


## Note 4 Other operating income

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Research and development | 3,007 | 2,630 |
| Education and training | 9,672 | 8,902 |
| Rental revenue from operating leases | 481 | 480 |
| Provider sustainability fund | - | 3,486 |
| Top up funding | 17,051 | - |
| Donated equipment from DHSC for COVID response (non-cash) | 8 | - |
| Consumables (inventory) donated from DHSC group bodies for COVID response | 3,746 | - |
| Other income | 807 | 3,956 |
| **Total other operating income** | **34,772** | **19,454** |
| **Of which:** | | |
| Related to continuing operations | 34,772 | 19,454 |

## 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:

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Income from services designated as commissioner requested services | 473,631 | 447,677 |
| Income from services not designated as commissioner requested services | 34,772 | 19,454 |
| **Total** | **508,403** | **467,131** |

Within the 2020/21 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

East London NHS Foundation Trust

## Note 5 Operating expenses

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| Services from NHS & DHSC Bodies | 33,488 | 28,945 |
| Purchase of healthcare from non NHS bodies [1] | 8,211 | 8,907 |
| Employee expenses - non-executive directors | 202 | 212 |
| Employee expenses - staff & executive directors | 380,286 | 327,884 |
| Supplies and services - clinical | 12,317 | 5,706 |
| Supplies and services - general | 8,686 | 11,038 |
| Establishment | 3,734 | 4,600 |
| Research and development | 3,664 | 2,900 |
| Transport | 2,653 | 3,439 |
| Premises | 17,858 | 18,428 |
| Movement in credit loss allowance: contract receivables / contract assets | (4,164) | 4,943 |
| Drug costs | 6,394 | 4,522 |
| Rentals under operating leases | 7,940 | 9,092 |
| Depreciation on property, plant and equipment | 8,899 | 6,983 |
| Amortisation on intangible assets | 188 | 183 |
| Impairments/(Reversals of impairments) | 611 | (1,007) |
| Audit fees payable to the external auditor | | |
| audit services- statutory audit [2] | 70 | 59 |
| Internal audit costs | 75 | 107 |
| Clinical negligence | 1,422 | 1,103 |
| Legal fees | 390 | 398 |
| Consultancy costs | 284 | 904 |
| Training, courses and conferences | 1,847 | 2,639 |
| Redundancy | 192 | 1,191 |
| Hospitality | 29 | 75 |
| Insurance | 79 | 87 |
| Other services, eg external payroll | 848 | 995 |
| Losses, ex gratia & special payments | 85 | 57 |
| Other | 2,687 | 6,080 |
| **Total** | **498,975** | **450,470** |

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

[2] The Trust's auditor BDO have been paid £70k (excl. VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2021.

## Note 6 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 9 March 2021, states that the liability of BDO LLP, 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 7 Employee benefits

| | 2020/21 Total £000 | 2019/20 Total £000 |
|---|---|---|
| Salaries and wages | **277,091** | 238,464 |
| Social security costs | **29,891** | 26,151 |
| Apprenticeship levy | **1,352** | 1,050 |
| Employer's contributions to NHS pensions | **31,083** | 28,158 |
| Pension cost - other | **103** | 348 |
| Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%) | **13,395** | 12,217 |
| Agency/contract staff | **27,371** | 21,496 |
| **Total staff costs** | **380,286** | **327,884** |

## Note 7.1 Retirements due to ill-health

During 2020/21 there was 1 early retirement from the Trust agreed on the grounds of ill-health (none in 2019/20). The estimated additional pension liabilities of these ill-health retirements is £44k (£0k in 2019/20).

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

## Note 7.2 Reporting of compensation schemes - exit packages 2020/21

| | Number of compulsory redundancies Number | Cost of compulsory redundancies £000s |
|---|---|---|
| **Exit package cost band (including any special payment element)** | | |
| <£10,000 | 1 | 6 |
| £25,001 - £50,000 | 1 | 44 |
| £50,001 - £100,000 | 2 | 142 |
| **Total** | **4** | **192** |

There were no other departures during the year.

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

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

There were no other departures during the year.

## 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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

#### Local Government Pension Scheme (LGPS)

The Trust also has a number of employees who are members of a LGPS - the Bedfordshire Pension Fund. The Funds comprising the LGPS are multi-employer schemes, and each employer's share of the underlying assets and liabilities can be identified. Hence a defined benefit approach is followed. The scheme has a full actuarial valuation at intervals not exceeding three years. In between the full actuarial valuations, the assets and liabilities are updated using the principle actuarial assumptions at the balance sheet date. Any material changes in liabilities associated with these claims would be recoverable through the pool, which is negotiated every three years. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.


## Note 9 Operating leases

### Note 9.1 East London NHS Foundation Trust as a lessor

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Operating lease revenue** | | |
| Minimum lease receipts | 481 | 480 |
| **Total** | **481** | **480** |

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Future minimum lease receipts due:** | | |
| - not later than one year | 414 | 420 |
| - later than one year and not later than five years | 1,325 | 1,613 |
| - later than five years | 1,959 | 2,260 |
| **Total** | **3,698** | **4,293** |

### Note 9.2 East London NHS Foundation Trust as a lessee

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Operating lease expense** | | |
| Minimum lease payments | 7,940 | 9,092 |
| **Total** | **7,940** | **9,092** |

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Future minimum lease payments due:** | | |
| - not later than one year; | 7,940 | 9,092 |
| - later than one year and not later than five years; | 28,282 | 33,564 |
| - later than five years. | 37,304 | 44,488 |
| **Total** | **73,526** | **87,144** |

All minimum lease payments due relate to buildings

**Material Lease Arrangements**

The only material lease arrangement is East Ham Care Centre

| | 2020/21 | 2019/20 |
|---|---|---|
| | £000 | £000 |
| **Operating lease expense** | | |
| Minimum lease payments | 4,486 | 3,329 |
| **Total** | **4,486** | **3,329** |

East London NHS Foundation Trust

## Note 10.1 Property, plant and equipment - 2020/21

| | 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 2020 - brought forward** | **31,879** | **201,775** | **210** | **961** | **6,710** | **93** | **29,364** | **4,732** | **275,724** |
| Additions | - | 3,014 | - | 1,214 | 726 | 88 | 14,551 | 519 | **20,112** |
| Impairments charged to revaluation reserve | (151) | (3,698) | 4 | - | - | - | - | - | **(3,845)** |
| Reclassifications | - | 295 | - | (427) | - | - | 132 | - | **-** |
| Revaluation Surpluses ** | 69 | (3,930) | (4) | - | - | - | - | - | **(3,865)** |
| Disposals / derecognition | - | - | - | - | (3,303) | (65) | (7,903) | (2,167) | **(13,438)** |
| **Valuation/gross cost at 31 March 2021** | **31,797** | **197,456** | **210** | **1,748** | **4,133** | **116** | **36,144** | **3,084** | **274,688** |
| **Accumulated depreciation at 1 April 2020 - brought forward** | **-** | **2,429** | **-** | **-** | **5,052** | **86** | **13,819** | **3,632** | **25,018** |
| Provided during the year | - | 3,520 | 4 | - | 587 | 6 | 4,284 | 498 | **8,899** |
| Impairments recognised in operating expenses | - | 816 | - | - | - | - | - | - | **816** |
| Reversals of impairments recognised in operating expenses | (69) | (136) | - | - | - | - | - | - | **(205)** |
| Revaluation Surpluses ** | 69 | (3,930) | (4) | - | - | - | - | - | **(3,865)** |
| Disposals/ derecognition | - | - | - | - | (3,303) | (65) | (7,903) | (2,167) | **(13,438)** |
| **Accumulated depreciation at 31 March 2021** | **-** | **2,699** | **-** | **-** | **2,336** | **27** | **10,200** | **1,963** | **17,225** |
| **Net book value at 31 March 2021** | **31,797** | **194,757** | **210** | **1,748** | **1,797** | **89** | **25,944** | **1,121** | **257,463** |
| **Net book value at 1 April 2020** | **31,879** | **199,346** | **210** | **961** | **1,658** | **7** | **15,545** | **1,100** | **250,706** |
| **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

## Note 10.2 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 - purchased/ leased/ grants/ donations | - | 4,220 | - | 961 | 406 | - | 6,991 | 418 | **12,996** |
| Reclassifications | - | 1,919 | - | (2,109) | 190 | - | - | - | **-** |
| Revaluation gains/(losses) 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 income | (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 | |

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## Note 10.3 Property, plant and equipment financing - 2020/21

| | 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 2021** | | | | | | | | | |
| Owned | 31,797 | 162,930 | 210 | 1,748 | 1,797 | 89 | 25,944 | 1,121 | **225,636** |
| On-SoFP PFI contracts | - | 26,816 | - | - | - | - | - | - | **26,816** |
| Donated | - | 5,011 | - | - | - | - | - | - | **5,011** |
| **NBV total at 31 March 2021** | **31,797** | **194,757** | **210** | **1,748** | **1,797** | **89** | **25,944** | **1,121** | **257,463** |

## Note 10.4 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 | - | 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 11 Inventories

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| Drugs | 206 | 219 |
| Consumables donated from DHSC | 208 | - |
| **Total inventories** | **414** | **219** |

The total value of inventories recognised in expenses for the year was £7,633k (£3,703k in 2019/20).

## Note 12 Trade and other receivables

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Contract receivables (invoiced and accrued) | 18,221 | 36,775 |
| Contract assets | - | 3,662 |
| Allowance for impaired contract receivables / assets | (2,628) | (8,859) |
| Prepayments (non-PFI) | 2,840 | 2,845 |
| PDC dividend receivable | 272 | 194 |
| VAT receivable | 1,544 | 1,300 |
| Other receivables | 251 | 548 |
| **Total current trade and other receivables** | **20,500** | **36,465** |
| **Of which receivable from NHS and DHSC group bodies** | 13,407 | 33,089 |

## Note 12.1 Allowances for credit losses

| | 2020/21 £000 | 2019/20 £000 |
|---|---|---|
| **At 1 April brought forward** | **8,859** | **5,767** |
| New allowances arising | 1,447 | 5,511 |
| Utilisation of allowances (write offs) | (2,067) | (1,851) |
| Reversals of allowances | (5,611) | (568) |
| **At 31 March** | **2,628** | **8,859** |

## Note 13 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.

| | 2020/21 £000 | 2019/20 £000 |
|---|---|---|
| **At 1 April** | **106,405** | **85,298** |
| Net change in year | 36,684 | 21,107 |
| **At 31 March** | **143,089** | **106,405** |
| **Broken down into:** | | |
| Cash at commercial banks and in hand | 34 | 191 |
| Cash with the Government Banking Service | 143,055 | 106,214 |
| **Total cash and cash equivalents as in SoFP** | **143,089** | **106,405** |


## Note 14 Trade and other payables

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Trade payables | 30,103 | 21,686 |
| Capital payables | 5,039 | 5,729 |
| Other taxes payable | 8,442 | 7,077 |
| Other payables | 5,670 | 4,990 |
| Accruals | 30,297 | 37,865 |
| **Total current trade and other payables** | **79,551** | **77,347** |
| **Of which payable to NHS and DHSC group bodies** | 15,376 | 12,108 |

## Note 15 Other liabilities

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Deferred income | 23,122 | 10,183 |
| **Total other current liabilities** | **23,122** | **10,183** |
| **Non-current** | | |
| Net pension scheme liability (Bedfordshire LGPS) | 4,382 | 1,809 |
| **Total other non-current liabilities** | **4,382** | **1,809** |

## Note 16 Borrowings (PFI liability)

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Current** | | |
| Obligations under PFI | 596 | 539 |
| **Total current borrowings** | **596** | **539** |
| **Non-current** | | |
| Obligations under PFI | 17,215 | 17,811 |
| **Total non-current borrowings** | **17,215** | **17,811** |

## Note 17 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 17.1 & 17.2.

### Note 17.1 Amounts recognised in the Statement of Financial Position

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Change in benefit obligation during period** | | |
| Defined benefit obligation as at 1 April | (8,657) | (9,562) |
| Current service cost | (210) | (308) |
| Interest on pension obligations | (203) | (228) |
| Member contributions | (48) | (54) |
| Remeasurements recognised in other comprehensive income | (3,484) | 1,307 |
| Benefits paid | 84 | 188 |
| **Defined benefit obligation as at 31 March** | **(12,518)** | **(8,657)** |
| | | |
| **Change in fair value of plan assets during period** | | |
| Fair value of plan assets as at 1 April | 6,848 | 7,763 |
| Interest income on plan assets | 162 | 189 |
| Actuarial gains/(losses) | 1,066 | (1,303) |
| Employer contributions | 103 | 348 |
| Administration expenses | (7) | (15) |
| Member contributions | 48 | 54 |
| Benefits paid | (84) | (188) |
| **Fair value of plan assets as at 31 March** | **8,136** | **6,848** |
| | | |
| **Net liability as at 31 March** | **(4,382)** | **(1,809)** |

### Note 17.2 Amounts recognised in the Statement of Comprehensive Income

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| Current service cost | (210) | (308) |
| Interest on pension obligations | (203) | (228) |
| Interest income on plan assets | 162 | 189 |
| **Total pension cost recognised** | **(251)** | **(347)** |
| | | |
| **Re-measurements in other comprehensive income:** | | |
| Return on fund assets in excess of interest | 1,066 | (873) |
| Other actuarial losses | - | (430) |
| Change in financial assumptions | (3,459) | 1,229 |
| Change in demographic assumptions | 82 | (407) |
| Experience gains on defined obligations | 63 | 485 |
| Past service costs | (170) | - |
| **Total re-measurements in other comprehensive income** | **(2,418)** | **4** |

The projected pension expense for the year ending 31 March 2022 is £422k, with employer contributions estimated at £99k.

## Note 17 Employee retirement benefit obligations (continued)

### Note 17.3 Principal actuarial assumptions

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

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | % p.a. | % p.a. |
| Pension increase rate | 2.80% | 1.65% |
| Salary increase rate | 3.80% | 2.65% |
| Discount rate | 2.00% | 2.35% |

**Life Expectancy from Age 65 (years)**

| | 31 March 2021 (after CMI 2020 update) | 31 March 2021 (before CMI 2020 update) | 31 March 2020 |
|---|---|---|---|
| - Retiring Today | | | |
| - Males | 21.9 | 22.2 | 22.2 |
| - Females | 24.3 | 24.5 | 24.3 |
| - Retiring in 20 years | | | |
| - Males | 22.8 | 23.2 | 23.4 |
| - Females | 26.0 | 26.1 | 26.1 |

The estimate of past service liability duration is 24 years.

**Sensitivity analysis**

| | £000 | £000 | £000 |
|---|---|---|---|
| Adjustment to discount rate | 0.1% | 0.0% | -0.1% |
| Present Value of Total Obligation | 12,231 | 12,518 | 12,812 |
| Projected Service Cost | 320 | 327 | 339 |
| Adjustment to long term salary increase | 0.1% | 0.0% | -0.1% |
| Present Value of Total Obligation | 12,566 | 12,518 | 12,470 |
| Projected Service Cost | 329 | 327 | 329 |
| Adjustment to pension increase and deferred revaluation | 0.1% | 0.0% | -0.1% |
| Present Value of Total Obligation | 12,761 | 12,518 | 12,281 |
| Projected Service Cost | 337 | 327 | 317 |
| Adjustment to life expectancy assumptions | +1 Year | None | -1 Year |
| Present Value of Total Obligation | 13,030 | 12,518 | 12,027 |
| Projected Service Cost | 344 | 327 | 315 |

### Note 17.4 Analysis of assets

| | 31 March 2021 £000 | 31 March 2021 % | 31 March 2020 £000 | 31 March 2020 % |
|---|---|---|---|---|
| Equities | 5,713 | 71% | 4,811 | 70% |
| Bonds | 1,466 | 18% | 1,063 | 16% |
| Property | 763 | 9% | 684 | 10% |
| Cash | 194 | 2% | 290 | 4% |
| **Total assets** | **8,136** | **100%** | **6,848** | **100%** |

## Note 17 Employee retirement benefit obligations (continued)

### Note 17.4 Analysis of assets (continued)

**Assets break down as at 30 December 2020 is as follows:**

| | Quoted (%) | Unquoted (%) |
|---|---|---|
| Index linked government securities | | |
| UK | 4.9% | - |
| Overseas | - | - |
| Corporate bonds | | |
| UK | - | - |
| Overseas | 7.4% | - |
| Equities | | |
| UK | - | 0.2% |
| Overseas | - | 15.5% |
| Property | | |
| All | - | 7.5% |
| Others | | |
| Absolute retun portfolio | 17.1% | - |
| Private equity | - | 1.2% |
| Infrastructure | - | 1.9% |
| Unit trusts | - | 36.1% |
| Private debt | - | 0.1% |
| Unit trust - UK government bonds | 2.9% | - |
| Multi-asset credit | - | 2.8% |
| Cash/temporary investments | - | 2.4% |
| | **32.3%** | **67.7%** |

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## Note 18 Provisions for liabilities and charges analysis

| | Pensions - other staff | Other legal claims | Other | Total |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| **At 1 April 2020** | **187** | **190** | **7,068** | **7,445** |
| Arising during the year | - | 218 | 1,179 | **1,397** |
| Utilised during the year | (25) | (190) | (1,024) | **(1,239)** |
| Reversed unused | - | - | (1,148) | **(1,148)** |
| **At 31 March 2021** | **162** | **218** | **6,075** | **6,455** |
| **Expected timing of cash flows:** | | | | |
| - not later than one year | 26 | 218 | 6,075 | **6,319** |
| - later than one year and not later than five years | 104 | - | - | **104** |
| - later than five years | 32 | - | - | **32** |
| **Total** | **162** | **218** | **6,075** | **6,455** |

## Note 19 Clinical negligence liabilities

At 31 March 2021, £15,248k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£15,027k at 31 March 2020).

## Note 20 Events after the end of the reporting period

There are no events after the reporting period that require disclosure.

## Note 21 Better Payment Practice Code - measure of compliance

| | **2020/21 Number** | **2020/21 £000** |
|---|---|---|
| Total Non-NHS trade invoices paid in the year | **52,545** | **205,464** |
| Total Non-NHS trade invoices paid within target | **48,890** | **200,762** |
| Percentage of Non-NHS trade invoices paid within target | **93.0%** | **97.7%** |
| | | |
| Total NHS trade invoices paid in the year | **1,641** | **69,062** |
| Total NHS trade invoices paid within target | **1,529** | **68,765** |
| Percentage of NHS trade invoices paid within target | **93.2%** | **99.6%** |
| | | |
| | 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 | 93.5% | 97.8% |
| | | |
| 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 | 93.6% | 99.6% |

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 22 On-Statement of Financial Position PFI

### Note 22.1 Imputed finance lease obligations

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| **Gross PFI obligation** | **36,308** | **38,875** |
| **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 | 23,466 | 26,034 |
| Finance charges allocated to future periods | (18,496) | (20,525) |
| **Net PFI obligation** | **17,811** | **18,350** |
| - not later than one year | 596 | 539 |
| - later than one year and not later than five years | 3,094 | 2,795 |
| - later than five years | 14,121 | 15,016 |

### Note 22.2 Payments committed in respect of the service element

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| Charge in respect of the service element of the PFI for the period | 3,565 | 3,394 |
| Commitments in respect of the service element of the PFI: | | |
| - not later than one year | 4,001 | 3,841 |
| - later than one year and not later than five years | 17,688 | 17,006 |
| - later than five years | 51,958 | 56,641 |
| **Total** | **73,647** | **77,488** |

### Note 22.3 Analysis of amounts payable to service concession operator

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| Unitary payment payable to service concession operator (total of all schemes) | 6,133 | 5,963 |
| Consisting of: | | |
| - Interest charge | 2,029 | 2,081 |
| - Repayment of PFI liability | 539 | 488 |
| - Service element | 3,565 | 3,394 |
| **Total** | **6,133** | **5,963** |

## Note 23 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.

### 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 12).

### Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from internally generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

## Note 23.1 Reconciliation of liabilities arising from financing activities

| | PFI Obligations | |
|---|---|---|
| | 31 March 2021 | 31 March 2020 |
| | £000 | £000 |
| **Carrying value at 1 April - brought forward** | **18,350** | **18,838** |
| **Cash movements:** | | |
| Financing cash flows - principal | (539) | (488) |
| Financing cash flows - interest | (2,029) | (2,081) |
| **Non-cash movements:** | | |
| Interest charge arising in year | 2,029 | 2,081 |
| **Carrying value at 31 March** | **17,811** | **18,350** |

## Note 24 Financial instruments

### Note 24.1 Carrying values of financial assets

| | Held at amortised cost | Total |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial assets as at 31 March 2021 under IFRS 9** | | |
| Trade and other receivables excluding non financial assets | 15,844 | **15,844** |
| Cash and cash equivalents at bank and in hand | 143,089 | **143,089** |
| **Total at 31 March 2021** | **158,933** | **158,933** |

| | Held at amortised cost | Total |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial assets as at 31 March 2020 under IAS 39** | | |
| 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** |

### Note 24.2 Carrying value of financial liabilities

| | Held at amortised cost | Total |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial liabilities as at 31 March 2021 under IFRS 9** | | |
| Obligations under PFI contracts | 17,811 | **17,811** |
| Trade and other payables excluding non financial liabilities | 71,109 | **71,109** |
| **Total at 31 March 2021** | **88,920** | **88,920** |

| | Held at amortised cost | Total |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial liabilities as at 31 March 2020 under IAS 39** | | |
| Obligations under PFI 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** |

## Note 24.3 Maturity of financial liabilities

| | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|
| In one year or less | 73,677 | 72,839 |
| In more than one year but not more than five years | 10,273 | 10,273 |
| In more than five years | 23,465 | 26,034 |
| **Total** | **107,415** | **109,146** |

In the prior year, this disclosure was prepared using discounted cash flows in error. The comparatives have been restated on an undiscounted basis

## Note 25 Losses and special payments

| | 2020/21 | | 2019/20 | |
|---|---|---|---|---|
| | Total number of cases Number | Total value of cases £000 | Total number of cases Number | Total value of cases £000 |
| **Special payments** | | | | |
| Compensation payments | 26 | 72 | 15 | 50 |
| Ex-gratia payments | 19 | 3 | 15 | 3 |
| Damage to buildings, property etc. | 17 | 4 | 13 | 2 |
| Losses of cash due to theft, fraud etc. | 5 | 1 | 5 | 1 |
| Personal injury | 3 | 5 | 3 | 1 |
| **Total losses and special payments** | **70** | **85** | **51** | **57** |

## Note 26 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 long term benefits, termination benefits or share-based payments.

Dr Mohit Venkataram, Director of Commercial Development, is:

CEO and Director of Compass Wellbeing CIC. The Trust received £195k income for services provided (66k receivable at year end) and paid £2,070k for services received (£212k payable at year end).

A Director of Health & Care Space Newham Ltd. See note 27.

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 27.

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
Barnet, Enfield And Haringey Mental Health NHS Trust
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 27 Investments in subsidiaries and joint ventures

### Note 27.1 Joint Venture - Health & Care Space Newham Limited

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.

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

HCSN has been accounted for using the equity method.

### Note 27.2 Subsidiary - Compass Wellbeing CIC

Compass Wellbeing CIC is a not for profit community interest company with a mission to improve quality of life, tackle social inequalities and make a difference to life opportunities to all the communities it serves.

It is concerned with social justice and strives to bring equality to society. It aims to work with marginalised groups, backgrounds, religions, women, people with conditions such as mental health problems and those that are deprived and lack the same opportunities as others.

The Trust has has not consolidated Compass Wellbeing CIC into the Trust accounts due to materiality.

### Note 27.3 Operating results of subsidiaries and joint ventures

| | HCSN | | Compass | |
|---|---|---|---|---|
| | 31 March 2021 £000 | 31 March 2020 £000 | 31 March 2021 £000 | 31 March 2020 £000 |
| Total profit /(loss) | 1,210 | (477) | 267 | (214) |
| Total gross assets | 8,354 | 6,239 | 862 | 519 |
| Total net assets | 7,321 | 6,024 | 211 | (36) |

### Note 27.4 Carrying values in these accounts

| | HCSN | |
|---|---|---|
| | 31 March 2021 £000 | 31 March 2020 £000 |
| **Carrying value at 1 April** | **2,000** | **-** |
| Additions | - | 2,000 |
| Share of trading profit | 605 | - |
| Share of Other Comprehensive Income | 1,056 | - |
| **Carrying value at 31 March** | **3,661** | **2,000** |

## Note 28 IFRS 16: Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

### Note 28.1 Estimated impact on 1 April 2022 on the statement of financial position

| | Estimated future impact 01/04/2022 |
|---|---|
| | £000 |
| Additional right of use assets recognised for existing operating leases | 66,287 |
| Additional lease obligations recognised for existing operating leases | (67,571) |
| **Estimated impact on net assets on 1 April 2022** | **(1,284)** |

### Note 28.2 Estimated in-year impact in 2022/23 on the statement of comprehensive income

| | Estimated future impact 2022/23 |
|---|---|
| | £000 |
| Additional depreciation on right of use assets | (8,231) |
| Additional finance costs on lease liabilities | (579) |
| Lease rentals no longer charged to operating expenditure | 8,707 |
| **Estimated impact on surplus in 2022/23** | **(103)** |

**Independent auditor's report to the Council of Governors of East London NHS Foundation Trust**

**Opinion on financial statements**

We have audited the financial statements of East London NHS Foundation Trust (the Trust) for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' 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 interpreted and adapted by the 2020-21 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2020-21, and the NHS Foundation Trust Annual Reporting Manual 2020-21 issued by the Regulator of NHS Foundation Trusts ('NHS Improvement').

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care's Group Accounting Manual 2020-21; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

**Basis for opinion on financial statements**

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 Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

**Other information**

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other

information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

**Opinion on the Remuneration Report and Staff Report**

***Qualified opinion on the Remuneration Report and Staff Report***

We have also audited the information in the Remuneration Report and Staff Report that is described in that report as having been audited.

Except for the matter referred to in the Basis for qualified opinion on information in the Remuneration Report paragraph of our report, in our opinion the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020-21.

***Basis for qualified opinion on information in the Remuneration Report***

The Remuneration Report does not include the required pension benefit disclosures for one senior manager who became a deferred member of the NHS pension scheme prior to 2019/20 and for whom no contributions were made in 2020/21 or 2019/20. The Trust has been unable to obtain the required information in respect of this individual from NHS Pensions, the administrator of the scheme, and is unable to obtain this information from other sources. This matter results in the information included in all the columns of the 'Pension Benefits' table for 2020/21 and the pension related benefits in the 2020/21 and 2019/20 'Senior Managers Pay' tables being incomplete for the senior manager in question.

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

***Matter on which we are required to report by exception***

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in this regard.

***Responsibilities of the Accountable Officer***

As explained in the Statement of Accountable Officer's responsibilities, the Accountable 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 arrangements for securing economy, efficiency and effectiveness in the use of resources***

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves 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 work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

**Other matters on which we are required to report by exception**

Under Schedule 10 of the National Health Service Act 2006 and the National Audit Office's Code of Audit Practice we report to you if we have been unable to satisfy ourselves that:

- proper practices have been observed in the compilation of the financial statements; or

- the Annual Governance Statement meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual and is not misleading or inconsistent with other information that is forthcoming from the audit.

We also report to you if we have exercised special auditor powers in connection with the issue of a public interest report or we have made a referral to the regulator under Schedule 10 of the National Health Service Act 2006.

We have nothing to report in these respects.

**Responsibilities the Accounting Officer**

As explained more fully in the Statement of the Chief Executive's responsibilities as the Accounting Officer of East London NHS Foundation Trust, the Accounting Officer is responsible for the preparation of the financial statements and 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 Council of Governors either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

The Accounting Officer is also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively.

**Auditor's responsibilities for the audit of the financial statements**

In respect of our 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.

*Extent to which the audit was capable of detecting irregularities, including fraud*

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Our procedures included the following:

- enquiring of management, Internal Audit, the Local Counter Fraud Specialist, and those charged with governance, including obtaining and reviewing supporting documentation in respect of the Trust's policies and procedures relating to:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations;
- discussing among the engagement team and involving relevant internal specialists, regarding how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, we identified potential for fraud in the

following areas: revenue recognition, posting of unusual journals and cut off of expenditure around year end;

- obtaining an understanding of the Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust. The key laws and regulations we considered in this context included the National Health Service Act 2006, as amended by the Health and Social Care Act 2012. Other relevant laws and regulations identified include, VAT legislation, PAYE legislation, the NHS Group Accounting Manual and the NHS Foundation Trust Annual Reporting Manual.

In addition to the above, our procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and the Audit Committee concerning actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Trust Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;
- substantively testing an increased sample of expenditure around the year end.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members including internal specialists and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

**Auditor's other responsibilities**

As set out in the Other matters on which we report by exception section of our report there are certain other matters which we are required to report by exception.

**Certificate**

We certify that we have completed the audit of the accounts of East London NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

**Use of our report**

This report is made solely to the Council of Governors of East London NHS Foundation Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by the National Audit Office in April 2015. Our audit work has been undertaken so that we might state to the Council of Governors of East London NHS Foundation Trust those matters we are required to state to it 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 NHS Foundation Trust and the Council of Governors as a body, for our audit work, for this report or for the opinions we have formed.

DocuSigned by:
Janine Combrinck
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**Janine Combrinck**, Director
For and on behalf of **BDO LLP**, Statutory Auditor
London, UK

17 September 2021

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).