

East London NHS Foundation Trust

Annual Report and Accounts 2021-2022

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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 2021-2022 REPORT

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JOINT FOREWORD FROM EILEEN TAYLOR, ACTING CHAIR AND PAUL CALAMINUS, CHIEF EXECUTIVE

The 2021-2022 financial year has been one in which the Trust mission to improve the quality of life for all we serve has never been more important. In support of this, we have renewed our Trust strategy and, working with the Institute for Health Equity, have set out to develop as the first NHS Marmot Trust, working to improve the wider determinants of health, as well as providing effective services.

This has shaped our work as an anchor organisation in both East London and Bedfordshire leading to significant grant programmes to local community and voluntary sector organisations, as well as the change in facilities management arrangements meaning that domestic and estates staff are now both paid a real living wage, but also with terms and conditions that match those of Agenda for Change.

Our strategy commits us to continuing to address issues of inequality for both staff and those who use our services, and we have continued work towards being an anti-racist organisation. A new Quality Improvement (QI) collaborative focusing on equity has been established to help support our work in this area, and in our work on COVID-19 vaccinations the Trust played a lead role in East London in shaping the response to vaccine inequalities over the course of the year. The Trust works to improve the way the community mental health teams are integrated into communities and primary care also has at its heart the mission to improve quality of life and address inequalities for people in their communities.

COVID-19, of course, has continued to shape much of the context for our work. The Trust played an important role in supporting the COVID vaccination programme, not least in the mass vaccination programmes during 2021 in response to the Omicron variant. The impact of COVID on both staff and those who use our services has been profound, and this year we have begun to work together to try and address this. This has included support for staff, the introduction of trauma informed approaches to the way the organisation works as well as into care, and a significant focus on addressing backlogs in care. In some areas we have begun to see increases in illness as a result of COVID, and the emergence of new conditions such as long COVID.

Our service users and communities have continued to work with us on the goals of our strategy, with increases in peer support roles; new people participation roles within the Trust; the continued development of the befriending scheme; and the development of a new, co-produced, medical education offer that makes use of the new interactive education suite at Trust HQ. Work with Network Rail has also developed to provide better support for those in mental health distress.

And throughout the year, we have continued to develop our relationship with system partners in both the North East London (NEL) and Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Systems (ICS). These relationships have continued to support the operation of new integrated models of care such as the integrated discharge hubs in partnership with acute hospital and social care colleagues, as well as the development of new models of planning services through the development of collaborative arrangements across these ICS areas.

As we move into the new ICS arrangements more formally with the implementation of the Health and Social Care Act, we will remain committed to working in partnership to ensure that the needs of the population remain at the heart of our work. This development of deeper partnership arrangements is reflected in the decision by ELFT and North East London NHS Foundation Trust (NELFT) Governors to commence a process to appoint a joint Chair to chair the boards at each of the Trusts and strengthen their partnership. We would like to thank our Governors for their support, for their challenge and for ensuring that the voice of our communities is represented in all of our conversations.

Much of this work was reflected in feedback from our most recent Care Quality Commission (CQC) inspection in January 2022 which saw the Trust rated 'outstanding' for the third time. This followed an improved 'good' rating for the Leighton Road surgery at the end of 2021. The report reflected the way in which teams across the Trust work together and with those who use our services to continue to try and improve quality of life together.

Thank you to all our staff and those who have worked with us to co-produce improvements. We look forward to continuing this work together over the next year and beyond.



Eileen Taylor
Acting Chair*
East London NHS Foundation Trust



Paul Calaminus
Chief Executive
East London NHS Foundation Trust



** Eileen Taylor was appointed as Acting Chair of the Trust with effect from 4 April 2022 whilst Mark Lam is on an agreed sabbatical following his appointment as Chair of North Middlesex University Hospital Trust which is in addition to his role as Chair of Royal Free London NHS Foundation Trust for the duration of the Chair recruitment process.*

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 Wellbeing 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 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 CQC in September 2016 and again in April 2018. In January 2022, the Trust was rated 'outstanding' for the third time in a row, the first community and mental health trust in the country to attain this.

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 two GP practices 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 955,000 and to a Bedfordshire and Luton population of 890,000. We provide forensic services to a population of 2 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 6,030 permanent staff and has an annual income of just under £589 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.

The Trust is part of a CAMHS Provider Collaborative involving a partnership with Barnet, Enfield & Haringey Mental Health NHS Trust (BEH), NELFT, The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust. We also work closely with NELFT to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

With the greater emphasis on ICSs, much of the Trust's work and the way services are provided is in collaboration with partner organisations such as fellow NHS trusts, local authorities, other public bodies and the voluntary sector.

Our Mission, Vision and Values

Our Mission is:
To improve the quality of life for all we serve

Our Vision:
We will work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, to recover from the pandemic and to promote social justice

Our Promise
As part of our continuing commitment to the way in which we work together in our mental health, community health and primary care services, and with our partners, we promise:

- To work together creatively
- To learn what matters to everyone
- To achieve a better quality of life
- To continuously improve our services



Our Organisational Treasures

We believe our strengths as an organisation will support us on our journey, including:



as an organisation.

Our Values Are:

We Care
We Respect
We are Inclusive

Our Five-Year Strategy

During summer 2021, the Trust launched a second ‘big conversation’ to review and refresh our Trust strategy, previously covering the period 2017-2022, and in the context of the huge impact of the pandemic and the development of ICSs.

We listened to the views of several hundred service users, carers, staff and stakeholders, and refreshed our strategy through to 2026 on the basis of what we heard. The continuing support for our mission to improve quality of life for all, and for our strategic outcomes to continue to focus on improving population health, service user experience, staff experience and value was clear, with a strong additional focus on equity, social justice, getting the basics right and ensuring staff wellbeing, as well as working in partnership with other health and care organisations, including the voluntary sector, to do so.

Our refreshed strategy was launched at our 2021 Annual Members Meeting, and the accompanying video explaining the strategy can be found here:

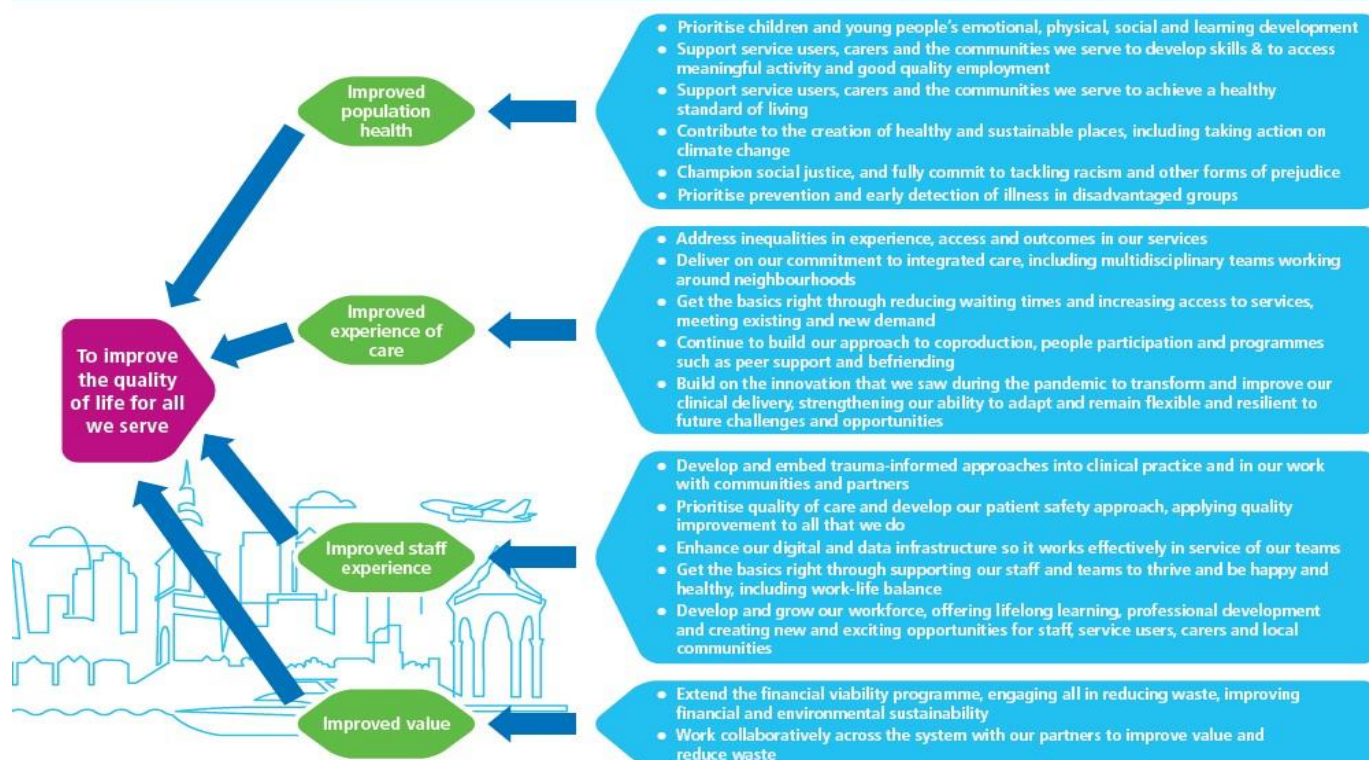
<https://www.elft.nhs.uk/information-about-elft/our-strategy-vision-and-values>

We are working purposefully in collaboration with our communities and partners, always striving towards continuous improvements in everything we do in order to deliver our strategy.

Mission
What is our role in society?

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?



Summary of Principal Risks

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

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

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

There were three risks that were rated as 'significant' on the Trust's BAF as at 31 March 2022.

Further details are included in the Performance Analysis section of the annual report (Our Principal Risks and Issues) and the Annual Governance Statement.

Overall Performance of the Trust in 2021-2022

Category	Indicator	Performance
NHS England and NHS Improvement	NHS System Oversight Framework 2021-2022 segmentation (1-4 with 1 = maximum autonomy)	1
Care Quality Commission	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 the services provided by East London NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's *Financial Reporting Manual*.

Performance Overview from Paul Calaminus, Chief Executive

Our performance during 2021-2022 has been focused on balancing the ongoing need to manage and respond to the COVID pandemic, with the need to support our staff and teams to recover hold on to new ways of working and start to address some of the sequelae from the pandemic, such as high demand and longer waiting lists. 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 enabling us to work our way through such difficult circumstances.

Our incident command structure remains in place in order to manage the continuing response to the pandemic. This has enabled us to remain agile and adapt to fast-changing circumstances. Vaccination has been a major priority over the 2021-2022 year, for our local communities, our service users and our staff. Throughout the last two years of unprecedented challenge, we have tried to hold true to our core principles of involving those who use our services, devolving decision-making to the point of care and supporting people to apply quality improvement to test and learn.

During 2021-2022, we have reinstated all our routine assurance mechanisms, including public board meetings, internal performance monitoring processes, our quality assurance mechanisms, and contract monitoring mechanisms. Our Board performance report has also shifted from the short-term focus on operational metrics during the acute phase of the pandemic to a new format which enables the Board to gain assurance on both short-term performance indicators and also longer term outcomes related to our five-year strategy and core population segments.

Our main performance challenge at the end of the 2021-2022 year remains the high demand we are seeing for both inpatient care and community-based care. In some cases, the level of demand is unprecedented and is showing no signs of stabilising, for example in

our child and adolescent crisis pathways. All teams that are facing this complex challenge are receiving support to develop creative solutions, understand demand and capacity systematically, and apply quality improvement to test and learn their way through. Our belief is that this represents a better, and more sustainable, way for our teams to meet the demand whilst holding on to their autonomy and agency to be able to influence the system, collaborate with partners and work upstream in order to meet the need earlier.

The last two years has heightened the importance of the digital agenda and during the year we have made significant progress forward with the first year of our new digital strategy, focusing firstly on enhancing the digital infrastructure within the organisation.

Our staff have gone to extreme lengths over the last year to keep our service users and each other safe. Many are now facing the challenge of high demand for care, which exceeds the capacity that we have available to meet the need. This is compounded by external factors, such as the cost of living crisis, and creates an environment in which there is a real risk to the wellbeing and experience of our people.

The Trust continues to place a high priority on ensuring our staff are well supported and feel a sense of autonomy and belonging within their team. With more staff working remotely we have adapted our internal communications and introduced more online and virtual briefings and events. 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 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 organisation approach.

For the two financial years ending 31 March 2022, the financial funding mechanisms were designed by NHS England and NHS Improvement to provide funding for the COVID response and a level of operational income to achieve at least a financial break-even position. In addition, there was a requirement for ICSs 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 £(155)k deficit (on an adjusted control account basis).



Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

Performance Analysis

This section provides a summary of the Trust's performance including how we measure and track performance.

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 System Oversight Framework
- Performance against national targets
- Performance in national staff and patient surveys
- 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 outcomes and experience
- Outcomes of 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 will require development over time
- To integrate information across a range of clinical and non-clinical operational performance, quality and outcome measures to strengthen business intelligence and improve service delivery
- To utilise benchmarking wherever possible, performance will be measured against external standards, internal and external benchmarks.

Internally, we have a robust governance structure for managing performance from front-line services to Board. This includes bi-monthly performance reviews by service line or corporate area and progress in these areas is monitored by the receipt and scrutiny of the following reports at directorate, executive, committee and Trust Board-level:

- 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 and reporting was adapted at the beginning of 2020 to align with priority indicators set by the Trust Executive. This was reinstated during 2021-2022. The Board has shifted to a new performance report during 2021-2022 which provides assurance against a range of key national and local performance indicators, whilst also providing oversight on key indicators related to delivery of the Trust strategy.

Our Performance

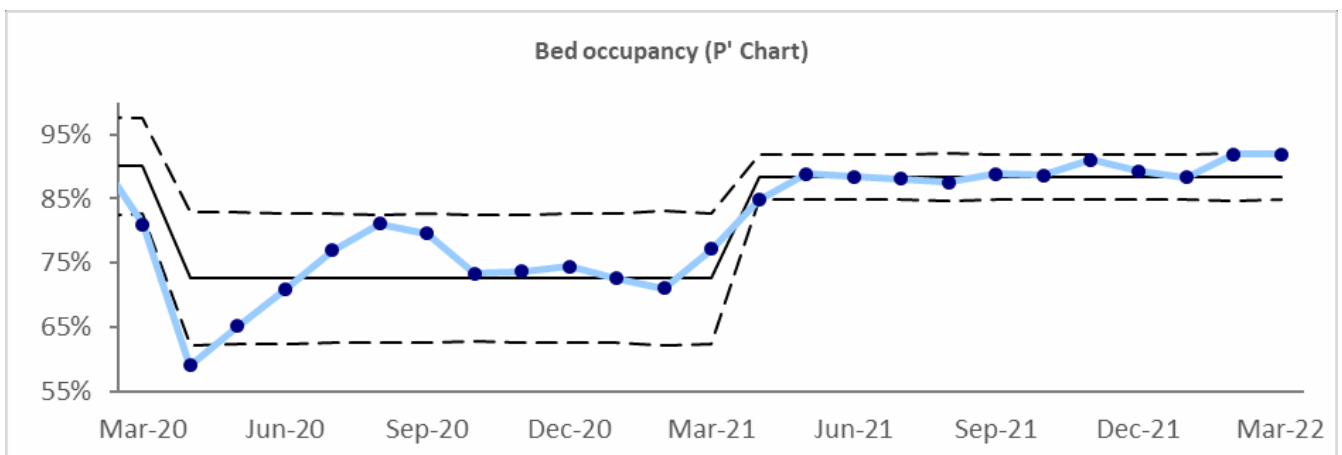
The Trust's performance in 2021-2022 across a range of services and key performance indicators is summarised in the Statistical Process Control (SPC) charts below. They are used to determine whether a variation is the result of a common or special cause, and whether further investigation is required. Movement of activity between the hashed black lines (control limits) is considered normal variation, and points that exceed these upper and lower control limits are due to a special cause.

Bed Occupancy

Inpatient bed occupancy across most services continues to remain high, with an average of 88.4%. The main themes identified related to increase complexity of presentations, social care delays and limited availability of specialist placement accommodation to help discharge service users with complex needs.

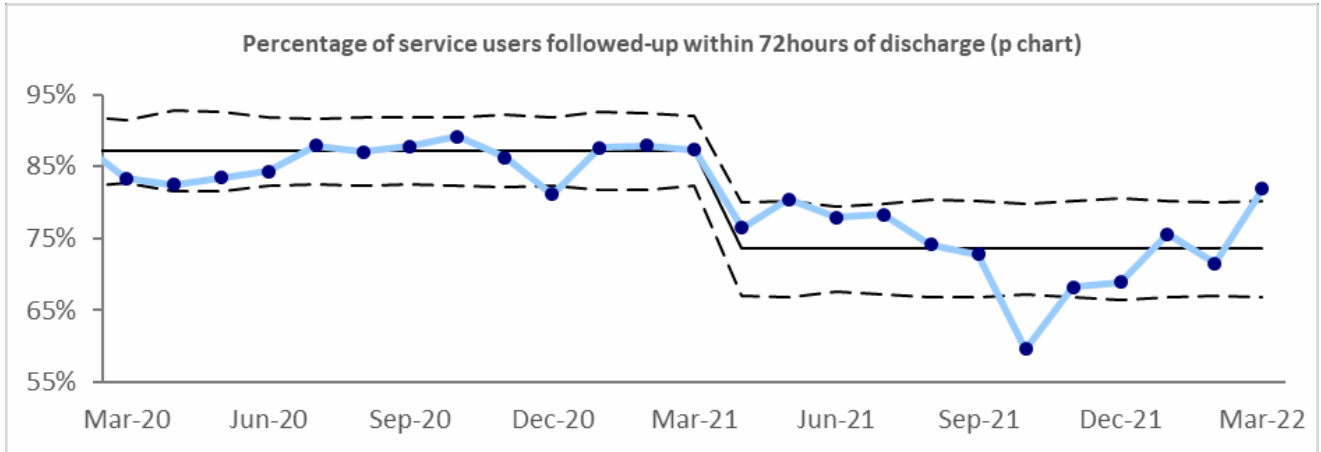
In addition, services have reported an increase in restricted patients who typically have long admissions, often as a result of delays in court procedures causing un-sentenced prisoners to be remanded on our intensive care wards for longer periods of time. Repatriating out-of-area patients also complicates matters which has been exacerbated by bed capacity challenges nationally.

A range of initiatives have been put in place with partners and local authorities to improve pathways to reduce delays, establishing quality improvement projects to improve flow and decision-making processes on our wards, and working with commissioners to agree long-term funding to re-establish projects that successfully supported bed pressures during the winter periods.



72 Hours Follow Up

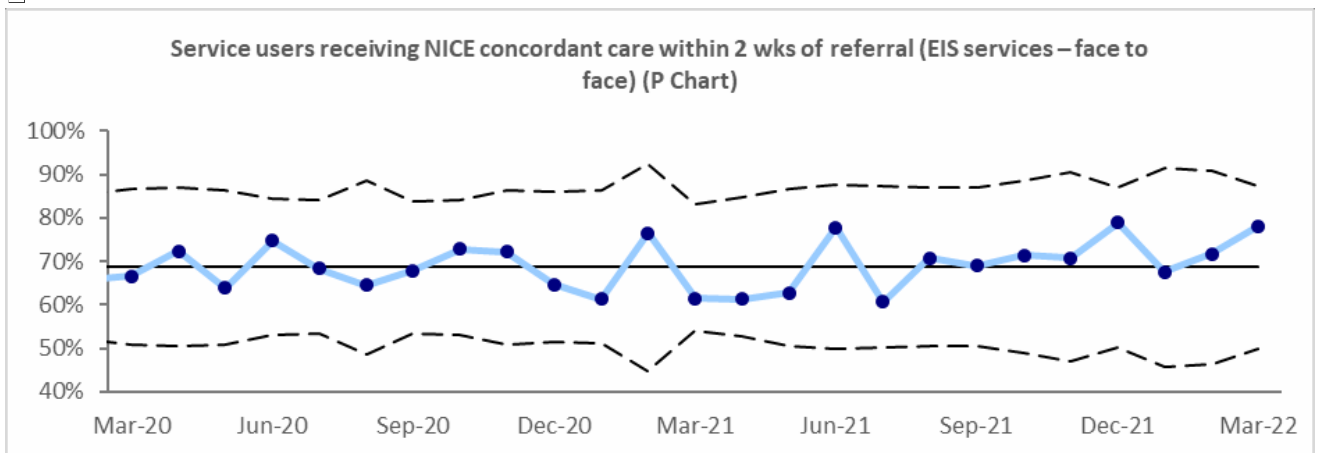
The percentage of service users being followed up within 72 hours of discharge from an inpatient ward has continued to demonstrate an improvement, exceeding the national 80% target in March 2022 for the first time since May 2021. This reflects the impact of new recording practices and processes implemented at the start of the year, and the improvement plans developed by services to meet this important suicide prevention standard.



Early Intervention Services

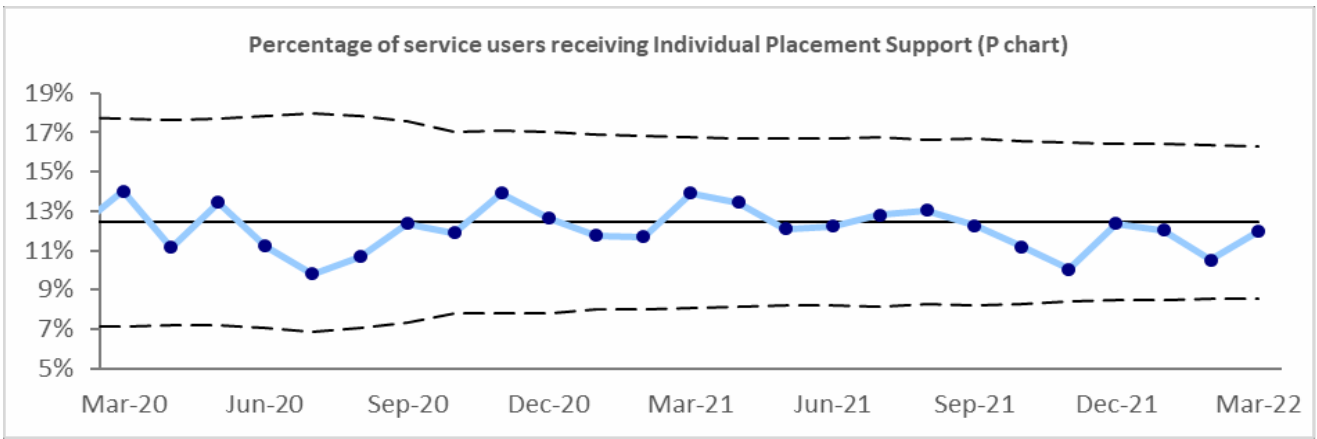
The early intervention services continue to exceed the national target of 60% of services users with first episode of psychosis commencing treatment within two weeks of referral.

□



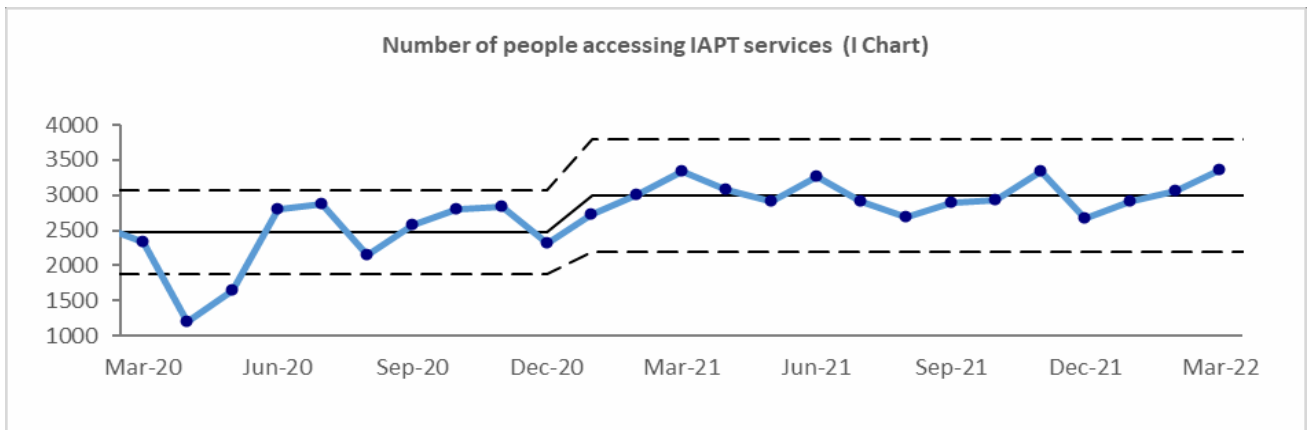
Individual Placement Support

The percentage of service users supported into employment by individual placement support (IPS) services remains stable with 12.4% of service users across mental health services accessing services. Teams are expecting this position to increase as a range of initiatives are launched to improve employment opportunities. A steering group has been formed to help support this work across the Trust, and as part of this work, a workshop with partners was held in Luton in April 2021 to define actions the Trust can take to help increase employment opportunities and reduce barriers to employment in the borough. Learning from this pilot will be leveraged across other parts of the Trust.



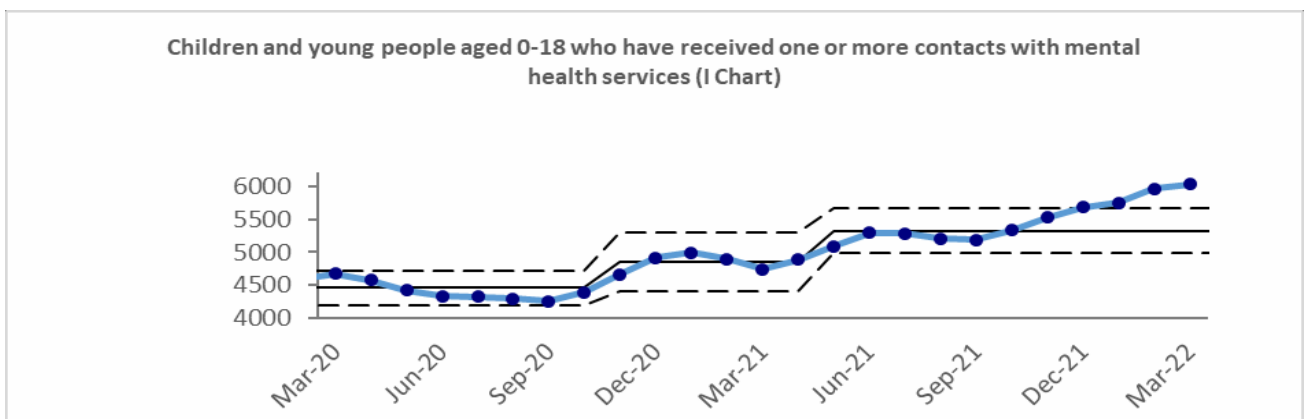
Improving access to Psychological Therapies (IAPT) Services

Within our IAPT services, the percentage of service users who achieve recovery has remained above the national 50% target. There have been times during this year when services fell short of this standard, which has been linked to the impact of the pandemic and increased wait times. Overall access to services has continued to remain high and the percentage of service users from minority ethnic groups accessing services remains stable and higher than pre-COVID levels. Across all IAPT services, 90% of service users who completed the patient experience questionnaire responded positively.



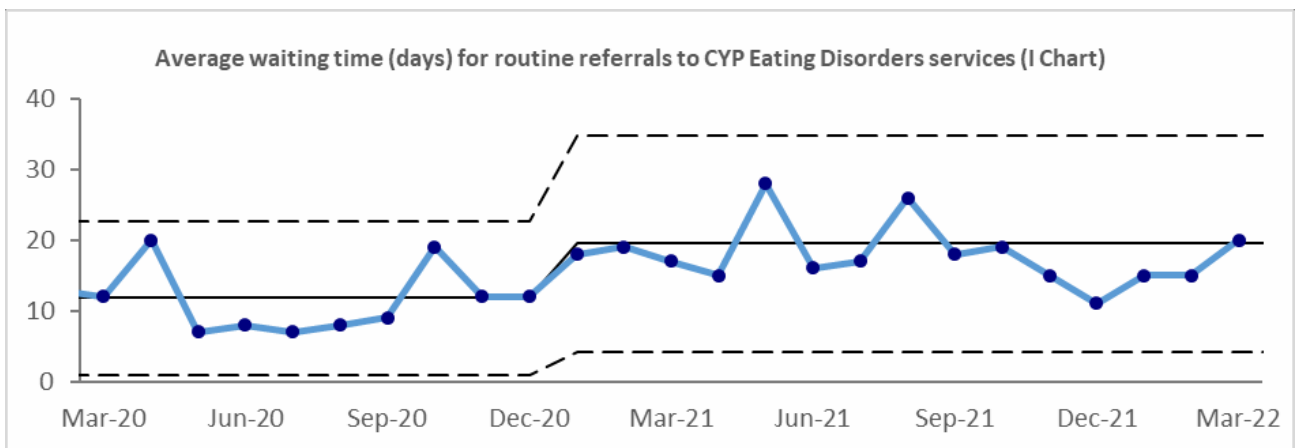
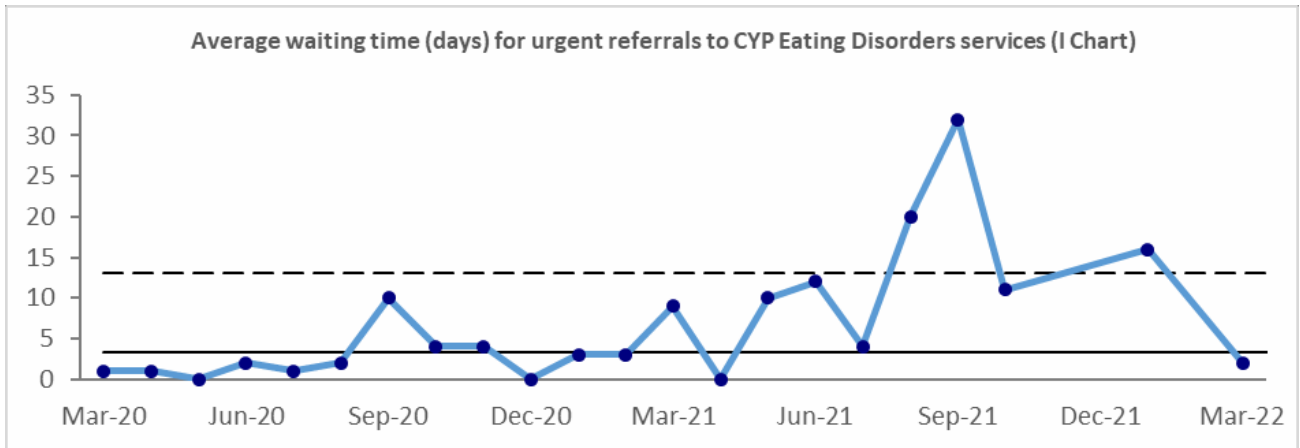
Adult Community Mental Health Team (CMHT)

Across adult CMHTs good performance for urgent and non-urgent referrals has been maintained. The impact of the pandemic and a rise in referrals above pre-pandemic levels across most services including crisis services, has contributed to longer waiting times in some services. However, this has been improving over the past six months as services have put plans in place to tackle waiting lists and backlogs.



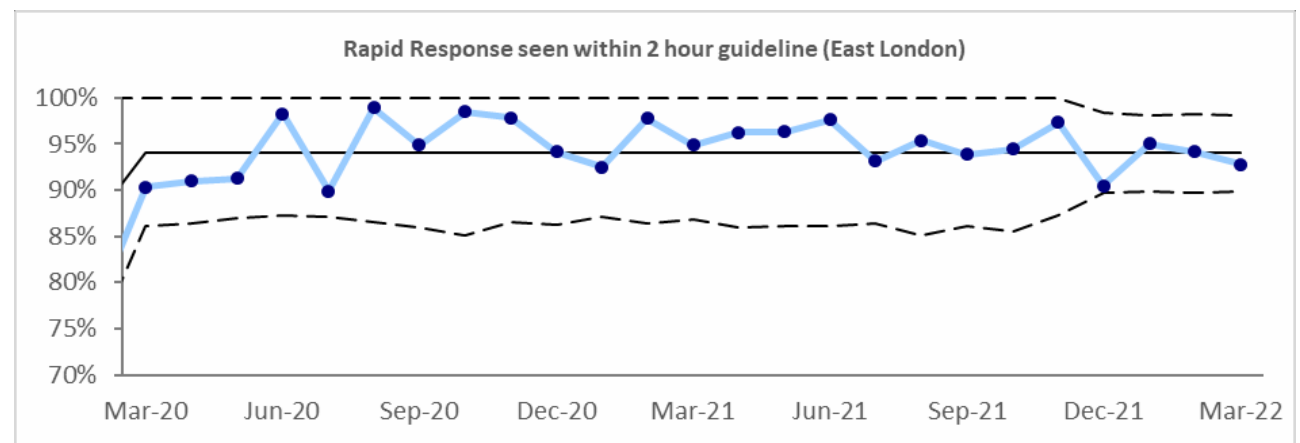
Children and Young People

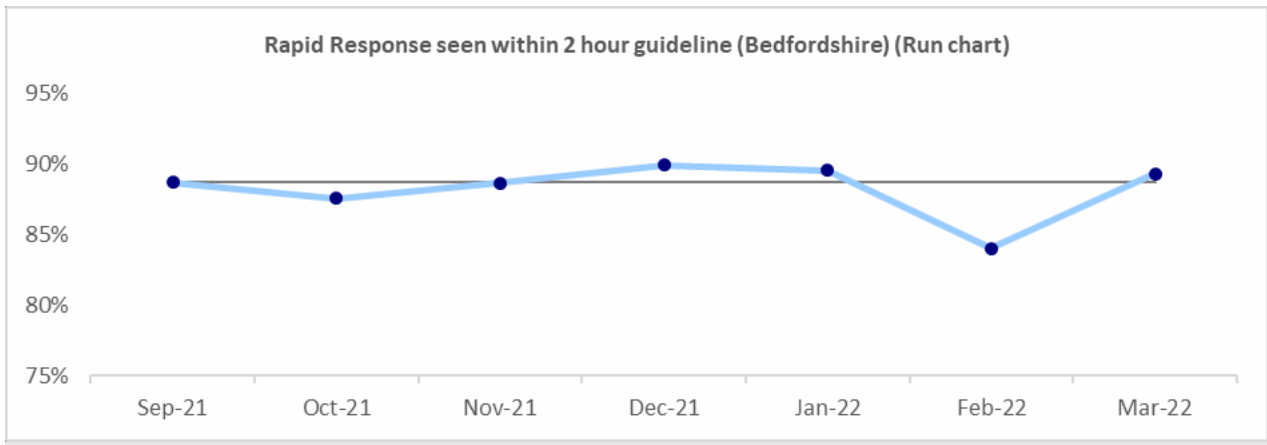
The number of service users accessing children and young people community mental health teams and receiving one or more contact has continued to rise, often higher than commissioned activity levels. CAMHS eating disorder teams have also continued to meet the national access targets for urgent (one week) and routine (four weeks) referrals despite the increasing demand for the service.



Rapid Response

Community health services have continued to provide rapid response within two hours across all services. Recruitment challenges continue to persist across most teams (as reflected nationally) and this has impacted capacity within services and waiting times for a range of services including diabetes, foot health, physio musculoskeletal (MSK) services, and speech and language therapies.





Across a range of mental health, CAMHS, IAPT and community health services, the total number of service users waiting continues to rise. The services that have large waiting lists have produced recovery plans to help plot trajectories based on their current demand and capacity estimates while providing them with the tools to develop and brainstorm innovative ideas to tackle this issue. Many services are thinking creatively by using digital innovation and streamlining pathways to increase capacity and reduce waiting times. A Trust-wide QI programme on flow is due to start in the summer of 2022 to provide additional support to services in managing their current pathways by encouraging shared learning across the services.

During 2021-2022, our primary care services successfully met most of their quality and outcomes framework (QOF) targets, and preliminary results show improvement in a number of domains (verified results expected in July 2022). Following a CQC inspection, the Leighton Road Surgery in Bedfordshire rating improved from 'requires improvement' to 'good,' reflecting the positive impact of leadership initiatives to improve care quality across all services. The four other surgeries in the Trust continue to be rated either 'good' or 'outstanding'.

Further information about our operational performance has been detailed within section 2.10 of the Trust's 2021-2022 Quality Accounts.

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
- **Executive WalkRounds:** ensuring there is senior oversight of the key issues affecting services, supporting effective communication between services and the executive team
- **Non-Executive Directors WalkRounds:** providing independent and objective understanding of the strengths and assets within a team, and opportunities for improvement.

Quality Improvement (QI)

Our approach to QI goes beyond traditional management, target setting and policy-making. We believe that QI 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, as well as 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

Our quality priorities for 2021-2022 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, the Trust's approach to assurance was utilised to understand quality of care coming out of the pandemic and the Trust utilised quality improvement to identify opportunities for service improvement, test, scale-up and embed new ways of working that emerged during the pandemic. Teams across the organisation were brought together in learning collaboratives to tackle 'flow, demand and capacity' in order to reduce wait times, improving staff experience so that staff were better able to meet service user needs and working in local populations across organisation boundaries to improve population health.

Many of our quality assurance processes were adapted to virtual methods, such as the service user-led accreditation programme. Others that were scaled down or postponed at the height of the pandemic, such as clinical audit, have resumed. We continue working in

90-day periods with detailed plans developed accordingly. In 2021-2022, all quality assurance activities were operating as normal.

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

CQC

CQC Rated ELFT as ‘Outstanding’ for the Third Time

A key highlight of the Trust’s year has been achieving our third consecutive ‘outstanding’ rating from the CQC announced on 13 January 2022. ELFT is the first community and mental health trust to achieve this rating for a third time. The recognition was a tribute to the work of all those within the Trust, who, despite the extraordinary challenges of recent times, have ensured that high quality standards have been adhered to. In their report, the inspectors found that despite the challenges of the pandemic, the Trust had adapted, learnt and continued to make positive progress.

Leighton Road Surgery in Bedfordshire Rated Good by CQC

Leighton Road Surgery received an improved CQC rating moving from 'inadequate with special measures' in 2019 to 'good' across all domains in October 2021.

COVID Major Incident Response

During 2021-2022 the Trust continued with and built on the systems, processes and support established during the previous year in response to the pandemic.

Although the COVID pandemic represented one of the greatest challenges to the Trust and the NHS as whole, it has been a time of great partnership and endeavour. The collective response of the NHS and staff in ELFT has resulted in many achievements and breakthroughs. Thankfully, the last 12 months has not seen the same level of serious illness and fatalities in either staff or service user groups that were experienced in 2020 but the pandemic has been a constant presence in our lives and in the work of the Trust.

Overview

During the last 12 months, the Trust has continued to operate its Gold Command major incident response and put contingency plans in place to enable the continued operation of services. Community teams have continued to be involved in supporting effective discharge from acute hospitals.

Boosting Mental Health Crisis Lines

The Trust’s mental health crisis lines were publicised and promoted extensively during the pandemic in recognition that the stress of lockdown, isolation and limited access to people and services that support people to stay well would impact on the mental health wellbeing of many. All crisis lines saw an increase in contact and were able to provide assessment and arrange ongoing support and interventions.

National Vaccination Programme

This programme has played a significant part in reducing the impact of the many coronavirus variants. Staff at our Westfield vaccination centre have been part of the national vaccination campaign to deliver mass vaccination to our communities and 'turbo-charge' the COVID vaccine booster rollout. The ELFT communication team has conducted an intense social media campaign involving local councils and the NEL CCG to stimulate walk-ins and bookings.

The Westfield vaccination centre celebrated its one-year anniversary in January 2022. In that time, the centre has administered over 200,000 COVID vaccinations.

Mass Vaccination Event at London Stadium



Just under 7,000 people were vaccinated at a pop-up vaccination event which took place at the London Stadium at the Queen Elizabeth Olympic Park on 19 June 2021. The event was aimed at local communities who had the lowest take-up of the vaccine at the time. The event ran from 10am-8pm and involved two shifts of staff from all NHS trusts in North East London.

It accompanied the announcement that the over 18 age group were invited to attend for vaccination. This was good news for North East London who have a very young population who hitherto had not been able to access the vaccine.

The event required a significant effort from ELFT staff.

The Trust's estates team led on planning, layout, ordering and setting up the vaccination area. The people and culture team led on the recruitment of staff and volunteers, organising training during the days before the event. The pharmacy team set up a pop-up pharmacy in the stadium and the IT team provided laptops and the IT infrastructure to register and record all attendees.



NEL NHS and local authority communication teams pulled out all the stops to spread the word to get as many people signed up for their job as possible. There was positive media coverage and all the East London mayors were in attendance, and alongside the ELFT Chief Medical Officer, appeared on media channels talking about the importance of getting vaccinated.

Lead Employer for North East London COVID-19 Vaccine Centres

The Trust continues to lead recruitment activity on behalf of partner NHS organisations in North East London and is the lead employer for the COVID vaccination centres for NEL, working alongside Barts Health who ran the ExCeL vaccination activity.



Vaccines Minister and Mayor of London Visit Westfield Vaccination Centre

The Mayor of London, Sadiq Khan and the Vaccines Minister, Nadhim Zahawi made a visit to ELFT's Westfield vaccination centre on 25 June 2021. They had attended the London Vaccine Summit, a roundtable event where they were joined by NHS officials, health, community, faith and business leaders to take stock of the vaccine rollout and to help ensure everything can be done to continue the acceleration of the programme.

The Minister and the Mayor took the opportunity to visit ELFT's vaccination centre in order to see the centre in action and to thank staff for their hard work.

Afterwards, the Mayor joined with staff to speak to them about their work.

COVID-19 Vaccine Update: Staff Make Every Contact Count

Trust internal communication has focused on urging staff to have a 'vaccine conversation' with every patient they see in the course of their work, whatever the reason. With staff seeing thousands of people every week, they were in a unique position to speak to them about the importance of having the COVID vaccine and provide the link to the national booking system. People with a serious mental illness are among the most likely to be unvaccinated, with some particular challenges in North East London. This is concerning as this group have poorer health outcomes and are managing other health issues.

COVID Vaccination Buddies

A new team of vaccination champions and vaccination buddies has been established in Tower Hamlets to promote the COVID vaccine to people with mental health issues and learning disabilities.

People with a severe mental illness have one of the lowest uptakes of the COVID vaccine. The vaccination promotion project aimed to support people who want the COVID vaccine but who find the logistics of organising it difficult and to provide a space for people who are still weighing up the information to be able to speak to someone, to talk through their concerns and access information that will help them to make the best decision for their situation.

Maintaining and Reinforcing COVID-19-Safe Behaviour

The Trust continued to advise and provide guidance to staff about continuing to wear personal protective equipment (PPE), maintaining social distancing wherever possible and hand hygiene. In the light of the Government relaxing of public COVID restrictions, staff were advised that the NHS was different and needed to maintain infection prevention and control measures. Staff were advised to continue to take care to protect themselves outside of work to avoid contracting the virus in crowded enclosed situations.

Thank You Card and Commemorative Badge for Staff

The Trust sent a thank you card to all staff along with a keepsake badge to commemorate their contribution to the pandemic.

The card, signed by the CEO, Chair and Lead Governor, reiterated the Trust's heartfelt thanks to staff and acknowledged the profound impact of the pandemic on their lives, personally and professionally. The card was designed by a CAMHS service user from Bedfordshire.



Online Staff Thank You and Tribute Event

An online ELFT thank you event took place on 25 June 2021 to thank staff for all they have done during the pandemic and continue to do. The event included filmed messages from MPs, local leads, service user groups thanking staff, with a special message to ELFT from Sir Simon Stevens, the then Chief Executive of the NHS. It was a chance for Trust Directors to personally thank staff and share their reflections.

Part of the event featured tributes to ELFT staff who had sadly died during the period of the pandemic, whether from COVID or other conditions. Moving tributes to each was read out by a colleague from their team or service. These were an opportunity for colleagues from other services to share supportive messages and condolences.



Trust Nurses Represent ELFT at Opening of National Memorial Garden

Three nurses from community health services attended a weekend event on 3 July 2021 where the Mayor of London, Sadiq Khan opened the new London Blossom Memorial Gardens in the Queen Elizabeth Park at Honour Lea.

The service honoured NHS staff who had died during the pandemic.

Befriending Service

A telephone befriending service was launched in 2020 by the Trust to support isolated service users during the COVID crisis and has continued throughout the pandemic. 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.

The service is now providing regular support to more than 115 service users. It is delivered by paid ELFT service users and has continued to expand post-lockdown. It is now permanent and the team of 30 befrienders are helping people of all ages and backgrounds.

Support to Staff During the Pandemic

The Trust continued to support staff throughout the pandemic via hardship grants and team organisational interventions. The Trust supported wellbeing conversations and individual staff risk assessments.

The people and culture team ran staff engagement sessions for specific staff groups to come together to network and obtain 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, apprentices, people with long COVID and staff who have a condition that puts them at higher risk of contracting COVID and complications.

COVID-19, Race and Privilege

The work regarding COVID, race and privilege continues. The Trust has undertaken conversations regarding micro aggressions and how to become an anti-racist and multicultural organisation. Two Trust Executives have attended the Workforce Race Equality Standard (WRES) experts programme and six colleagues have attended the White Allies programme provided by NHS England and NHS Improvement.

Partnerships

Progress on Developing as an Anchor Organisation

ELFT has been working towards being an active anchor organisation – one that endeavours to ensure that new developments and initiatives benefit local organisations and businesses. This localism approach means that where possible the Trust will employ local people and local businesses when undertaking projects.

Additionally, ELFT has been named as one of six trusts nationwide to receive funding to progress their anchor organisation work by the Health Foundation and NHS England and NHS Improvement. The funding will accelerate our anchor ambitions and lead to new and valuable learning for the other participants, as well as others working on anchor activities across health and care.

£1.8m Fund Provides Grants to 37 Community Projects

Inspiring and diverse community projects ranging from helping Asian elders living with dementia through to a boxing coaching wellbeing programme for children are among 37 groups to receive grants from our £1.8m ELFT fund.

Voluntary, community and social enterprise sector (VCSE) organisations of all sizes supporting communities served by the Trust were invited to apply for grants of between £5,000 and £100,000.

The programme was launched to fund work led by the voluntary sector aimed at reaching communities who experience inequalities in access, experience and outcomes in mental health care.

BEDFORDSHIRE & LUTON
 COMMUNITY SERVICES TRANSFORMATION
 WINTER PRESSURES FUNDING

**Projects running:
 March 2022 - March 2023**



Please find a list of grassroots, local community, faith and user-led organisations in Luton and Bedfordshire*, that have been awarded funding to run well-being projects for services users to access.

*Not all projects cover the full geographical area of Luton & Bedfordshire, please contact organisations directly for more information on the area they serve.

GET IN TOUCH:
 For more information, service users and staff should contact the organisations directly via details below.



ADULT SERVICES

Autism Bedfordshire's services help break down the barriers to social participation for autistic people and their families/carers and partners by providing places where they can go and feel comfortable, accepted, and not judged by society. With the encouragement and support of specially trained staff, we help autistic people build their confidence, self-esteem, and social skills through taking part in social activities and mixing with other people. In addition, we help them to develop practical skills and independence, which will improve their prospects in life and help them be part of the community. Our aspirations are for them to have the same opportunities as people who are not on the spectrum, so that they can enjoy fulfilled and rewarding lives.

Autism BEDFORDSHIRE



Email: sharna.raine@autismbeds.org Tel: 01234 350704
 Website: <https://www.autismbedfordshire.net/>


EAST LONDON
 COMMUNITY SERVICES TRANSFORMATION
 WINTER PRESSURES FUNDING

**Projects running:
 March 22 - March 23**



CHILDREN AND YOUNG PEOPLE MENTAL HEALTH PROJECTS

Please find a list of grassroots, local community, faith and user-led organisations, who have been awarded funding to run wellbeing projects for services users to access.



GET IN TOUCH:
 For more information, service users and staff should contact the organisations directly via details below.

Ambition Aspire Achieve
 "Making a difference, changing lives."

AAA work with 750 disadvantaged, at-risk and vulnerable young people to deliver projects and activities via two East London based hubs and through outreach work.

Funding will enable the project to deliver mentoring, outward bound activities, disability specific programmes and employability and life-skills programmes. These will support up to 32 young people who identify as LGBTQ+, or who are exploring their gender identity and sexuality and have mental health needs.

Email: jonny@theaaazone.com Tel: 0207 511 4253
 Website: <https://www.theaaazone.com/>

Grants have now been awarded to voluntary and community sector organisations across City & Hackney, Newham, Tower Hamlets, Bedford, Central Bedfordshire and Luton.

Driving for Change: Double Decker Buses Support Homeless People

The Trust was the first NHS partner to be involved in a Driving for Change initiative launched by the Mayor of London, Sadiq Khan. Repurposed London buses are providing direct support to people sleeping rough on London's streets. It is an all-in-one direct intervention service providing free GP consultations, haircuts, dental care, digital and financial literacy training, employment support, shower facilities, therapy assessments, and essential everyday items. This one-stop solution will give people experiencing homelessness pathways to potentially life-saving key services and support.



Support for People Experiencing Birth Trauma and Birth Loss: Ocean



The Trust partnered with local services in East London, Bedfordshire and Luton to launch a new maternal mental health service.

Ocean (offering compassionate and emotional support for those living through birth trauma and loss), provides support for individuals experiencing psychological distress related to miscarriage, medical termination, neonatal death and stillbirth. It also provides support to those who receive news of foetal abnormality during pregnancy, and after foeticide or medical termination.

It aims to support people with issues directly related to and following traumatic birth experience or stemming from their perinatal experience. This can include issues arising from assisted pregnancy, IVF, or LGBTQ+; women who experience significant fear or phobia related specifically to pregnancy and childbirth, for example, fear of giving birth, or undergoing examinations. They will also support people in situations relating to parent-infant separation during the first year after birth due to children's social care involvement.

Working in Partnership between the Trust and Southern Health and Social Care Trust



A unique partnership between the Trust and Southern Health and Social Care Trust (SHSCT) in Northern Ireland aims to work together to look at new ways to tackle waiting time for mental health assessment and intervention.

The steps to wellness service are based on the IAPT model in operation in England. SHSCT provides health and social care services across the five council areas of Armagh, Banbridge, Craigavon, Dungannon, and Newry and Mourne. SHSCT had a high number of people come forward for support due to the psychological impact of the pandemic, lockdown, illness, and loss, with many reporting low mood, anxiety, feelings of sadness, distress, and other difficult emotions. As part of this initiative ELFT will provide consultation, leadership and training packages to SHSCT staff and teams.

Veteran Aware Status for Trust

ELFT has been named a veteran aware trust in recognition of its commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. This makes us one of 83 members of the Veterans Covenant Healthcare Alliance (VCHA) and is part of a growing number of NHS trusts gaining this accreditation.



The accreditation from the VCHA acknowledges the Trust's commitment to a number of key pledges, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients, in line with the NHS commitment to the armed forces covenant
- Training relevant staff on veteran-specific culture and needs
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims
- Supporting the armed forces as an employer.

Crisis Plan Record Sharing Initiative with the Ambulance Service



An exciting and innovative project was launched in early April in collaboration with NHS Digital, Servelec (RiO supplier) and the Trust.

The London Ambulance Service (LAS) can now view a mental health crisis plan as part of a patient's critical care in the case of an emergency.

Increased Access to Stop Smoking Services for Mental Health Inpatients

ELFT has been awarded early implementer site status for two programmes aimed at reducing the inequality gap in access to stop smoking services between people with serious mental ill health and the general population. The Trust has developed a new service model with service users and staff. The new model will incorporate peer support and extend our stop smoking support from inpatient to the community to increase our support for service users trying to quit.

ELFT as a Marmot Trust

ELFT is aiming to be the first Marmot NHS Trust in England. We have partnered with University College London's Institute of Health Equity (IHE) to help develop our understanding of what an NHS trust needs to do to have an impact on the social determinants of health. We hope that this will support the further delivery of the Trust's

strategy to improve population health. Work will focus on Luton and Newham with an emphasis on employment and children and young people.

Mental Health Transformation - More Joined-up Care

We have been working more closely with primary care, local authority and voluntary, community and social enterprise (VCSE) partners to deliver more integrated and flexible care, to better support people with their mental health as well as to address some of the wider determinants of their health.

The Trust has been developing a more localised model of care built around neighbourhoods and bringing care closer to home. By building our partnerships we're also able to offer more treatment and support in primary care or community settings.

By working in closer partnership with service users and local communities, we have been able to focus on tackling the inequalities in access, experience and outcomes that some groups face.

Bringing these different partners together with people who have lived experience of mental health services, we are aiming to embed a more coproduced and collaborative approach to how services are designed and delivered in the future

Research to Tackle Health Inequalities

Tackling health inequalities is the target of a bold new £11.6 million programme of research from Queen Mary University of London and City, University of London, which aims to train 32 healthcare PhDs over eight years.

Programme partners include ELFT and Barts NHS Trust, who are providing participants with funding for up to a year after completion of their PhD so as to encourage them to remain academically active. This support will also allow people to continue benefitting from mentoring support from the Health Advances in Underrepresented Populations and Diseases (HARP) Faculty for a total of two years.

The HARP PhD programme focuses research on people and diseases that have traditionally been underrepresented in healthcare studies.

Community Mental Health Transformation Programme Key Progress

During the year we have been scaling up our new models of care from a handful of 'pioneer' sites, to being the standard model of community mental health care that is delivered across all 24 of our primary care networks in East London. This means people accessing care today see a wider range of staff including new roles like community connectors, clinical associates in psychology (CAPs), mental health practitioners in primary care, and GP mental health leads.

Services are also working much more closely together to reduce people's experience of being 'bounced around'. By having frequent (sometimes daily) multi-agency mental health huddles, professionals have developed stronger relationships and improved communication, enabling more timely access to joined-up care.

The Trust has also invested in some brand new services, including a community eating disorder service which will cover all three East London boroughs and will be opening later this year.

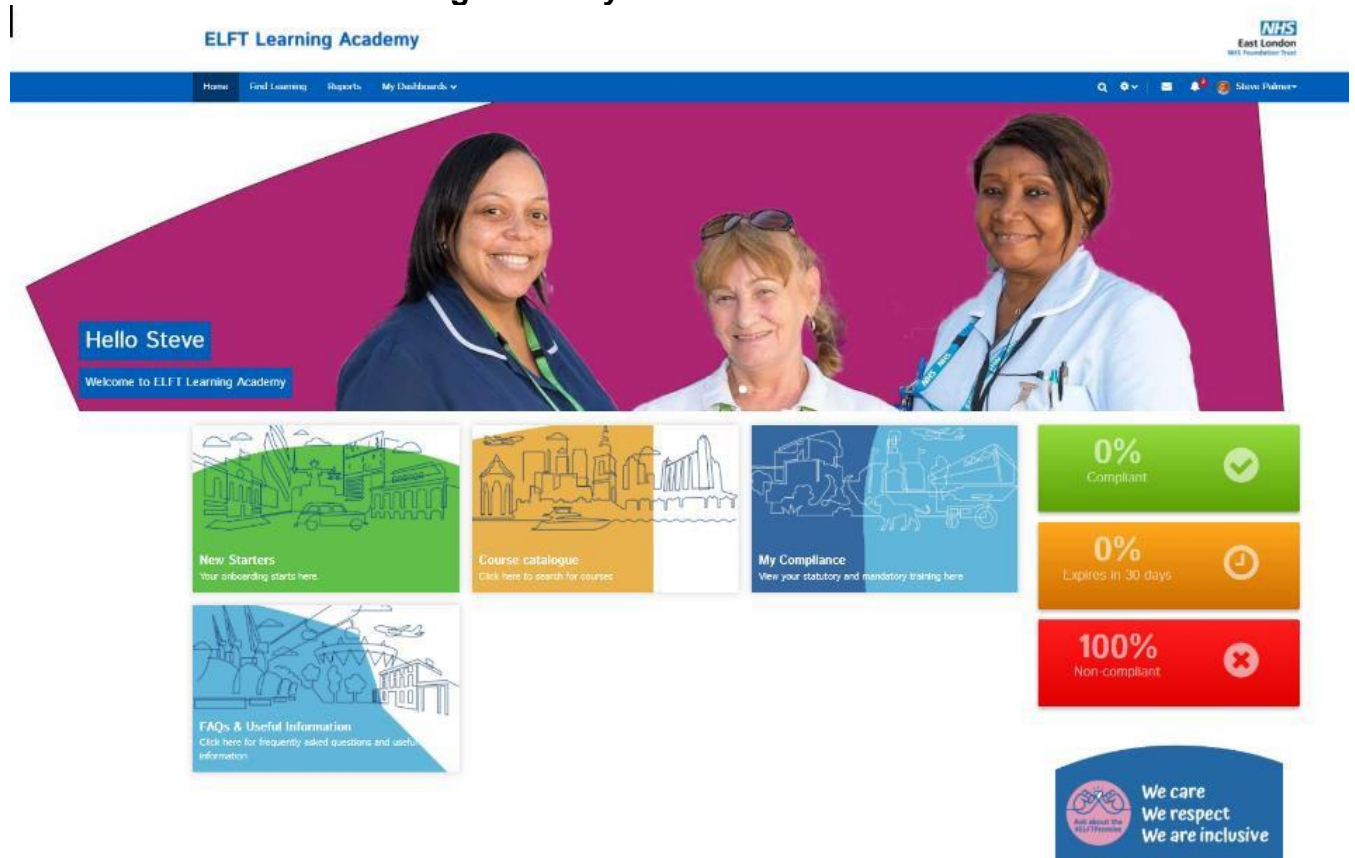
We have also been fully focussed on delivering the recommendations of the 'Let's Talk' report which was generated and published in East London last year. Each of the boroughs has a BAME implementation group established to oversee its delivery.

Assessed and Supported Year in Employment Programme (ASYE)

In September 2021 the ELFT social work learning and development hub took the lead in coordinating the pan London assessed and supported year in employment (ASYE) programme for newly qualified social workers. This is the first dedicated mental health social work ASYE programme in England. The programme has attracted interest from other mental health trusts across the country and we are sharing our learning and resources with these organisations.

Internal

Launch of New ELFT Learning Academy



A new online ELFT learning academy for staff was launched in February 2022.

The platform hosts all statutory and mandatory training, and essential training courses and will expand to hold all the Trust's learning modules. Staff can undertake courses in a work setting or at home, and the platform is accessible via the intranet or via a link on their mobile phone. The response from staff has been positive with this platform experienced as a significant improvement on the previous provision.

Staff Awards Ceremony and Party 2021

Our staff awards ceremony took place on 21 October 2021 at The Troxy in Limehouse, East London to thank staff for all that they have done to support the Trust and our communities during the pandemic. This was the first chance staff had had to come together

face-to-face, to relax and have some fun. 700 staff attended and 200 people watched the live stream of the event.



The event was attended by the Rt Hon Stephen Timms MP for East Ham and Rachel Hopkins, MP for Luton South who presented awards. The programme included a film preview of a new #ELFTin1Voice song and a short film about the making of the film during lockdown. The ceremony was followed by a disco and party.

Digital Mental Health Act

Since a legislation change in 2020, there has been a wider focus on the digitisation of the Mental Health Act (MHA). A digital company called Thalamos has been working with the CQC and the Metropolitan Police to support them with this work. Following a pilot of this approach in the City & Hackney directorate, online MHA administration was rolled out across the Trust on 28 March 2022. Moving to online management of the MHA brings a number of benefits:

- A significant reduction in errors from misread handwriting, or from common mistakes in filling out the forms
- Savings in time and money by freeing up staff to provide direct care for service users
- Improved legal compliance to help to ensure a safer MHA experience for patients and the staff supporting them
- No issues with damaged or misplaced forms so protecting patient confidentiality and reducing the risk of unlawful detentions as the information is uploaded to the individual's health record.

New CAMHS Inpatient Provision in Bedfordshire, Luton and Milton Keynes

Work started in 2022 on an interim eight bedded adolescent unit for children and young people in BLMK. There is no CAMHS Tier 4 beds (inpatient admission unit) in the region so children and young people requiring an inpatient admission are often placed out of the area or inappropriately on paediatric wards.

The unit will be based on the first floor at Calnwood Court on the existing ELFT adult mental health inpatient site, alongside Luton & Dunstable Hospital. The unit will open to admissions in September 2022.

Modernising Inpatient Mental Health Care in Bedfordshire and Luton

The Trust began work on plans to build a new mental health hospital in Bedford and redevelop existing inpatient services in Luton, providing two hospital sites to serve the populations of Bedford, Central Bedfordshire and Luton. As part of the NHS Long Term

Plan, the NHS will invest around £37million in new and improved mental health services across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes between 2019-2020 and 2023-2024, £27m of which will be in Bedford, Central Bedfordshire and Luton. This will include mental health services for pregnant women and new mothers, children and young people, adults with common mental health problems and adults with serious mental illness, including crisis and community services.

A case for change booklet was developed outlining the benefits of this modernisation programme alongside information on a dedicated area of the ELFT website. The case for change was co-produced and in partnership with clinical colleagues and service users and carers. It was used as the basis for a six-week pre-engagement programme with service users, carers, NHS colleagues, stakeholders and partner organisations, neighbours and other interested members of the public alongside online public engagement events to share these plans and get views from local people and join the conversation before any decisions are made about taking these ideas forward. A total of 273 stakeholders participated in the engagement process.

Launch of Bedford Beacon

The Bedford Beacon launched in October 2021 and aims to be a welcoming drop-in space for people aged 18+ to counter social isolation, enable people to make friends, to provide an early intervention option for people with mental health issues offering group sessions, one-to-one support and access to other organisations. The service was co-produced by service users and staff and is delivered in partnership. It is based in 3 Woburn Road, Bedford MK40 1EG and is open every Thursday from 5.30-9.00pm.

Chat Bot Pilot

ELFT's digital team introduced a new function to the Trust website in May 2021 to help people to obtain answers to simple queries about their care. The services trialling this are:

- Child development service (SYCPS) – Newham
- Specialist psychotherapy service (SPS) – City & Hackney
- Primary care liaison service (PCL) – City & Hackney
- Dunstable CMHT (aka Beacon House CMHT) – Dunstable.

When clicking in the service page of the website, a 'chat' option pops up similar to systems on retail websites. People can carry out a number of actions such as confirming their appointment, cancelling or rescheduling it.

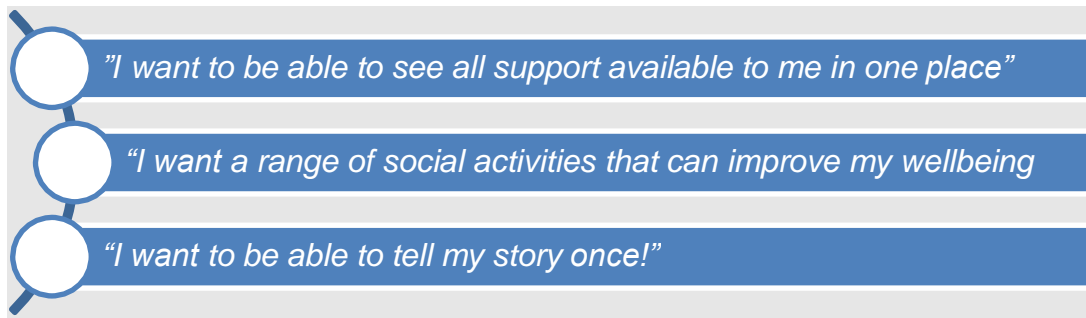
The Chat Bot can answer questions such as queries about local transport services, nearby parking, and accept requests for letters or reports. It does not replace the option of calling the service. Staff are still available at the end of the phone but it provides another channel for people who prefer to make arrangements online, and avoid being in a call queue and needing to explain what they want when they could just as easily do it themselves online.

Services for Children and Young People

There has been an extension in access to CAMHS crisis services to seven days a week in Bedfordshire, Luton, and East London. This is in recognition of the fact that crisis does not happen just in the working week. Families can now seek advice, support and strategies, or onward referral if a situation escalates over a weekend.

Our CAMHS services have also seen an increase in co-production by involving young people in decisions about service changes, improving services and aftercare and support.

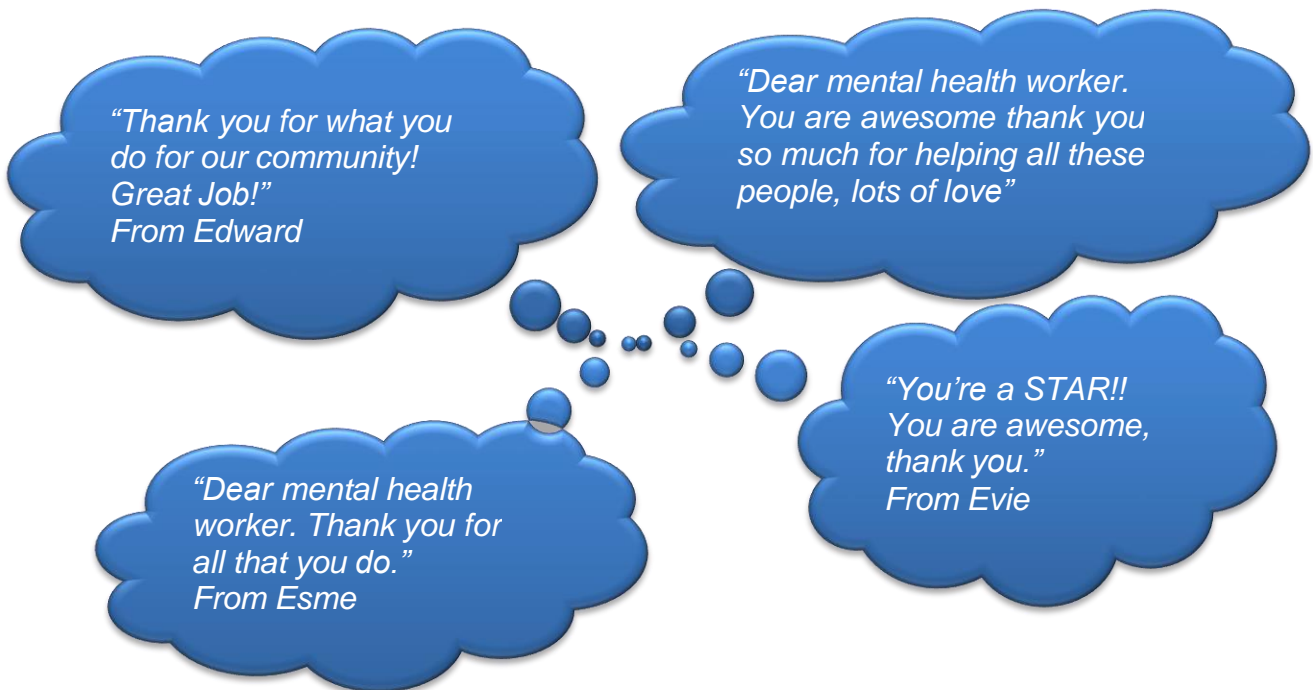
In NEL children and young people's mental health programme, young people co-produced 'I' statements stating a range of wants and wishes including:



In Newham, services for children and young people (SCYPS) have been involved in a redesign of autism assessment pathways to streamline the support to families and young people. The service has seen greater investment in the special education needs and disability function in schools.

A Big Thank You from School Pupils

In February 2022 Biggleswade CMHT received a surprise visit from children and staff of the Edward Peake Middle School, a local school close to the service. The children delivered a touching package which included 40 handmade cards from the young leaders group at the school. The cards contained heart-warming messages from the children:



The whole team were really touched by the thought and effort from the children. Operational manager at Biggleswade CMHT, Martin Orr has written back to the young leaders group to thank them for their kindness and has offered to come to meet with the young leaders to talk about mental health and the work included within our community mental health teams. During moments of stress and hard work, it is really important to share some positivity.

Developing Primary Care Directorate

As ELFT's newest directorate, primary care services have been establishing themselves to support the needs of patients. They have developed a primary care network prospectus to set out the type of services and support that they can offer. In the practices supporting the homeless population, they have set up a number of initiatives to engage with patients to help them to access longer term support. This included setting up an outreach service, engagement events, a multi-agency partnership group, immunisation drives and the health bus mentioned already in this section.

Path to Recovery (P2R) Drug Services

In Bedfordshire, the high performing P2R service have branched out providing in-house training and working in partnership with adult mental health services and prisons to share their approach and expertise.

Sites and Services

ELFT's Green Plan 2022-2025

The Trust is dedicated to improving the health of our communities and delivering services that are efficient and effective. From 2015 our sustainability development management plan delivered impressive reductions in greenhouse gas emissions.

In June 2021 ELFT declared a climate and ecological emergency, with a commitment to raise awareness and drive down emissions from the work that we do. Working with all our stakeholders, service users, carers, communities, staff and partners, we have committed to a more ambitious approach. To succeed, we must focus our effort on actions that adequately meet this challenge and integrate sustainability into all the work that we do. We understand that the climate and ecological crisis is fundamentally a public health crisis that threatens the health of our communities.

Air pollution alone accounts for thousands of excess deaths and is linked to neuro-developmental damage and dementia. The mental health impacts of the climate crisis are profound. Many of the same systemic problems and social determinants of health also contribute to the unequal effects of the climate and ecological crisis. Healthcare itself accounts for 5% of our national emissions. We will need a monumental effort from all parts of society to limit global warming to 1.5°C above pre-industrial levels and prevent the most devastating impacts of climate change both locally and globally.

The health and social co-benefits of sustained action have never been clearer. We now need to do more, much more, to reduce the Trust's carbon footprint in all our operations. Our green plan outlines the ways in which we plan to reduce our emissions in the next three years and looks to even greater gains over the next 20 years and beyond. We are committing here to use our resources and our influence in innovative ways that are also rooted in social justice.

We will continue to work alongside stakeholders and partners as we go, to ensure the plan remains fit for purpose and responds to the environment around us. Delivering the plan will depend very much on the enthusiasm, expertise and focus of all our staff and communities.

New Home for Bedfordshire and Luton Older People's Teams

In March 2022 six older people's community mental health teams in Bedfordshire and Luton moved into a new purposely designed health hub. The hub is based at Number 2, The Bungalows, Beech Close, Dunstable LU6 3SD with staff offices at Number 4, The

Bungalows. Being located together will improve cross-team communication and allow staff to get advice from one another, share skills and knowledge to become a centre of excellence.

Teams based at the hub are Luton older people's CMHT, South Bedfordshire older people's community mental health team, Luton memory assessment service (MAS), South Bedfordshire MAS, Bedfordshire older people's crisis resolution home treatment team, and Bedfordshire dementia intensive support service.

New Facilities Provider

OCS took over the management of cleaning, food provision, portering and some delivery services for ELFT sites in Bedfordshire, Luton and East London. Staff contracted to the previous provider, G4S, all transferred over on enhanced terms and conditions.

There was a smooth transition ensuring that staff, and patients and service users had what they needed from day one. OCS has extensive experience in many sectors including hospital settings. They are a national leader in facilities management and known for their high standards. They were selected because, like ELFT, they believe in fairness and equity, and realise that the key to successful service delivery is the development of a skilled, engaged and competent workforce.

Awards

The Forward Healthcare Award: Workforce & Staff Engagement

Multiple Trust teams and colleagues led by the people and culture team won The Forward Healthcare Award for the category Workforce & Staff Engagement for their work to create and deliver the learning activities programme for staff children and families during lockdown.

Royal Society for Public Health & Wellbeing Awards 2021

Consultant paediatrician, Professor Michelle Heys who is based within the Trust's Newham SCYPS, was part of a team that won the Royal Society for Public Health & Wellbeing Awards 2021 for their work on the nurture early for optimal nutrition (NEON) programme

Violence Initiative Award

The National Association for Healthcare Security Award for Violence Reduction Initiative went to ELFT's Health, Safety, Security & Emergency Planning Manager, Richard Harwin and Bedfordshire Police for their collaborative work to ensure safety on inpatient wards for staff and patients.

Queen's Nursing Institute

The Queen's Nursing Institute International Award went to Newham based nurse Mark Rodriguera in December 2021.

Zenith Global Award

A Zenith Global Health Award went to ELFT's Director of Nursing Ruth Bradley for her work promoting excellence in healthcare.

HSJ Workforce & Wellbeing Initiative

Digital innovators Improve Well and ELFT's QI team worked together to develop a staff wellbeing app and were winners of the HSJ Partnership Awards 2021 for the category Workforce & Wellbeing Initiative of the Year.

Positive Practice in Mental Health (PPiMH) Awards 2021

Three ELFT winners:

- The Trust's team leading the community mental health transformation project were joint winners for the Quality Improvement & Service Transformation Award
- The John Howard Centre's Clerkenwell Ward won the Learning Disability, Autism & ADHD Services Award
- The Peer Support Services Award went to the Trust's telephone befriending service based in Bedfordshire and Luton.

BMJ Awards 2021: Diversity & Inclusion Team Award

East India Ward, John Howard Centre were winners of the BMJ Awards 2021 Diversity & Inclusion Team Award, for their work in recognising racism.

HSJ Value Awards 2021

The HSJ Value Awards 2021 saw the City & Hackney specialist psychotherapy service win for their work to create a digital recovery platform for severe mental illness with partners in the local Integrated Care Partnership, North East London CCG, The Advocacy Project and Core Arts.

Additionally, 'The Darzi Seeds of Change Project for the People by the People' won the HSJ Value Pilot Project of the Year Award. This collaboration involved ELFT clinicians and the Trust's Tower Hamlets Recovery College.

Newham Diabetes Nurse Wins City University Award

Diabetes Specialist Nurse, Rita Osemwengie was the winner of the Phillip Goodeve-Docker Award at City University for being the best District Nurse student. The academic prize is offered to the top performing student of the District.

London Health Workplace Award

The Trust was successful in acquiring the 'Excellence' award from the Mayor's London Health Workplace Award (LHWA).

Our Principal Risks and Issues

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 (BAF) 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 BAF is allocated to an executive lead and to a relevant Board committee. The lead committee reviews the relevant entries on the BAF 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 BAF is reported to the Board at each of its 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 impact of the pandemic – 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 revised strategic and strategic priorities. As in 2020-2021, the Board made the decision not to include a specific risk relating to COVID recognising that the pandemic impacted to a lesser or greater degree on all the risks included in the BAF and the ability of the Trust to achieve our strategic priorities.

The Trust's capacity to manage risk continued to be tested during the pandemic and processes in place have enabled an appropriate response to the emerging risks. Sections of this Annual Report describe many of the actions taken to respond to the pandemic, and the Trust established effective operational and corporate governance arrangements to respond to the challenges associated with COVID. A Gold, Silver and Bronze Command structure ensured that strategic, tactical and operational risks were identified.

The individual risks on the BAF 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. An additional risk was added to the BAF in July 2021 to reflect the Trust's commissioning and lead provider responsibilities and the impact of not effectively managing these on the quality and experience of care for our service users and patients.

There are nine significant and high potential risks to achieving the Trust's strategic objectives on the BAF at 31 March 2022. The key risks to the delivery of the Trust's strategic objectives have remained relatively consistent during the year with no risks escalated from the Trust's Corporate Risk Register (CRR) or removed from the BAF. 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 1-3	Moderate 4-6	High 8-12	Significant 15-25
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Strategic Objective: Improved population health outcomes

Risk 1: If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health

Risk Score: High 12 – no changes during the year

Key Actions and Progress

- Trust has made significant progress in developing integrated models of care, both within Trust services, and across other partners, including primary care, social care, acute trusts and the voluntary sector
- The Trust is working towards being a Marmot Trust and anchor organisation, and is developing a framework to support decision making on population health priorities
- To properly move to the next stage of improving population health outcomes, and delivering the next stage of NHS Long Term Plan implementation, the Trust needs to go further in ensuring that internal capability and capacity is developed to support transformation, in particular in delivering mental health and community health services around primary care networks, and ensuring smooth and effective intermediate care (both rapid response and discharge to assess) between hospital and community
- This includes delivering on the community mental health framework transformation, and the delivery of the Aging Well programme. Both of these nationally defined integrated care programmes require sustained focus on service model, workforce, system leadership and digital/informatics development
- Current specific issues include the delivery of social care functions on behalf of local authorities in the context of demand and financial pressures, the community transformation agenda, and the forthcoming potential for review of Section 75 agreement

Risk 2: If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy

Risk Score: In April 2022 in recognition of the significant effort, commitment and capacity by the Trust into working with partners to develop appropriate architecture to support the Trust to deliver its strategy, risk score reduced from High 12 to High 8, achieving the target score

Key Actions and Progress

- The Trust continues to work purposefully and proactively to be a trusted system partner in our ICSs and place-based partnerships. Trust executives have established excellent working relationships in our ICSs and where appropriate have taken on leadership roles for ICS programmes/ workstreams
- The two ICSs have had different approaches to responding to the new system design legislation; there are also differences in approach across each of the place-based systems, as a consequence of differences in population needs and assets, patterns of services, relationships, history and politics. The Trust is working flexibly in response to the differences in each system whilst also sharing learning where applicable/appropriate
- Current strategic issues include the passing of the Health and Care Act 2022, and the mobilisation of ICS establishment programmes, ensuring that the Trust has influence in the same, and the development of provider collaboratives at the heart of ICS development. Delay in legislation coming into force to July 2022 gives more time to ICS partners to mobilise new ways of working and structures
- ICS design processes and recruitment to new ICBs is progressing well, though it is recognised that not all aspects of the refreshed ICS architecture will be fully in place for 1 July 2022

Strategic Objective: Improved population health outcomes

Risk 9: If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients

Risk Score: In recognition of a full year's work with partners, risk scored was reduced from Significant 16 to High 12 in February 2022

Key Actions and Progress

- Development of the CAMHS New Models of Care (NMC) is a new collaborative commissioned by NHSE with ELFT as the lead in October 2020. This is a fairly new commissioning experience for the Trust to lead. For the last three years the Trust has been part of the NMC process with partners
- There have been some successes in the initial period; however, embedding a culture of partnership across the various parts of the system will take time
- The resilience of units has been variable at various parts of the operational delivery. One unit previously rated as 'inadequate' was rated 'good' by CQC following work with the collaborative. Another unit is challenged with lack of senior medical input and there are cultural differences in the approach taken to inpatient settings
- The central team is working with the various provider teams to ensure the risk profile of the service users is distributed so that workforce issues are considered and serve as a temporary mitigation. Work is ongoing with the private sector provider to address the clinical pathway and the length of stay of the service users in the pathway
- The development of co-production in the commissioning processes is unique and is beyond what has been previously achieved. The leadership of service users has helped enormously in developing a unified strategy that focuses on outcomes and in ensuring a consistent approach across the patch and across various providers

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: High 12 – no changes during the year

Key Actions and Progress

- There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services
- Continued work with developing ICSs and place-based structures to embed people participation and coproduction in ways of working with good progress in developing this approach across NEL
- Developing new ways of approaching wider involvement and engagement
- Peer support work continues to develop with further recruitment to peer support worker roles
- Service user led accreditation process continues to roll out across the Trust with support and guidance is provided to help those teams who do not achieve accreditation
- Work with Network Rail now moved to a national level, building on the impact of the work in NEL
- Work to strengthen the Trust approach to carers is being taken forward
- Focused work on suicide and digital/virtual offer

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: High 12 – no changes during the year

Key Actions and Progress

- Gold command structure continued to ensure strategic management of the pandemic; workstreams set up related to quality and safety of operational services
- Trust responded to the various centrally issued changes to guidance on living with COVID
- Service delivery reviewed; services adapted from face to face to virtual; inpatient services adjusted to operate with revised infection control requirements
- Continued increase in demand in operational services, with some peaks in staff absences
- Widespread use of quality improvement to services to manage challenges
- Quality impact assessments completed to capture changes, identify positive practice/improvements and impact of changes
- Ongoing focus on staff and inpatient COVID and flu vaccination and booster programmes
- Regular meetings with CQC focusing on the 'safe and caring' domain and in particular discussions on areas we are worried about and action plan
- Trust retained its outstanding rating from CQC following full inspection in autumn 2021
- Patient Safety Forum monitors Prevention of Future Deaths (PFD) notices action plans
- Demand remains high across our mental health, adult community health and primary care services

Strategic Objective: Improved staff experience

Risk 5: If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy

Risk Score: Significant 16 – no changes during the year

Key Actions and Progress

- People and culture workstreams (including recovery and staffing) established as part of Silver Command structure
- Emphasis on supporting people and teams in the Trust, e.g. in looking after each other, series of race and privilege sessions, organisational development support for managers
- Focus on staff wellbeing and support with various supportive initiatives including finance education for staff, hardship fund grants, ongoing support for staff with long COVID
- Results from staff survey has seen a small decrease in respondents but overall indicators are the same or marginally improved
- 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
- Workforce planning and recruitment challenges being addressed by new initiatives being developed, new post created and recruited to lead on workforce planning, development of 'attraction' packages, establishment of temporary staffing working group, project on agency recruitment
- Two QI projects; on experience of new starters; and on reducing the time to hire
- Taking a trauma informed approach to services and corporate functions to support the wellbeing agenda around the wider determinants of health for our staff

Strategic Objective: Improved staff experience

Risk 6: If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction

Risk Score: Significant 16 – no changes during the year

Key Actions and Progress

- New role of Head of Equality, Diversity and Inclusion appointed
- Equality networks continued to liaise with network members virtually – a range of webinars held
- Emphasis on race and privilege work and risk assessment/shielders including wellbeing checks
- Ongoing organisational development offer to support services
- Vitamin D as requested by BAME network again made available to all staff and take up was positive
- 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
- Trust-wide staff survey priority includes equality, diversity and inclusion, and staff wellbeing – Trust-wide and local action plans being developed
- Six nominees completed the White Allies leadership programme and two Executive Directors have completed
- Employment tribunal activity significantly reduced as has number of whistleblowing cases

Strategic Objective: Improved value

Risk 7: If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans

Risk Score: In February 2022 the risk score was reduced from Significant 16 to High 12 in recognition of the range of actions being taken to embed behavioural and cultural changes and the positive impact that these are having in the way value and financial sustainability is being approached.

Key Actions and Progress

- National H1 and H2 efficiency requirements for 2021-2022 were achieved; full year achievement exceeded forecast
- Financial Viability (FV) programme continued throughout pandemic period and is now incorporated into annual planning cycles, to ensure it remains a focus of Trust's work
- Increased staff engagement in the programme is now being achieved as COVID recovery continues
- Previous work to embed an approach that focuses on culture and behaviour change in FV is now well progressed; the focus now is on a system reset with regard to delivering tangible savings that focus on value and quality, not purely on cost.
- Challenges include identifying plans to meet a high 2022-2023 target

Strategic Objective: Improved value

Risk 8: If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs

Risk Score: Remains at Significant 25 following a reduction to Significant 20 in May 2021 followed by an increase to Significant 25 in July 2021 to reflect the rise in malicious cyber activity and emergent global vulnerability

Key Actions and Progress

- Pandemic has significantly increased the demand for digital adoption. Trust has also embarked on an organisation wide digital transformation programme that requires enhanced capacity and capability to manage the change progress in a reliable and coherent manner, thus increasing the risks associated with programme management
- A remedial infrastructure plan for the network and wifi has been funded centrally to improve connectivity on the most affected sites until the larger programme is initiated
- Established a Solutions Board to scope and decide on priorities and a Digital Operational Transformational Board to oversee all digital projects established to manage digital innovation and end to end transformation in a more structure way to support delivery and success. This is closely linked to the larger building projects within the organisation to provide a joined-up approach to benefits realisation, cost, delivery, and operational impact. The emerging estates and digital strategies will also be closely linked
- Cyber security risks escalated 100% and the recent emergent global vulnerability, Log4j, and the Ukrainian/Russia conflict has also increased the level. Significant progress has, however, been made in terms of the cyber remediation plan, improvements in digital infrastructure and governance
- UKCloud contract risk in relation to the perilous nature of the company's trading position being proactively managed with a Cloud Migration Board established to monitor the migration of Trust data to a new platform
- A development and training plan is being developed for digital staff to support succession planning and increase the attractiveness of ELFT as a chosen place to work including apprenticeships and where necessary flexible working packages.

Throughout the year the Trust and our staff have been adjusting to a 'new normal'. Our office-based staff adapted to working from home, virtually and across different channels in line with the Government's lockdown guidelines. Our clinical and frontline staff maintained infection control requirements including PPE and worked hard to manage increasing demand along with evolving and changing national guidance, and the ongoing need for risk assessments, testing and vaccination roll outs. Sickness absence, shielding or redeployment of staff at high risk of COVID, and self-isolation requirements (e.g. following a positive COVID test) made it more difficult to maintain safe staffing levels and increased our reliance on the use of agency workers.

Whilst the pandemic presented challenges for the Trust, it has also given rise to some opportunities. The pandemic necessitated new ways of working, e.g. working from home and flexible working, especially for many administrative and corporate staff; investment in technology; increased use of digital systems for meetings between staff and information sharing; the delivery of digital consultations and group sessions for service users; an increased staff health and wellbeing offering to staff. Developments in these areas advanced at pace to meet urgent needs, and also present opportunities for the Trust in the future.

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 NEL and BLMK ICSs, 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 2021-2022 and those being considered for 2022-2023.

Green Plan



In October 2020, the Greener NHS National Programme published its strategy, *Delivering a net zero National Health Service*, outlining the impact of climate change on human health and on the delivery of healthcare and committing the NHS to becoming the world's first net zero healthcare system. The report sets actions for the entire NHS to reach net zero carbon emissions by 2040 on direct emissions (80% by 2028-32) and 2045 on those we can influence (80% by 2036-2039). These actions include for trusts to develop local green plans detailing our approach to emissions reductions in line with national targets.

At ELFT, we are dedicated to improving the health of our communities and delivering services that are efficient and effective. Since 2015 our sustainability development management plan delivered impressive reductions in greenhouse gas emissions. In June 2021 ELFT declared a climate and ecological emergency, with a commitment to raise awareness and drive down emissions from the work that we do. Working with all our stakeholders, service users, carers, communities, staff and partners, we have committed to a more ambitious approach. To succeed, we recognise we must focus our effort on actions that adequately meet this challenge and integrate sustainability into all the work that we do.

We recognise that the climate emergency is a health emergency. We acknowledge the threat that climate change and ecological damage poses to the health and wellbeing of our communities. We acknowledge the unequal distribution of poor outcomes and impacts be it globally or locally. We see climate action align with our ambitions to tackle health inequalities, to be an anchor organisation and a Marmot trust, and to deliver on our strategic objectives. We aim to centre marginalised communities and our patients and carers in this work.

Acknowledging the need for accelerated action, we aim to deliver:

- A 40% reduction in the emissions we control directly (NHS Carbon Footprint) by 2025
- A 40% reduction in the entire emissions profile (NHS Carbon Footprint Plus) by 2036.

The new Trust green plan was approved by the Trust Board in January 2022.

In line with the NHS Standard Contract 2020/21 Service Conditions SC18 Sustainable Development, the green team who manage the green plan are committed to reporting against targets and goals set out in the green plan. Below outlines the ways this will be achieved and aligned with the SC18 section on sustainable Development:

SC18 Sustainable Development		Progress/Comments
18.1	In performing its obligations under this contract the provider must take all reasonable steps to minimise its adverse impact on the environment	Our green plan outlines the ways in which we plan to reduce the Trust's emissions in the next three years and looks to even greater gains over the next 20 years and beyond. We are committed to using our resources and our influence in innovative ways that are also rooted in social justice. We will continue to work alongside stakeholders and partners to ensure the plan remains fit for purpose and responds to the environment around us
18.2	The provider must maintain and deliver a green plan, approved by its governing body, in accordance with green plan guidance and must provide an annual summary of progress on delivery of that plan to the co-ordinating commissioner	The green plan was approved by the Trust's Board of Directors in January 2022. Progress is monitored bi-monthly by a Governance Group chaired by CFO and regular reports will be provided to the Finance, Business & Investment Committee
18.3	Within its green plan the provider must quantify its environmental impacts and publish in its annual report quantitative progress data, covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved	
18.4	As part of its green plan the provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' with regards to NHS Long Term Plan commitments in relation to:	
18.4.1	air pollution, and specifically how it will be alleviated, by no later than 31 March 2022:	
18.4.1.1	take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles	Work with local authorities to integrate measures to alleviate localised pollution through electric vehicles (EV), cycling and schemes to enable staff and communities to make less polluting travel choices. Plans are in place to ensure that only hybrid or full EV are available for lease and salary sacrifice schemes. Will be completed within 2022
18.4.1.2	take action to phase out oil and coal for primary heating and replace them with less polluting alternatives	N/A: ELFT has zero use of oil or coal

SC18 Sustainable Development		Progress/Comments
18.4.1.3	develop and operate expenses policies for staff which promote sustainable travel choices, and	QI project has been launched to involve digital in an improved expenses policy where benefits and savings of using hybrid or EV will be clear
18.4.1.4	ensure that any car leasing schemes restrict high-emission vehicles and promote ultra-low emission vehicles;	Plans are in place to ensure that only hybrid or full EV are available for lease and salary sacrifice schemes. Will be completed within 2022
18.4.2	climate change, and specifically how it will, by no later than 31 March 2022, take action:	
18.4.2.1	to reduce greenhouse gas emissions from the provider's premises in line with targets under the Climate Change Act 2008	Detail of actions contained within the green plan. ELFT has 5% year on year energy reduction targets for all sites that we have full landlord control over. Working with our partners to achieve the same at those we do not manage directly. This will be presented as part of the reporting methodology mentioned in 18.2 and 18.3
18.4.2.2	in accordance with good practice, to reduce the carbon impacts from the use, or atmospheric release, of environmentally damaging fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, and the appropriate disposal of inhalers	ELFT has no use of anaesthetic agents and actions to reduce inhaler propellants are being developed.
18.4.2.3	to adapt the provider's premises and the manner in which services are delivered to mitigate risks associated with climate change and severe weather	Full compliance with NHS Emergency preparedness, resilience and response (EPRR) framework and core standards including for extreme weather. Linked with Climate Emergency Centres locally. Develop team based and individual based climate mitigation plans for infrastructure, staff and patients.
18.4.3	single use plastic products and waste, and specifically how it will, no later than 31 March 2022, take action (and must implement these plans diligently) and specifically how it will with effect from 1 April 2020 cease use at the provider's premises of single use plastic straws and stirrers unless there is clinical need to do so for medical purposes, as would be permitted by the draft Environmental Protection (Plastic Straws, Cotton Buds and Stirrers) (England) Regulations 2020, if enacted, and by no later than 31 March 2021 take action:	

SC18 Sustainable Development		Progress/Comments
18.4.3.1	to reduce waste and water usage through best practice efficiency standards and adoption of new innovations	We plan to increase recycling provision to 100% of sites over 3 years. Work with waste carriers to improve efficiencies and reduce waste. Install water saving measures at all sites. Initiate a reuse scheme
18.4.3.2	to reduce avoidable use of single use plastic products, including by signing up to and observing the plastics pledge	A QI project has been commenced with the specific aim of removing all single use plastics
18.4.3.3	so far as clinically appropriate, to cease use at the provider's premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics	
18.4.3.4	to reduce the use at the provider's premises of single-use plastic food and beverage containers, cups, covers and lids, and	
18.4.3.5	to make provision with a view to maximising the rate of return of walking aids for re-use or recycling	
18.5	The provider must ensure that with effect from the earliest practicable date (having regard to the terms and duration of and any rights to terminate existing supply agreements) all electricity it purchases is from renewable sources	All electricity ELFT purchases comes from 100% renewable sources and has done since 2019
18.6	The provider must, in performing its obligations under this contract, give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, and must discuss and seek to agree with the co-ordinating commissioner, and review on an annual basis, which impacts it will prioritise for action	An ELFT anchor strategy document has been created and is being adhered to as per the commitments listed. One of the green plan workstreams focuses specifically on procurement and we are working with procurement to bring about the changes needed within the supply chain that will help reduce our carbon footprint and highlight cost savings.

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.

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.

Modern Day Slavery

Modern day slavery encompasses slavery, servitude, human trafficking, and forced labour. The Trust has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern day slavery taking place within the business or our supply chain. We adhere to the NHS Employment Checks standards and modern slavery guidance is embedded into Trust safeguarding policies.

Conflicts of Interest

The Trust aspires to the highest standards of corporate behaviour and responsibility. The Trust's Standards of Business Conduct policy sets out the responsibilities of managers and staff to ensure that their behaviour inside and outside work, and interests 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.

Political Donations

The Trust made no political donations during 2021-2022.

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.

Income Generation and Disclosures

Details are included in the Annual Accounts.

Overseas Operations

The Trust did not undertake any overseas operations during the year 2021-2022.

Equality, Diversity and Inclusion: Our Service Users

Public Sector Equality Duty

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.

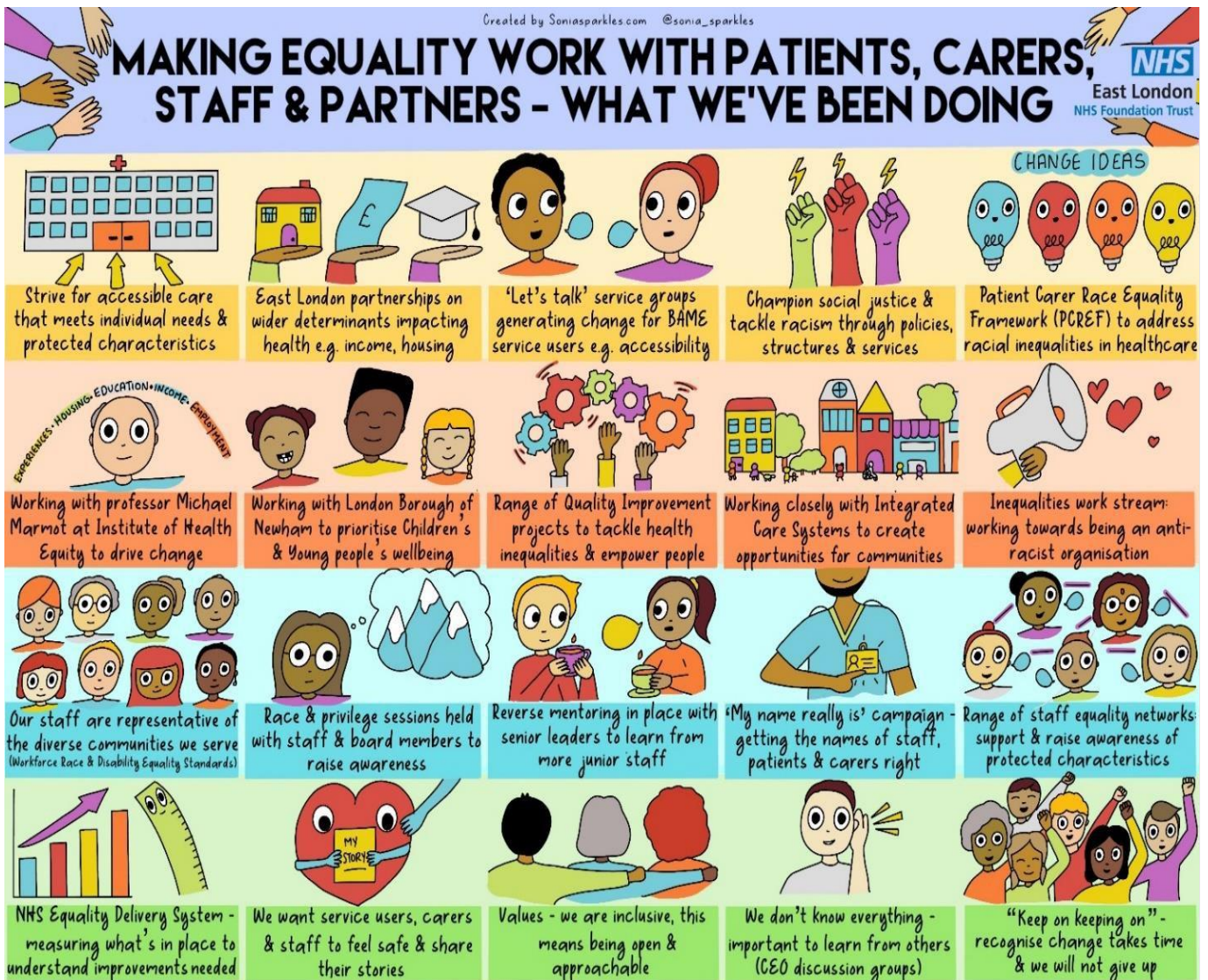
Promoting Equality of Service Delivery

Making Equality Work In ...

Chaired by the Chief Nurse/Deputy Chief Executive, *Making Equality Work In...* sessions run twice yearly in Bedfordshire and Luton, City & Hackney, Newham, Tower Hamlets and corporately, bringing together services to describe the work they have been doing on equality and sharing good practice.

In February 2022 the *Making Equality Work in ELFT* conference, chaired by the Chief Nurse/Deputy Chief Executive, and the Chief People Officer, and opened by the Trust's Vice-Chair, used the following CQC feedback to take an organisation-wide perspective:

- Staff described how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act
- Our proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met patient's individual needs, which was accessible and promoted equality
- A strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.



Recognising that there is still more to do, participants explored the equality work across the Trust with service users and carers, staff and partners, how equality fits in the new Trust Strategy including becoming an anti-racist organisation, what's been happening in the staff equality networks, the *Let's Talk* consultation with Black, Asian and minority ethnic service users in City & Hackney, Newham and Tower Hamlets and the work to date to pilot the patient and carer race equality framework (PCREF). To end the event, participants explored 'the lessons from our equality work to date' and how this learning should shape the next Trust equality strategy 2022-2025.

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MAKING EQUALITY WORK WITH PATIENTS & CARERS, STAFF AND PARTNERS: ACTIONS FOR THE FUTURE

NHS East London NHS Foundation Trust

 <p>Support communities to achieve healthy living</p>	<p>Make patients & carers feel comfortable in sharing their individual & collective needs (as defined by protected characteristics)</p> 	 <p>Understand needs post pandemic - what do people want?</p>	<p>Variation in experience is one of our biggest challenge-be more consistent & sensitive to individual needs</p> 
 <p>Embed trauma informed approaches across all services</p>	<p>Be part of the "rainbow badge" accreditation to address LGBTQ+ needs</p> 	 <p>Create a statement on trans rights & make it work</p>	<p>Focus on growing peer support</p> 
 <p>Create processes to better engage with new starters in the Trust</p>	<p>Create more spaces to have safe conversations in small groups</p> 	 <p>Mental health support for workforce to share experiences</p>	<p>Understand best way to celebrate all festivals & balance inclusivity embracing diversity of everyone</p> 
 <p>Promote the equality networks, come & experience them</p>	<p>Make equality training compulsory, including customer care training</p> 	 <p>Make sure learning & stories are shared across services & teams</p>	<p>Ensure concrete actions to measure progress in new equality strategy</p> 
 <p>Balance time taken building trust with people against the need for quicker pace of actions</p>	<p>Focus on enhancing communication and consistency</p> 	 <p>Review our website - is it doing the job it needs to do?</p>	<p>Challenge our own assumptions more!</p> 

In autumn 2020 a survey of carers about health and life during the lockdown yielded almost 100 detailed and heartfelt responses. As with other issues, the pandemic reinforced and exposed inequalities for carers with many respondents feeling existing challenges worsened. The key themes emerging were about:

- The relationship between services and carers including the need for better communication with and information from professionals, improved access and

- support and demonstration of respect – learning about what works from carers support (from voluntary and community groups) and people participation
- Moving service delivery from face-to-face to virtual including opportunities and challenges and equipping carers with the right skills.

Throughout 2021 a mapping exercise was undertaken demonstrating a range of support and services although it was clear that carers were often unaware of what was happening. Following consultation with services and carers, a new carers' strategy has been agreed with a 'carers promise' focussing on the following five priorities:

- Improve identification and recognition of carers including young carers
- Staff should be aware of carers and trained to engage with carers effectively
- Clear pathways to access support for carers and help in a crisis
- Carer voice and involvement
- Ensure right support is in place for young carers.

Chaired by the Director of Social Work and meeting bi-monthly, a Carers Strategy Implementation Group has been established with an oversight role across the Trust designed to provide support and critical reflection and hold directorates/services to account for delivery of the strategy, meeting the local needs of their carers.

Working with BLMK ICS

The Chief Executive chairs the BLMK ICS Inequalities Group. Accountable to this group, with involvement of the Trust, the Denny review into inequalities across BLMK is underway. This has included a literature review to understand existing knowledge, gaps and good practice and will be followed by a community engagement exercise during the summer.

Accountable to the BLMK ICS Mental Health Programme Board, chaired by the Director of Integrated Care, an advancing mental health equality strategy and action plan is in place across BLMK. Using the four-step process for recognising, identifying and addressing inequalities and advancing equality, this covers the breadth of need and service provision including perinatal, children and young people, young adults, IAPT, dementia, community mental health, crisis, acute care, suicide reduction and bereavement, rough sleeping, staff mental health support, digital and autistic people and those with a learning disability. Overseen by a working group chaired by the Director of Bedfordshire and Luton Mental Health Services, this work is to be evaluated in early 2022-2023 overseen by Public Health Milton Keynes.

No Recourse to Public Funds

Under the aegis of the inequalities workstream, work has been underway to coordinate practice to meet the needs of people with no recourse to public funds (NRPF), one of the most vulnerable groups in society. This included a webinar open to all staff to learn from the good practice of the NRPF Network, doctors of the world and Praxis.

NHS Equality Delivery System (EDS2)

Drawing on focus group discussions with staff and service users, the Trust has used the EDS2 self-assessment tool to reflect on practice and determine next steps.

MAKING EQUALITY WORK: OUR EQUALITY NETWORKS SUPPORT STAFF TO DELIVER BETTER SERVICES

BAME NETWORK



500+ members meet quarterly to discuss culture, diversity & race



Race & privilege sessions: safe space to discuss bullying/harassment



Sunshine in my pocket: offered vitamin D to all staff following COVID



Online mentoring & coaching: mentorship & support development

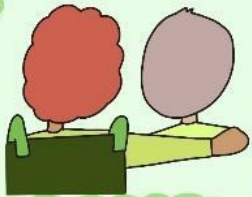


Welcome all members & allies to champion change: graham.manyere@nhs.net

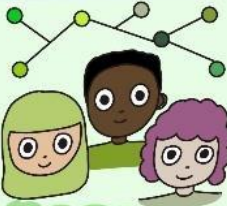
ELFTABILITY NETWORK



Regular network meetings to highlight ability needs



Peer buddy support, newsletters & events to highlight awareness



Allies connecting across boroughs: East London, Bedfordshire and Luton



Recently explored adaptations, accessibility & text solutions

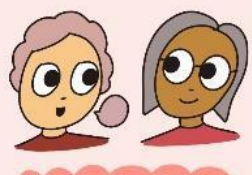


Come share stories & shape improvements: elft.ability@nhs.net

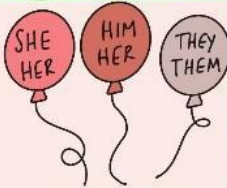
LGBTQ+ NETWORK



200+ members meet bi-monthly & conferences held for awareness



Monthly allies training. Interviews & videos to promote knowledge



Successful pronouns campaign to help raise inclusivity & solidarity



'Beyond the rainbow' - wellbeing events held during COVID



Help us raise awareness on rights & equality: Fiona.lord1@nhs.net

WOMEN'S NETWORK



A safe space for women to come and discuss challenges they face



Self defence & psychology training offered in the network



Imposter syndrome, confidence & careers advice discussed

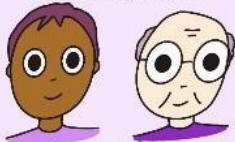


Subjects such as menopause awareness & impact discussed



Safe space to share learning & gain support: Philippa.graves1@nhs.net

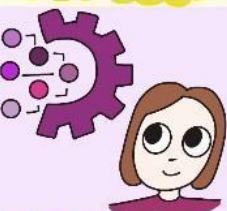
INTERGENERATIONAL NETWORK



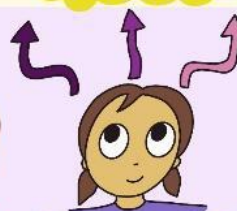
Understand needs & assets of different generation groups



Support different age groups with their needs, interests & requirements



An example: helped older people with digital tech use during COVID



An example: helped younger workforce with career decisions



Practical support offered across all ages: amanshah@nhs.net

Tackling the Wider Causes of Inequality

The Trust has led a wide range of work aimed at addressing some of the underlying drivers of inequalities and improving the health of the local population. We have established an

Improving Population Health Steering Group made up of staff, service users and local partners.

This group pulls together all the work across the Trust on improving population health and aims to increase our understanding of inequalities for our local populations. To support this the group have organised a series of open access webinars addressing topics chosen by our staff and service users. These have included food poverty, the impact of COVID on BAME communities, youth and gang violence as a public health issue, and inequalities facing the gypsy and traveller communities.

Anchor Organisation

As a large employer with annual operating expenditure of nearly £585m, the Trust recognises its significant role and responsibility as an anchor organisation to support the health and wealth of the communities it serves in Bedfordshire, Luton, Richmond and East London.

As we emerge from a pandemic which has highlighted and exacerbated health inequalities, and think about building back better and fairer, there is an ever greater need for anchor organisations such as ELFT to support place-based approaches that create the foundation for healthy communities and improve population health outcomes. We are doing this by increasing local employment and training opportunities; putting social value into all of our contracts and reviewing existing contracts to ensure they are working to these as well.

Our social value commitments are:

- Ensuring our suppliers pay the real living wage set by the Living Wage Foundation
- Investment to grow and retention of spend in local economies
- The creation of equal employment and training opportunities for local people, people with protected characteristics, service users, and groups hardest hit by the COVID-19 pandemic
- Support for young workers, school leavers and apprenticeship schemes
- A commitment to sustainability, including a reduction in carbon emissions.

We are one of six NHS organisations awarded funding by The Health Foundation to review how well we are doing against these commitments and share the learning with the rest of the NHS.

ELFT as a Marmot Trust

ELFT is partnering with University College London's Institute of Health Equity (IHE) as the first Marmot NHS Trust in England. Our partnership is to help develop our understanding of what an NHS Trust needs to do to have an impact on the social determinants of health, and to support the further delivery of the Trust's strategy to improve population health. We are starting this work in Luton and Newham, and focussing on employment, and children and young people.

Vaccine Inequalities

As part of our COVID response we delivered a very successful staff vaccination programme and, as part of this, we established a COVID Vaccine Inequalities Task Group where we analysed uptake of the vaccine by staff's age, gender, ethnicity and pay band. The data

was used to target lower uptake rates among key groups and increased the Trust's understanding of inequity in access and uptake. A staff webinar was organised specifically focussing on fertility and pregnancy in response to this.

Stop Smoking Services

The Trust has been awarded early implementer site status for two programmes aimed at reducing the inequality gap in access to stop smoking services between people with serious mental ill health and the general population. ELFT has developed a new service model developed with service users and staff. The new model will incorporate peer support and extend our stop smoking support from inpatient to the community to increase our support for service users trying to quit.

Friends and Family Test (FFT)

Tables below show the percentage of people who responded positively to the friends and family test (FFT) question. This means they responded 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 9,244 responses to the FFT question between 1 April 2021 and 31 March 2022, 4,417 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 7.

The data includes the following directorates:

- Bedfordshire and Luton mental health services
- Bedfordshire community health services
- Community health services adults
- City & Hackney
- Forensics
- Newham
- Primary Care
- Specialist services (except CAMHS whose FFT data is not available via the Envoy system, and SCYPS who do not collect demographic information)
- Tower Hamlets
- Tower Hamlets community health services
- Stratford Vaccination Centre.

Gender	Female (n=2,477)	Male (n=2003)
% scoring positively	84.38%	81.98%

Age	0-15 (n=7)	16-24 (n=373)	25-34 (n=569)	35-44 (n=703)	45-54 (n=670)	55-64 (n=688)	65-74 (n=653)	75-84 (n=464)	85+ (n=214)
% scoring positively	100%	80.70%	83.83%	79.66%	80.60%	80.23%	84.23%	89.65%	93.46%

Race	Asian/ Asian British (n=701)	Black/African/ Caribbean/Black British (n=589)	Mixed/Multiple Ethnic Groups (n=222)	Other Ethnic Group (n=141)	White (n=2753)
% scoring positively	87.16%	86.76%	80.63%	78.72%	81.77%

Sexuality	Bisexual (n=181)	Gay (n=74)	Heterosexual (n=3542)	Lesbian (n=45)
% scoring positively	79.69%	66.22%	83.31%	80%

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=1420)	Yes, limited a little (n=1308)	Yes, limited a lot (n=1569)
Percentage scoring positively	84.86%	84.25%	80.62%

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2021-2022*. 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 2022.

Overview

The Trust reported a £155k annual deficit (on an adjusted control account basis) as part of the NEL ICS.

The table below summarises our performance for 2021-2022:

Annual Report: I&E Extract	2021-2022 £000	2020-2021 £000
Annual Income and Expenditure Summary		
Operating Income	588,743	508,403
Operating Expenditure	(583,533)	(498,975)
Operating Surplus	5,210	9,428
Finance Costs		
Interest Receivable	238	177
PFI and Finance lease interest payment	(2,221)	(2,232)
PDC Dividends payable	(5,289)	(4,299)
Net Finance Cost	(7,272)	(6,354)
Share of (loss)/profit of joint venture	(704)	605
Movement in fair value of investment	7	13
Property		
(Deficit)/Surplus for the year	(2,759)	3,692
Add back all I&E impairments/(reversals)	(157)	611
Remove capital donations/grants I&E impact	84	82
Remove net impact of consumables donated from other DHSC bodies	(82)	(208)
IAS19 - Removal of Non cash Pensions on SOFP	324	148
Prior period adjustments	2,435	-
Adjusted financial performance	(155)	4,325
Target	0	3,600

A total of £20.3m worth of revenue costs relating to COVID were recorded by the Trust in 2021-2022 (£20.9m in 2020-2021). The figure includes the costs of operating the Westfield Vaccination Centre as well as acting as the Lead Vaccination Employer for NEL.

Capital

The Trust delivered a sizeable capital programme of £13.7m. The broad categories of spend are upgrades of clinical areas and buildings (£3.3m), plant and machinery / furniture and fittings (£0.6m), and digital and informatics improvements (£9.8m).

Income

The Trust received £588.7m of operating income in 2021-2022. 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 2021-2022 as reported in the accounts.

Annual Income	2021-2022 £000	2020-2021 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	475,792	420,572
Department of Health and Social Care	-	189
Foundation Trusts	3,653	3,239
Local Authorities	15,819	14,606
NHS Trusts	55,936	29,825
Non-NHS: Overseas patients (chargeable to patient)	-	15
Non-NHS Other	3,753	5,185
Total Income from Activities	554,953	473,631
Other Operating Income		
Education and Training	14,808	9,672
Research and Development	2,707	3,007
Rental revenue from operating leases	438	481
Other income	3,862	807
Reimbursement and top-up funding	11,428	17,051
Donated equipment from DHSC / NHSE for COVID-19 response (non-cash)	-	8
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID-19 response	547	3,746
Total Other Operating Income	33,790	34,772
Total Operating Income from Continuing Operations	588,743	508,403

Expenditure

Annual Expenditure	2021-2022 £000	2021-2022 %	2020-2021 £000	2020-2021 %
Service from NHS Bodies	43,511	8%	35,688	7%
Service from Non-NHS Bodies	25,846	4%	10,438	2%
Staff Costs	405,189	71%	380,488	78%
Establishment	4,948	1%	3,734	1%
Supplies and Services	20,307	4%	13,917	3%
Drugs	5,900	1%	6,394	1%
Premises	30,724	5%	17,808	4%
Other	36,911	6%	20,810	4%
Subtotal	573,336	100%	489,277	100%
Depreciation and Amortisation	10,354		9,087	
Impairments (reversals)	(157)		611	
Subtotal	10,197		9,698	
Total Expenditure	583,533		498,975	

Analysis of the operating spend is shown in the table above with comparative figures for 2020-2021. Staff pay costs for 2021-2022 account for 71% 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

12 October 2022

ACCOUNTABILITY REPORT

Directors' Report

Introduction

Our Board of Directors (the Board) 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 accordance 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

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 has throughout the year been responsible for the effective working of the Board, and for ensuring that the Board has a strategy that delivers a service that meets the expectations and requirements of the communities we serve and that all Directors are able to play their full part in the strategic direction of the Trust and its performance. The Chair also facilitates the contribution of Non-Executive Directors and their constructive relationships with the Executives.

The Chief Executive is responsible for all aspects of the management of the Trust. This includes 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 Chair with the support of the Director of Corporate Governance ensures that the Directors and Governors receive accurate, timely and clear information, making complex information easier to digest and understand.

During the year the time spent with Governors has helped the Board to understand their views of the Trust and its strategies, and Board Directors attend the Council of Governors (the Council) meetings, with Governors routinely attending the Trust Board meetings held in public as observers. Communication with members, service users and carers support the Board's understanding of what matters to them.

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 (FFPR) 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 descriptions below of each Director's expertise and experience demonstrates the relevance of the skills, knowledge and expertise that each Director brings to the Trust.



Mark Lam, Trust Chair

Mark joined as Chair at the Trust in June 2020.

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, Chair of North Middlesex University Hospital Trust, Vice-Chair of North Central London Provider Alliance and Vice-Chair of Broadway Partners (a fibre broadband business). He is a Non-Executive Director on the Board of Social Work England and is also a Trustee of Hastings International Piano.

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 joined the Trust in November 2018 as a 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 joined the Trust in November 2016 as a Non-Executive Director and was appointed as the Trust's Senior Independent Director with effect from October 2020.

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 Speaker's Committee for the Independent Parliamentary Authority. He is Vice-Chair of the Inner Circle Education Trust, Trustee of Dr Frost Learning 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 and Member of the Council of Queen Mary, University of London (QMUL).

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 joined the Trust in December 2020 as a Non-Executive Director after almost 26 years as a local authority chief executive.

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. He became Chief Executive of East Cambridgeshire District Council in 1995 and then Aylesbury Vale District Council in 2000. He then took the helm at Wolverhampton City Council in 2006.

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 have included working with the Department of Health and Social Care as part of the response to the COVID-19 pandemic. He is also Managing Director for the East Midlands Development Company and Interim Director of Corporate Services at City of Edinburgh Council.



Tanya Carter, Chief People Officer

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 23 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).

Tanya has a Postgraduate diploma in HR Management, an MA in Strategic HR Management, and a certificate in Organisational Development. She is also a Chartered Fellow Member of the Chartered Institute of Personnel Development (CIPD).



Anit Chandarana, Non-Executive Director

Anit joined the Trust in November 2018 as a Non-Executive Director and is also the Trust's Audit Committee Chair.

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

Currently Lead Director at the Great British Railways Transition Team, Anit has worked diligently within various senior financial roles at Network Rail including Chief of Staff (2019-2021), 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 three times in the Financial Times list of *The 100 Leading Ethnic Minority Executives*.



Steven Course, Chief Finance Officer and Deputy CEO

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 was appointed as Deputy CEO at the Trust in June 2021.

Steven has over 19 years' NHS experience in mental health, community, acute and strategic organisations including the Department of Health. He 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, MRCP, Barrister, OBE, Non-Executive Director

Sam joined the Trust in January 2020 as a Non-Executive Director.

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. He 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.

Sam 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.

Richard's qualifications include BA(Hons) in English Literature, Diploma in Social Work, MA in Social Work, Masters in Public Administration.



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 Fellow 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 as Chief Digital Officer. 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 a background in radiology, and has conducted research into neurology, pathology and paediatrics at King's College Medical School.

Philippa's passion are digital transformation, 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.

Philippa's qualifications include BSc (Hons), MBA and is an NHS Digital Academy Leadership Graduate.



Professor Dame Donna Kinnair DBE, Non-Executive Director

Dame Donna joined the Trust in January 2021 as a 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, Chief Operating Officer

Edwin was appointed as Chief Operating Officer in June 2021 having formerly been 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.

Edwin holds a Registered Nurse qualification RMN, MPA and the Ney Bevan Healthcare Leadership Programme award.



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 has led the approach to quality at ELFT for the last decade. Amar's portfolio includes 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 national improvement collaboratives on the topics of mental health equality and joy in work. He is chair of the QI faculty at the Royal College of Psychiatrists, honorary visiting professor at the University of Leicester and City University, London. Amar is an improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world.

Amar's qualifications include MMBS, MRCPsych, MA (Hons), LL.M, MBA and PGCMedEd.



Lorraine Sunduza, Chief Nurse and Deputy CEO

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 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 was appointed as Deputy CEO at the Trust in June 2021. She is a Myers-Briggs Step 2 Administrator and Nye Bevan Health Care Leadership Programme.

Lorraine's qualifications include Registered Nurse (Mental Health).



Eileen Taylor, Vice-Chair

Eileen joined the Trust in November 2018 and was appointed Vice-Chair of London in March 2019 and subsequently of the Trust from October 2020. With effect from April 2022 Eileen has been appointed as Acting Chair of the Trust.

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 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.

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



Deborah Wheeler, Non-Executive Director

Deborah joined the Trust in January 2021 as a 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.

Mason Fitzgerald, Executive Director Planning & Performance, was also a Board Director at East London NHS Foundation Trust until 27 April 2021 and was on secondment to Norfolk and Suffolk NHS Foundation Trust from 1 December 2019 to 4 March 2021.

Steven Course stood down as Chief Finance Officer and Deputy CEO on 30 June 2022. Samanthi Gibbens was appointed as Interim Chief Finance Office on 1 July 2022.

Dr Paul Gilluley stood down as Chief Medical Officer on 30 June 2022. Dr David Bridle was appointed as Interim Chief Medical Officer on 1 July 2022.

Independence of the Non-Executive Directors

The Trust is committed to ensuring that the Board is comprised of a majority of independent Non-Executive Directors who objectively challenge management. Our Non-Executive Directors provide a wide range of skills and experience. They bring strong, independent oversight and judgement on issues of strategy, performance and risk through their contribution at Board and Committee meetings. The Board considers that throughout the year each Non-Executive Director was independent in character and judgement.

The Council 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 rigorous annual review and 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 2021-2022 Mark Lam has declared an interest in the following:

- Group Chair, Royal Free London NHS Foundation Trust
- Chair, North Middlesex University Hospital Trust
- Vice-Chair, UCL Health Alliance
- Director, UCL Partners Limited
- Non-Executive Director, Social Work England
- Trustee, Hastings International Piano Competition,
- Vice-Chair, Broadway Partners.

Eileen Taylor was appointed as Acting Chair of the Trust with effect from 4 April 2022 whilst Mark Lam is on an agreed sabbatical following his appointment as Chair of North Middlesex University Hospital Trust; during 2021-2022 she declared an interest as a Non-Executive Director of MUFG Securities EMEA Ltd.

Register of Interests

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

How to Contact the Board of Directors

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

Switchboard: 020 7655 4000

Email: elft.communications@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 2021-2022 financial year.

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Mark Lam	Trust Chair	6 of 7	8 of 8
Paul Calaminus	Chief Executive	7 of 7	8 of 8
Aamir Ahmad	Non-Executive Director	7 of 7	6 of 7
Ken Batty	Senior Independent Director	7 of 7	4 of 8
Richard Carr	Non-Executive Director	7 of 7	3 of 7
Tanya Carter	Chief People Officer	7 of 7	5 of 7
Anit Chandarana	Non-Executive Director	5 of 7	6 of 5
Steven Course	Chief Finance Officer and Deputy CEO	7 of 7	6 of 7
Sam Everington	Non-Executive Director	7 of 7	1 of 7
Richard Fradgley	Executive Director of Integrated Care	7 of 7	7 of 7
Paul Gilluley	Chief Medical Officer	7 of 7	5 of 7
Philippa Graves	Chief Digital Officer	7 of 7	7 of 7
Donna Kinnair	Non-Executive Director	5 of 7	4 of 7
Edwin Ndlovu	Chief Operating Officer	7 of 7	5 of 7
Amar Shah	Chief Quality Officer	7 of 7	4 of 7
Lorraine Sunduza	Chief Nurse and Deputy CEO	7 of 7	5 of 7
Eileen Taylor	Vice-Chair	7 of 7	8 of 8
Mohit Venkataram	Executive Director of Commercial Development	7 of 7	6 of 7
Deborah Wheeler	Non-Executive Director	7 of 7	6 of 7

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 keep a watching eye on its governance arrangements in the light of the challenges the Trust was facing as a result of the COVID pandemic and took account of the guidance from NHS 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 retained its planned Board and

committee meetings. Agendas were reviewed to ensure that appropriate focus and time was provided to key issues.

Deloitte LLP was appointed in August 2021 to undertake a development leadership and governance review using the eight key lines of enquiry set out in the NHS Improvement well-led framework. Key conclusions reflected the feedback from the CQC inspection, in particular:

- The Trust has a positive values-based culture with a focus on equality, diversity and inclusion, health and wellbeing and Freedom to Speak Up
- The Trust is an exemplar in areas including people participation, quality improvement and Governor engagement, and is seen as a strong system player
- The Board works as a unitary board with a focus on strategy, an underpinning innovative committee structure and sound use of the BAF.

No major areas of concern were identified and the majority of recommendations were aimed at refining leadership and governance at the Trust, some being reflective of a point in time given the recent changes to the Trust Board membership and also the effects of the pandemic. Actions in response to the recommendations will be included in the action plan that has been developed following the CQC well-led inspection to provide an integrated approach to improvements and monitoring.

Directors' Remuneration

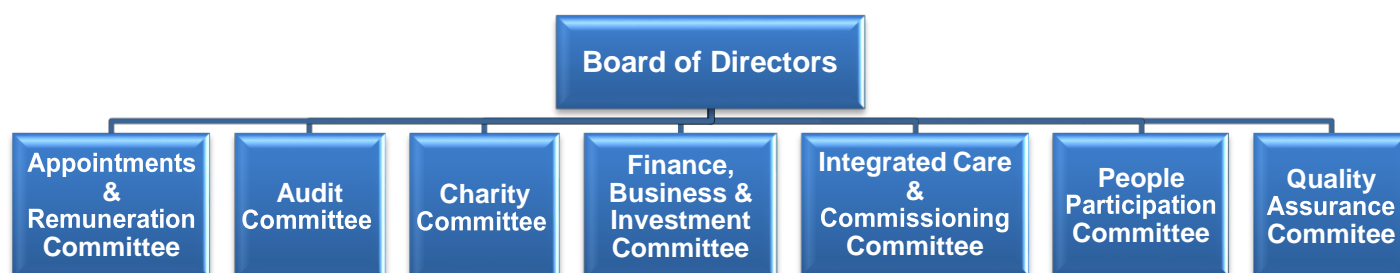
The responsibility for setting the remuneration of the Executive Directors falls to the Board of Directors Appointments & Remuneration Committee.

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.



Audit Committee

Purpose

The Audit Committee provides an independent and objective review to the Board on the effectiveness of the Trust's integrated 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 2021-2022 financial year.

Committee member	Title	Attendance (actual/possible)
Richard Carr	Non-Executive Director	7/8
Anit Chandarana	Non-Executive Director, Committee Chair	7/8
Deborah Wheeler	Non-Executive Director	7/8

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.

Given the skills and experience of the members and, through the work of the Committee across the year, the Board is satisfied that the Committee has remained effective and has a balanced membership including both recent and relevant financial experience as well as clinical experience.

External Audit

Since 1 August 2020 BDO LLP have been the Trust's external auditors. 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 committee reviews the external audit annual audit plan during the financial year and receives regular updates on progress. During the year, the committee also received 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 2021-2022 was £71,500 excluding VAT. Their audit and non-audit fees are set, monitored and reviewed throughout the year. No non-audit services were provided by BDO during 2021-2022.

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 2021-2022 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 in discussion with the whole Board 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 committee receives regular progress reports from the LCFS during the year as well as an annual report. The Board attaches significant importance to the issue of fraud and corruption. Reported concerns have been investigated by our LCFS specialists in liaison with the NHS Counter Fraud Authority (CFA) and the police as necessary. The committee reviewed the levels of fraud reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery.

The Trust continues to work to maintain an anti-fraud culture and in addition to a range of policies and procedures in place to minimise risk, the LCFS team have rolled out a regular and innovative communications and engagement programme during the year to support staff with raising concerns.

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 committee continued with the deep dives into individual risks on the Trust's BAF and received regular updates on the status of the Trust's cyber security and preparedness. The committee is also informed by assurance work undertaken by other Board committees through joint memberships and escalations to the Board. The committee also regularly receives the minutes from the Quality Assurance Committee together with a verbal report from the Non-Executive Director who is a member of both committees.

In response to the pandemic, the committee maintained oversight of the additional financial governance arrangements in relation to COVID related expenditure that had been put in place 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.

Appointments & Remuneration Committee

Chaired by a Non-Executive Director, this committee is constituted as a standing committee of the Board and has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director (including the CEO) positions on the Board, ensuring compliance with any mandatory guidance and relevant statutory requirements, and is responsible for reviewing the annual performance of Executive Directors as well as succession planning and reviewing Board structure, size and composition. The committee has oversight and monitors the development of and progress with the strategies related to the Trust's workforce in the form of the people plan. This committee is also the lead Committee for a risk relating to the improving staff experience strategic priority on the Board Assurance Framework.

Further details can be found in the Remuneration Report.

Charity Committee

Chaired by a Non-Executive Director, this committee includes a membership of one other Non-Executive Director, Chief Finance Officer, Chief Nurse and Executive Director of Commercial Development, and also includes communications, Governor and people participation representation. The purpose of the Committee is to maintain a detailed overview of the Trust's charitable funds assets and resources in relation to the achievement of the agreed strategy.

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. 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 the improving value strategic priority on the Board Assurance Framework.

Integrated Care & Commissioning Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors, the Chief Digital Officer, Chief Medical Officer, Chief Quality Officer, Executive Director of Commercial Development and Executive Director of Integrated Care. The purpose of the Committee is to provide oversight and assurance on:

- The delivery of the Trust's strategic objective to improve population health and tackle health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim
- The Trust's approach to integration, and in particular within Integrated Care Systems
- Where the Trust develops or adopts new models of care arrangements that will improve population health and tackle inequalities, including for example where the Trust is a lead provider and contract holder, commissioner or primary care provider.

The committee is also the lead Committee for a risk relating to the improving population health strategic priority on the Board Assurance Framework.

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 the improving patient experience strategic priority 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 strategic priority 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 pandemic.

Care Quality Commission (CQC)







The Trust is required to register with the CQC and its current registration status is 'Registered with no conditions applied'. There are no conditions on registration and the CQC has not taken enforcement action against the Trust during 2021-2022.

Three comprehensive inspections have been undertaken at the Trust in 2016, 2018 and 2021.

The Trust received an inspection of older people wards and forensic services during September 2021. The CQC also conducted a well-led inspection of the Trust in October 2021. The outcome of this inspection provides assurance to the Trust Board in relation to the Trust's provision of regulated activities, and identifies areas for continued improvement.

The findings of these inspections have been published and the Trust has maintained its 'outstanding' rating for a third time.

Ratings

Overall trust quality rating	Outstanding 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Outstanding 

The CQC found areas of positive practice:

- Inspectors found an overwhelmingly positive culture across the Trust. Staff told CQC that they felt proud to work for the Trust and we heard many examples of how they put the people who use services at the centre in their work
- People participation had been extended since the last inspection and we heard of many examples where co-production was taking place. The CQC described the befriending service and service user led accreditation programme as examples of innovative co-production
- The CQC were inspired by the work being undertaken on race and privilege connected to the Black Lives Matter movement and the work taking place to improve staff wellbeing
- Quality improvement continued to be embedded and developed further across all areas of the Trust.
- Work to refresh the Trust strategy was almost complete and had been done with a wide range of internal and external consultation. The strategy on a page was clear and accessible
- The Trust had made a significant contribution to this work through its delivery of the vaccination programme in North East London
- Partnership working had developed significantly since the previous well led review. We heard about the active participation and leadership roles by members of the Trust leadership team in the two care systems where the majority of Trust services were located.

The CQC also recognised challenges and areas for improvement:

- CQC stated they would like to see the progression of the work to achieve sustained improvements in recurring themes from serious incidents
- Recognised the adverse impact some environments/estates are having on patient care and will continue to monitor short and longer term work to make improvements
- Challenges staff report in daily use of IT equipment and platforms.

The CQC inspection identified one *must do* action in relation to mixed sex accommodation in older people inpatient services. There were also 13 *should do* actions identified within the report. An action plan is now being implemented to address each of the recommendations.

An inspection of Leighton Road Surgery was also conducted by the CQC in October 2021 which was a separate process to the overall Trust well-led inspection, and each practice in the Trust is rated separately. The CQC overall rating of the practice improved to 'good' with all five domains rated as 'good'; when the surgery joined the Trust in 2019 it was rated as 'inadequate with special measures' and the improvement to a 'good' rating is testament to the efforts of both the surgery team and the primary care directorate within the Trust.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



The CQC found that:

- The practice continued to make improvements to the service since the previous inspection, demonstrated through improvements in patient outcome measures and patient satisfaction
- The practice provided care in a way that kept patients safe and protected them from avoidable harm, and that the care received was effective and treatment met their needs
- The practice had made improvements in relation to the provision of services for mental health patients in particular; and integrated working with community health teams helped to deliver improved physical and mental wellbeing for this group of patients
- The practice was committed to delivering quality improvement
- Staff were encouraged to learn and had opportunities to develop in their roles and responsibilities
- Staff dealt with patients with kindness and respect and involved them in decisions about their care
- Complaints were acted upon appropriately and in a timely way and used to make changes to services.

CQC made a range of recommendations including:

- Identify all household members in the event of safeguarding concerns and ensure all staff are up to date with their safeguarding training relevant to their roles
- Include checks against the NHS National Performers list when recruiting GPs
- Implement regular fire drills and ensure staff are competent in the use of the evacuation chair
- Various system reviews and implementation including, for example, systems for monitoring patients prescribed high risk medicines to ensure test results and information required for effective prescribing are accurately recorded and that patients understand when to take their medicines.

In addition, to strengthening assurance in relation to regulatory compliance and inspection readiness, and support the quality and safety of services, the Trust will continue to embed the CQC@ELFT programme which will take account of the learning from recent inspections; annual requirements for services to assess themselves against key criteria and risks specific to their function to ensure ongoing visibility of areas of risk; and the triangulating of different information related to CQC preparedness that will identify common themes for action.

Service User and Patient Care

Safer Services

Patient Safety Review

Following the patient safety review completed by Prof Carl Macrae, the Trust has established a Patient Safety Forum which meets monthly and discusses issues related to improving patient safety. In 2022 the Director of Patient Safety role was developed and recruited to. The postholder will project manage the recommendations from the patient safety review and plan on how improvements in patient safety will be informed by the National Patient Safety Framework.

COVID-19 Excess Deaths

The Trust reviewed the excess deaths among people in contact with ELFT services over the course of the first two waves of the COVID pandemic between January 2020 and May 2021. Weekly deaths recorded among ELFT service users during the first and second waves of the pandemic were compared to deaths during an equivalent time period in 2019. Excess deaths were estimated and compared between our regions, service types, and between different population groups of service users. There was an estimated 1,144 excess deaths among ELFT service users during the first two waves of the pandemic combined. Deaths were 2.6 times above expected numbers during the first wave and 1.5 times above expected numbers during the second wave. Bedford and Luton community health services had a higher increase in deaths than other parts of the Trust.

ELFT service users are particularly vulnerable to the direct and indirect effects of the COVID pandemic. The Trust will continue to address this risk by maintaining infection prevention and control procedures, continuing to promote vaccination, supporting service users to stay physically healthy and continuing to review mortality data.

Annual Patient Safety Learning Event

The Trust's annual patient safety learning event was held in October 2021. The event reflected on themes identified from complaints, serious incident investigations and mortality reviews which have led to safety changes to ELFT's service delivery.

Through a combination of presentations, round table working discussions and networking, the focus of this event was on sharing learning.

The safety themes covered were:

- Clear communication: parents and families
- Safeguarding within secure services
- Being open and duty of candour: revisions to legislation
- World Mental Health Day: a service user's perspective
- Children's adolescent mental health services (CAMHS): care perspectives from the pandemic.

Inpatient Violence and the COVID-19 Pandemic

Violence is the most frequent form of clinical incident in our services. The Time to Think approach (using the safety culture bundle developed in ELFT) to violence reduction and the reduction of restrictive practices is now an established process across our in-patient services.

The Coronavirus pandemic has in certain respects, fundamentally shaped how our inpatient services operate and the combination of social distancing, restricted leave and visitors, wearing masks and isolation can all create tensions and frustrations on wards. It is clear that the vast majority of our service users have adhered to the guidance and instructions around these new infection control measures extremely well; with great patience and perseverance. However, for some it has been a real challenge and we saw an increase in all measures of violence and restriction through 2020-2021 across all services. That said, the Omicron variant did not require services to restrict to the same degree as previous waves – and although the levels of occupancy within our services has been very high (which is a fair predictor of whether there will be an increase in conflict on wards) this has not resulted in the kind of increases we saw across services in the previous 18 months.

Lessons learned through this period are:

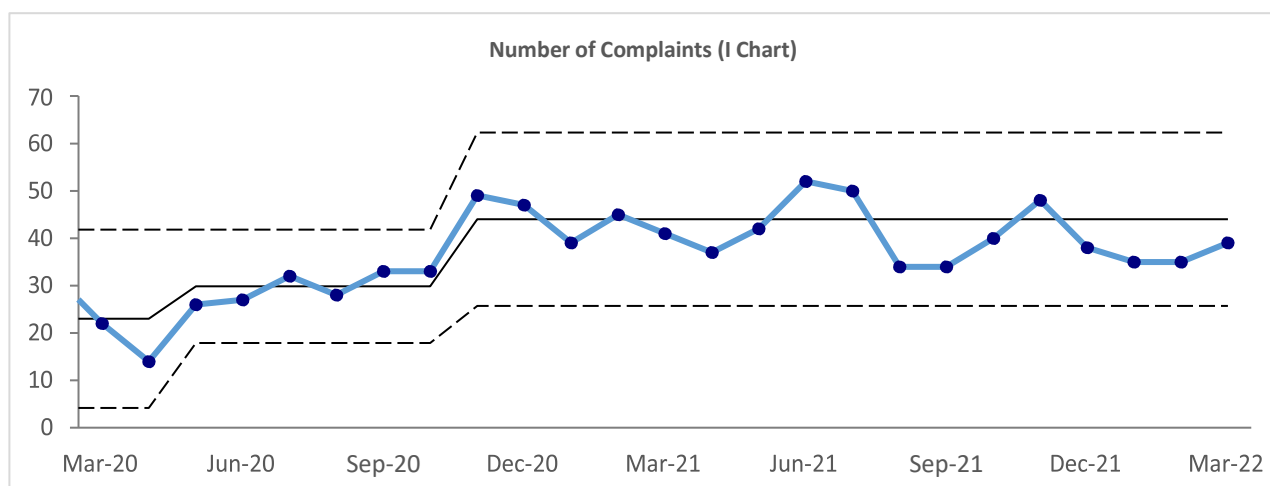
- Engagement in care – which includes how people are welcomed into services, how their worries and anxieties are discussed and how expectations around COVID infection control measures (testing and isolating, wearing PPE and so on) are discussed and negotiated are key factors which can influence aggression and violence. Work continues to develop this and create a more coherent trauma informed approach to admission processes
- Engagement in activity and interaction are key to relieving boredom and frustration – clear expectations and explanation about the IPC restrictions is constantly required. Ensuring that wards are well provided with activities – both deliberately designed to be therapeutic and those more focussed on distraction and occupation – have gone some way to help create a more engaged and helping atmosphere – even with the added burdens of staffing shortages and high demand for care
- Keeping any isolation to a minimum through rapid COVID tests has been helpful but Omicron proved so contagious that controlling the spread of infection and the need for isolation was very difficult, even with rigorous testing regimes in place
- Managing wards with less staff and staff who are unfamiliar with our approach to managing safety is a frequent factor in violent incidents and subsequent restrictions.

Teaching and training staff in this is a priority. Additionally, there are considerations which relate to this report stemming from the Mental Health Unit (Use of Force) Act 2018. Although the statutory guidance is still at consultation phase, the general direction around what is required to fulfil the obligations of the act are clear and there is a description of the main themes and issues and how this will shape reporting and action in future.

Compliments and Complaints

Central to the delivery of the Trust's strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Chief Nurse is leading on a review of complaints management including strengthening the process and oversight, establishment of a complaints group

meeting chaired by the Chief Nurse, and redesigning the corporate structure. A QI project will recommence to review complaints management and timelines.



The number of complaints remain stable and has now been below the average of 44 from September 2021 to March 2022. The top complaint themes continue to relate to communication, attitude of staff, assessment, access to services, and clinical management.

During 1 April 2021 to 31 March 2022:

- 497 formal complaints were received. This is an increase of 91 (21%) compared to the previous year
- The average monthly number of complaints received was 41, compared with an average of 34 per month in the previous year
- 1,093 Patient Advice and Liaison Service (PALS) enquiries were logged and handled, an average of 91 enquiries per month
- The Trust has received four 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 three received in the previous year
- 576 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.

The Trust routinely responds to all reported compliments which are subsequently shared with the relevant teams and publicised in the Trust's weekly news bulletins. The majority praise the care received generally whilst a high proportion will specifically name staff who have provided excellent service.

People Participation and Co-Production

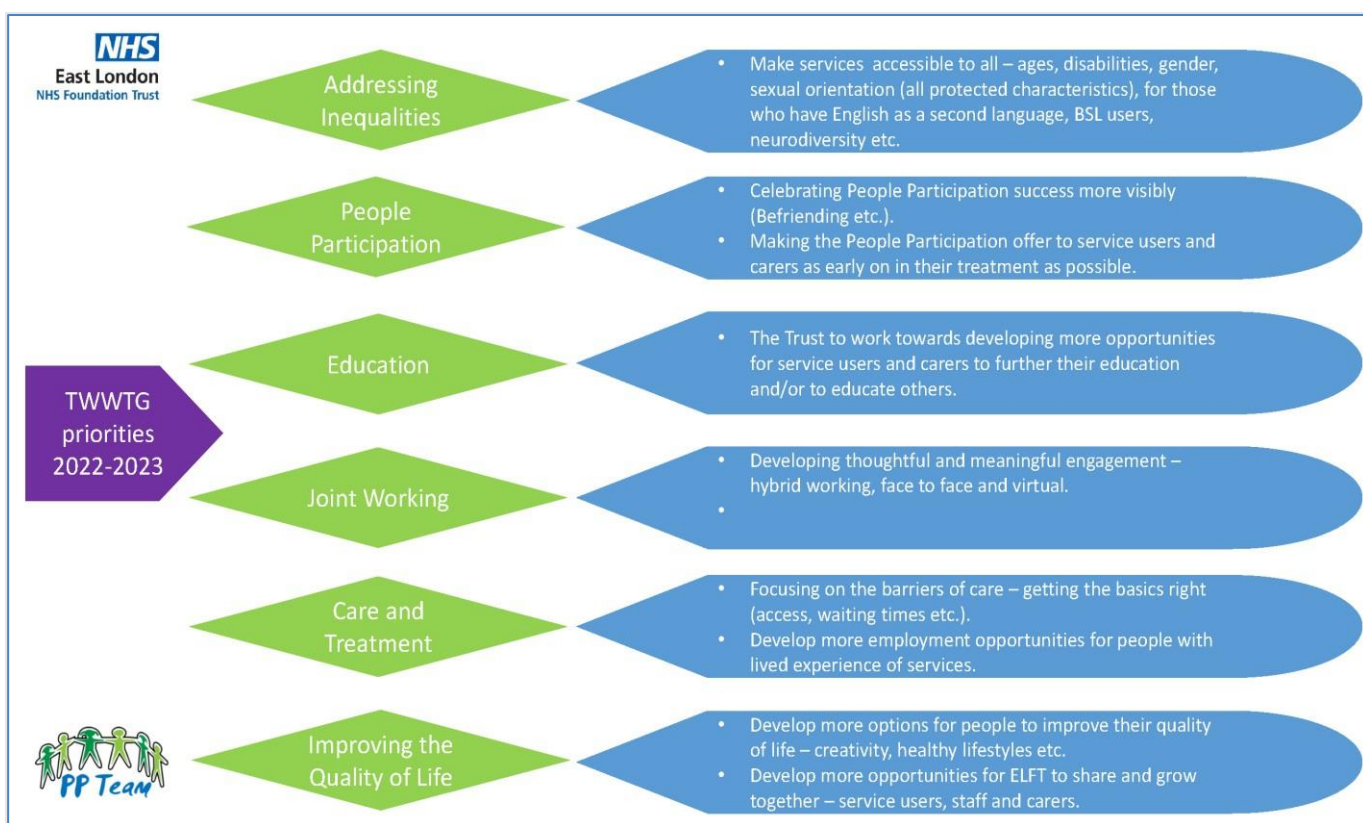
At ELFT, we want to deliver the very best quality and safe services, and we can only do this by listening and working with our service users and carers. The people participation team operates across Trust services to ensure that service users, carers and our local communities are actively involved in 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 the People Participation Committee of the Board, enable service users, carers, clinicians and other staff to work together in order to:

- Lead or take part in major decisions on service delivery
- Shape and initiate policies
- 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 2022-2023



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 is about helping our service users and carers to have a say in how we run the Trust so we can offer a better service for all, and 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.

We have set up a lived experience learning academy to enhance our lived experience education opportunities. This is very exciting and has great potential.

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 are expanding our nurse network on Network Rail. The first nurse has moved to a national role and we have recruited to the original post. Hopefully more nurses will follow. They link with vulnerable people and the rail network particularly around suicide and vulnerability.

During the first month of the COVID pandemic in 2020, people participation set up a service user-led befriending service. This service employs over 30 service user befrienders, a befriending service coordinator and befriending service administrator both with lived experience. The service has been a huge success with over 2,500 calls made since January 2022 and with 115 service users receiving calls.

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 training lead, befriending coordinator and head of people participation. In addition, we now have specialist people participation leads covering corporate, digital, perinatal, and learning disabilities.

Stakeholder Relations

The Trust provides services in three ICSs – BLMK ICS, NEL ICS and South West London ICS – and in seven place-based partnerships – City & Hackney, Newham, Tower Hamlets in NEL, Bedford, Central Bedfordshire and Luton in BLMK, and Richmond in South West London.

In total, we serve a population of in excess of two million and to do so we work very closely with a large number of partners, including service users and carers, the people and communities who live and work in the Trust area, voluntary sector organisations, social care providers, GP practices, councils, acute trusts and other community and mental health service providers.

With the passage of the Health and Care Act 2022 through parliament, the Trust has worked with partners to develop the ICSs. In particular, and building on our experience in the development of the North London CAMHS collaborative, we have worked with NELFT and the NEL CCG to develop a new NEL Mental Health, Learning Disability and Autism Collaborative through which the Trust will work much more closely with the NEL Integrated Care Board (ICB) and NELFT to plan for, and deliver services for people with, or at risk of, mental health conditions in North East London.

The Trust has also worked with partners in BLMK to develop the Bedfordshire Care Alliance, a partnership across Bedfordshire Hospitals, Cambridgeshire Community Services and Bedford, Central Bedfordshire and Luton councils that is focussed on improving health services for people who live in Bedfordshire and Luton.

A handwritten signature in black ink, appearing to read 'Paul Calaminus', with a small dot at the end.

Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

Remuneration Report

I am pleased to present the Remuneration Report for the financial year 2021-2022 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 England/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/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.

Council of Governors Nominations & Conduct Committee

The Council of Governors Nominations & Conduct Committee has the delegated responsibility to recommend to the Council the remuneration levels for all Non-Executive Directors including the Trust Chair as well as the 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.

Major Decisions on Remuneration during 2021-2022

During the year, following recommendation by the committee, the Council agreed to:

- Reappoint Eileen Taylor as the Vice-Chair of the Trust in line with her current term of office and that her time commitment would include an additional day per calendar month at the Non-Executive Director daily rate to reflect the additional responsibilities as Vice-Chair (May 2021)
- Reappoint Eileen Taylor as a Non-Executive Director for a second term of office and as the Vice-Chair of the Trust from 1 November 2021 to 31 October 2024; her time commitment would include an additional day per calendar month at the Non-Executive Director daily rate to reflect the additional responsibilities as Vice-Chair (September 2021)
- Increase Eileen Taylor's time commitment to eight days per calendar month with effect from 1 November 2021 at the current Non-Executive Director daily rate to reflect the additional support in her role as Vice-Chair for Trust Chair Mark Lam (December 2021)
- Appoint Eileen Taylor as the Acting Chair of the Trust with effect from 4 April 2022. The time commitment and remuneration would reflect that of the current Trust Chair's terms and conditions (March 2022).

Appointments & Remuneration Committee

The Appointments & Remuneration Committee has delegated responsibility to review and agree the remuneration levels and terms and conditions of the Executive Directors.

Major Decisions on Remuneration during 2021-2022

During the year, the committee:

- Agreed a single pay scale and alignment of increment dates for all Executive Directors
- Agreed PILON for Board member
- Agreed a discretionary non-consolidated cost of living award for 2021
- Reviewed the Executive Director pay scales in February 2022 and made a reduction in the annual percentage increase payable to Executive Directors.

Senior Managers' Remuneration Policy

Non-Executive Directors (including the Chair)

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. Additional responsibilities undertaken by a Non-Executive Director, such as Vice-Chair and/or Senior Independent Director roles are reflected in increasing the time commitment required to undertake these duties but are subject to the same terms and conditions.

Non-Executive Directors are appointed for a term of office of usually three years and are able to serve two consecutive terms, dependent on confirmation of satisfactory ongoing performance. A third term of up to three years may be served on an annual reappointment basis subject to confirmation of satisfactory ongoing performance as well as taking into account the needs of the Board and the Trust. The maximum period of office for any Non-Executive Director should not exceed nine years. 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.

Non-Executive Directors are not employees of the Trust; they receive no benefits or entitlements other than their remuneration and are not entitled to any termination payments.

The primary performance measurement is an annual review conducted by the Trust Chair for the Non-Executive Directors and by the Senior Independent Director for the Trust Chair. Performance is assessed against individual objectives and the overall performance of 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. In February 2022, the executive pay scale was reviewed and the annual percentage increase was reduced.

Where an Executive Director's salary has exceeded £150,000 per annum the necessary opinion has been sought from HM Treasury in line with the process set out 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.

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

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.

Diversity and Inclusion Policy

We are committed to the principles of equality, 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 oversight of annual submissions of the Workforce Race Equalities Standards (WRES) and the Workforce Disability Equality Standards (WDES) and associated action plans as well as the Equality Delivery System assessment.

Service Contract Obligations and Policy on Payment for Loss of Office

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, policy or procedural amounts, without seeking approval from HM Treasury. This also includes sick pay arrangements and does not contain any obligations above the national level.

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

Council of Governors Nominations & Conduct Committee

Purpose

Under its terms of reference, the Council of Governors Nominations & Conduct Committee is responsible for selecting candidates to fill Non-Executive Director vacancies, including the Trust Chair, and recommending candidates to the Council for the appointment. The Committee reviews in detail the annual performance reviews and objectives of the Chair and Non-Executive Directors and reviews their terms and conditions, making recommendations to Council about any changes. The Committee is also responsible for reviewing and addressing Governor standards and any conduct issues.

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 reappointment of the Chair, as will 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 Governor standards.

Attendance Record

During the year, the Nominations & Conduct Committee met eight times; there were four full committee meetings and four meetings focused on Chair recruitment. Attendance requirements varied based on the business discussed. The attendance record of committee meetings for the year ended 31 March 2022 is as follows:

Committee member	Role	Attendance (actual/possible)
Mark Lam	Chair	7/7
Eileen Taylor	Vice-Chair	6/8
Zulfiqar Ali	Appointed Governor	2/4
Roshan Ansari (to 31 Oct 2021)	Public Governor	4/4
Ken Batty	Senior Independent Director	3/5
John Bennett (from 1 Nov 2021)	Public Governor	4/4
Paul Calaminus	Chief Executive	4/4
Katherine Corbett (to 31 Oct 2021)	Staff Governor	3/4
Caroline Diehl	Public Governor	8/8
Mark Dunne (from 1 Nov 2021)	Staff Governor	2/4
Susan Fajana Thomas	Appointed Governor	6/8
Caroline Ogunsola	Staff and Lead Governor	7/8
Jamu Patel	Public Governor	8/8
Keith Williams (to 31 Oct 2021)	Public Governor	4/4

Decisions Made During 2021-2022

In addition to the decisions made on remuneration as reported under the Annual Remuneration statement, during the year following recommendation by the committee the Council:

- Reappointed Aamir Ahmad, Anit Chandarana and Eileen Taylor as Non-Executive Directors for a second term of office from 1 November 2021 to 31 October 2024
- Reappointed Eileen Taylor as Vice-Chair of the Trust with effect from 1 November 2021 to 31 October 2024
- Agreed to establish a process with NELFT's Council of Governors to appoint a joint Chair through the formation of a Joint Nominations Committee and to delegate authority to carry out the recruitment process to this joint committee
- Agreed short term sabbaticals for two Non-Executive Directors, Anit Chandarana and Sam Everington
- Agreed to a period of sabbatical for the Trust Chair Mark Lam and to appoint Eileen Taylor as Acting Chair of the Trust.

Joint Nominations Committee

Members of the Nominations & Conduct Committee met four times as members of the ELFT and NELFT Joint Nomination Committee. Following an options appraisal, the Councils from both Trusts supported and approved the appointment of a joint Chair. This committee was established to take forward the process for the recruitment of a joint Chair which commenced in 2022 and is expected to complete by the year end.

The attendance record for ELFT Governors at the Joint Nominations Committee meetings was as follows:

Committee member	Role	Attendance (actual/possible)
Zulfiqar Ali	Appointed Governor, Newham	3/4
John Bennett	Public Governor	4/4
Caroline Diehl	Public Governor	4/4
Mark Dunne	Staff Governor	4/4
Susan Fajana Thomas	Appointed Governor, Hackney	3/4
Caroline Ogunsola	Staff and Lead Governor	4/4
Jamu Patel	Public Governor	4/4
Ken Batty	Senior Independent Director	4/4
Paul Calaminus	Chief Executive	3/4

Board of Directors 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 including the Chief Executive, using open advertising and the services of search external advisers
- Review reports on the Executive Directors' annual performance evaluations
- Review the Trust's talent management, workforce and succession planning strategies
- Review and agree the Executive Directors' remuneration levels and terms and conditions.

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 attendance by committee members at committee meetings during the 2021-2022 is as follows:

Committee member	Role	Attendance (actual/possible)
Aamir Ahmad	Non-Executive Director	6/6
Ken Batty	Non-Executive Director, Committee Chair	5/6
Paul Calaminus	Chief Executive	6/6
Mark Lam	Trust Chair	6/6
Eileen Taylor	Non-Executive Director	4/4
Deborah Wheeler	Non-Executive Director	6/6

The Chief People Officer 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.

Decisions Made During 2021-2022

In addition to the decisions made on remuneration as reported under the Annual Remuneration statement during the year, the committee:

- Appointed Steven Course, Chief Finance Officer, and Lorraine Sunduza, Chief Nurse as Deputy CEOs with effect from 11 June 2021
- Appointed Edwin Ndlovu as Chief Operating Officer with effect from 21 June 2021
- Received updates on the actions being taken following the enquiries by BBC East into the qualifications claims by a Board Director.

Service Contracts: Non-Executive Directors

Name	Non-Executive Director Post	Term of Office	Appointment Date	Expiry of Current Term
Aamir Ahmad	Non-Executive Director	2 nd term	1 November 2021	31 October 2024
Ken Batty	Non-Executive Director	2 nd term	1 November 2016	31 October 2022
Richard Carr	Non-Executive Director	1 st term	1 December 2020	30 November 2023
Anit Chandarana	Non-Executive Director	2 nd term	1 November 2021	31 October 2024
Sam Everington	Non-Executive Director	1 st term	1 January 2020	31 December 2022
Donna Kinnair	Non-Executive Director	1 st term	1 January 2021	31 December 2023
Mark Lam	Chair	1 st term	1 June 2020	31 May 2023
Eileen Taylor	Vice-Chair	2 nd term	1 November 2021	31 October 2024
Deborah Wheeler	Non-Executive Director	1 st term	1 January 2021	31 December 2023

Service Contracts: Executive Directors

Name	Executive Director Post	Appointment Date	Notice Period
Paul Calaminus	Chief Executive	12 March 2021	6 months
Tanya Carter	Chief People Officer	1 July 2018	6 months
Steven Course	Chief Finance Officer & Deputy CEO	1 June 2015	6 months
Mason Fitzgerald#	Executive Director of Planning & Performance	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	Chief Operating Officer	21 June 2021	6 months
	Interim Chief Operating Officer	5 October 2020	
Amar Shah	Chief Quality Officer*	19 October 2017	6 months
Lorraine Sunduza	Chief Nurse & Deputy CEO	25 September 2017	6 months
Mohit Venkataram	Executive Director of Commercial Development	1 November 2016	6 months

*Non-voting

#On secondment to Norfolk and Suffolk NHS Foundation Trust from 1 December 2019 to 4 March 2021; Board Director until 27 April 2021

Board Directors Remuneration

Senior Managers Pay 2021-2022 (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	Senior Independent Director and Non-Executive Director	20-25	0	0	20-25
Richard Carr	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	15-20	0	0	15-20
Mark Lam	Chair	60-65	0	0	60-65
Donna Kinnair	Non-Executive Director	15-20	0	0	15-20
Eileen Taylor	Vice-Chair	25-30	0	0	25-30
Deborah Wheeler	Non-Executive Director	15-20	0	0	15-20
Paul Calaminus	Chief Executive	185-190	0	97.5-100	280-285
Tanya Carter	Chief People Officer	140-145	0	32.5-35	175-180
Steven Course	Chief Finance Officer & Deputy CEO (from June 2021)	165-170	0	62.5-65	230-235
Richard Fradgley	Executive Director of Integrated Care	145-150	0	37.5-40.0	185-190
Paul Gilluley#	Chief Medical Officer	175-180	15-20	57.5-60	250-255
Philippa Graves	Chief Digital Officer	145-150	0	117.5-120	265-270
Edwin Ndlovu	Chief Operating Officer (from 21 June 2021)	140-145	0	55.0-57.5	195-200
Amar Shah#	Chief Quality Officer	135-140	15-20	107.5-110	260-265
Lorraine Sunduza	Chief Nurse & Deputy CEO (from June 2021)	155-160	0	57.5-60	215-220
Mohit Venkataram	Executive Director of Commercial Development	170-175	0	42.5-45	210-215

#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.

Senior Managers Pay 2020-2021

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	Chief People Officer	135-140	0	42.5-45	180-185
Steven Course	Chief Finance Officer & Deputy CEO	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
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
Amar Shah*	Chief Quality Officer	130-135	10-15	15-17.5	160-165
Lorraine Sunduza	Chief Nurse & Deputy CEO	150-155	0	0	150-155
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

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2021-2022 (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 31.03.2022 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2022 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2021 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2022 £000	Employers Contribution to Stakeholder Pension £000
Paul Calaminus Chief Executive	5.0-7.5	5.0-7.5	55-60	115-120	880	79	990	0
Tanya Carter Chief People Officer	2.5-5.0	0	10-15	0-5	119	8	149	0
Steven Course Chief Finance Officer & Deputy CEO	2.5-5.0	2.5-5.0	50-55	90-95	709	47	784	0
Richard Fradgley Director of Integrated Care	2.5-5.0	0-2.5	35-40	65-70	607	32	663	0
Paul Gilluley Chief Medical Officer	2.5-5.0	0-2.5	70-75	145-150	1,295	65	1,392	0
Philippa Graves Chief Digital Officer	5.0-7.5	10.0-12.5	60-65	165-170	1,282	139	1,448	0
Edwin Ndlovu Chief Operating Officer	2.5-5.0	2.5-5.0	35-40	65-70	514	40	577	0
Amar Shah Chief Quality Officer	5.0-7.5	10.0-12.5	35-40	65-70	435	66	534	0
Lorraine Sunduza Chief Nurse & Deputy CEO	2.5-5.0	0-2.5	45-50	80-85	627	42	695	0
Mohit Venkataram Director of Commercial Development	2.5-5.0	0-2.5	45-50	85-90	769	36	834	0

Pension benefits and cash equivalent transfer value (CETV) do not current allow for a future potential adjustment for the McCloud judgement

Service Contract Obligations

All Executive Directors are permanent members of the executive team. 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 (subject to audit)

In April 2021, one past Director received £79,000 compensation where the Trust exercised discretion to pay them in lieu of their contractual notice period. There was no compensation paid to any past or current members of the Trust Board during the prior year.

Fair Pay Disclosures (subject to audit)

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-2022 was £190,000-£195,000 (2020-2021, £190,000-£195,000). This is a change between years of 0%, split as follows:

- Salary & Allowances of £175,000 - £180,000 (2020-21, £170,000 - £175,000). This is a change between years of 2.9%
- Performance pay and bonuses (Clinical Excellence Awards) of £15,000 - £20,000 (2020-21, £15,000 - £20,000). This is a change between years of 0%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2021-2022 was from £11,361 to £231,400 (2020-2021 £13,896 to £192,665). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 2.8%, split as follows:

- Salary & Allowances average per WTE £45,547 (2020-21, £44,292). This is a change between years of 2.8%
- Performance pay and bonuses (Clinical Excellence Awards) average per WTE £8,990 (2020-21, £9,953). This is a change between years of -9.7%.

14 employees received remuneration in excess of the highest-paid director in 2021-2022.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021-2022

	25th percentile	Median	75th percentile
Total pay and benefits, excluding pension benefits	£28,780	£39,139	£52,572
Salary component of total remuneration	£25,655	£35,082	£46,871
Pay and benefits excluding pension: pay ratio for highest paid director	6.7:1 (£192,500 being the mid-point of highest paid director/ £28,780 being 25th percentile of employee remuneration)	4.9:1 (£192,500 being the mid-point of highest paid director/ £39,139 being median employee remuneration)	3.7:1 (£192,500 being the mid-point of highest paid director/ £52,572 being 75th percentile of employee remuneration)

2020-2021

	25th percentile	Median	75th percentile
Total remuneration		£37,638	
Salary component of total remuneration		£33,176	
Pay ratio information		5.1:1 (£192,500 being the mid-point of highest paid director/ £37,638 being median employee remuneration)	

Director Expenses

There was a total of £258.42 of non-taxable expenses claimed for 2021-2022 financial year by four out of a total of 19 Directors (£2,351.18 claimed for 2020-2021 by six 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

No expenses were claimed by Governors during 2021-2022 out of 53 in office during that period (£25.60 was claimed by one Governor in 2020-2021). All expense claims are made and processed in line with Trust policy.

A handwritten signature in black ink, appearing to read 'Paul Calaminus', with a small dot at the end.

Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

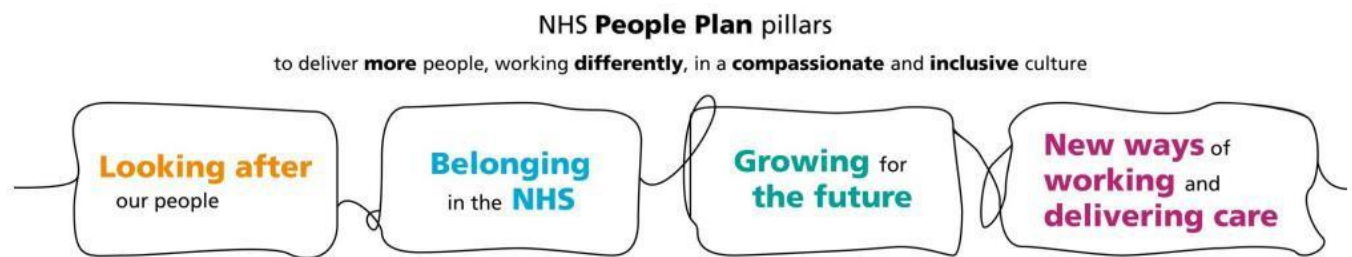
Staff Report

Our People

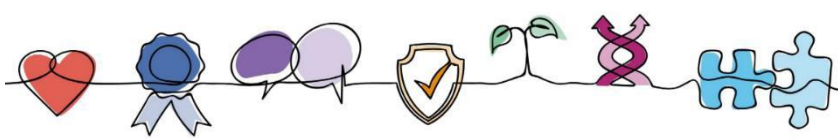
The Trust recognises that providing high-quality inpatient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. The Trust's people plan has been refreshed to factor in changes to the new Trust strategy, future of HR and organisational development work led by NHS England and Improvement and the NHS People Plan and Promise.

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 the Trust is committed to ensuring that every member of staff feels valued and is able to contribute to the best of their ability.

The 2022-2026 Trust people plan was agreed in March 2022 at the Appointments & Remuneration Committee and has been created to support the delivery of the Trust's strategy. The four pillars of the ELFT people plan align to the NHS People Plan and Promise, and ELFT strategy.



The NHS People Promise aligned to the National Staff Survey.



The future of Human Resources and Organisational Development.



ELFT People Plan 2022-2026

Trust Strategy
Improving the quality of
life for all we serve

Primary Driver
Improved experience
of Staff

Priority Area: New Ways of Working

Improve flexible working polices, practice and modes of working to be consistent and transparent

Streamline processes to get the basics right to reduce frustration and misunderstanding

Enhance hybrid working and/or remote working

Upskill workforce to make better use of technology to improve efficiently

Work collaboratively with partner organisations across NEL and BLMK integrated care systems, closer working with NELFT

Support for staff to go through the emotional impact of change management and changes to ways of working

Create new roles and placements such as apprentices, Advanced Clinical Practitioners, etc

Future proof People and Culture functions inline with the national HR and OD review to deliver and support the People Plan

Priority Area: Looking After our People

A responsive and evolving wellbeing offer that develops a trauma informed approach to support the health of staff using the Wellbeing Wheel to support their emotional, environment, social, physical and financial needs

Advice, guidance sign posting information sharing

Health Checks and MOTs for staff

Supporting staff who experience difficulties resulting from impact of trauma in their role

Recognition and thank you mechanisms

Environments suitable for staff to have breaks in and good quality work space that help staff to work comfortably and effectively

Trauma informed approach to wellbeing and people policies

Enabling the purchase and selling of annual leave via an electronic platform i.e. Health Roster

Priority Area: Belonging in the NHS

Staff transferring into ELFT on to AfC terms and conditions at 'day 1'

Celebration of diversity through events and marketing

Increase the representation of people from Black, Asian and Ethnic minority communities in senior positions

Develop the organisational culture in terms of all equality strands embedding the Trust values

Becoming an anti-racist and multicultural organisation

De-bias recruitment practices and processes to have greater representation from the local community

Priority Area: Growing and Developing for the Future

Using certified and validated competency frameworks to inform and develop our staff including for recruitment at senior level

Building in strategic workforce planning so that we build our future workforce in a more tactical and less reactive way

Leadership Strategy that supports compassionate leadership across all staff groups

A robust and equitable Organisational Development Offer

Embed a new approach to managerial supervision which has at its core a focus on wellbeing and personal development

Refocus the appraisal process to ensure that all staff have clarity of objectives, feel their work is valued and their personal development aspirations incorporated

Professional development opportunities for all staff with clear, transparent and accessible pathways available

Access to coaching and mentoring

Improve the apprentice learner journey ensuring all staff maximise the experience and complete the programmes they start
Increase the number of apprenticeships, ensuring all learners are supported and developed to a high standard

As an Anchor organisation use our apprenticeship levy to enable small medium enterprises and charity organisations to access support

Maximise the ELFT Learning Academy to become the primary home for the Trust's learning content and development processes

Increase the uptake of informal learning activities such as shadowing, project work, and shadowing to support the professional development of staff

A strategy for centralised temporary staffing leading to reduced agency usage

Building on our pilot for international recruitment for difficult to recruit roles to incorporate a staff accommodation strategy

Work with local schools and colleges

Staff Health and Wellbeing

The Trust has continued to develop its wellbeing offering to staff throughout 2021-2022. This offer has evolved in response to staff needs during the COVID pandemic and continues to include 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 wellbeing 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 three with the current occupational health (OH) provider and employee assistance programme (EAP)
- Funded physiotherapy for staff via our OH provider
- We have continued to provide support linked to the *wellbeing wheel* which pulls together physical, financial, social and emotional wellbeing support available to our staff
- Continue to promote staff risk assessments to ensure that staff are supported and their risks against COVID were mitigated
- There was extensive support for staff who were working from home through the provision of IT kit and office furniture where required.



Vitamin D

Following take up of the vitamin D offer to all staff in 2020-2021, the scheme was run again in 2021-2022. The campaign *more sunshine in your pocket* made available a three-month supply of vitamin D supplements to all staff accompanied with guidance on how to access vitamins through diet and detailing which foods contain vitamin D. This offer was taken up by almost 30% of the Trust, which is down by 20% on the previous year.

Non-Violence Resistance Workshops (NVR)

As part of our staff support, we are now on the third cohort of the non-violence resistance (NVR) parenting classes for staff, supporting staff to 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 fourth cohort in September 2022.

Health and Safety at Work

The Chief Nurse and Deputy Chief Executive is the Executive Director lead for health and safety matters and is supported by the Chief Operating Officer, the Chief People Officer, estates and governance directorates, staff side and local health and safety leads. The 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.

Recruitment and Retention

The Trust maintains a stable vacancy factor of 9.2% trust wide. However, the vacancy factor ranges between 7% in specialist services and 24.5% in primary care, and has increased slightly over previous years. Some areas such as CAMHS, primary care, community health services face more of a challenge.

During the first 'lockdown' we streamlined all of our recruitment processes and made them 100% digital. Much of the recruitment activity remains online. However, there are some areas where face to face recruitment has resumed.

We have a strategic recruitment and retention group that focuses on all professional groups as well as difficult to recruit roles and new roles such as advanced clinical practitioners and apprentices. It also focuses on attraction and retention initiatives such as digital careers fairs, the nursing transfer scheme, international recruitment, operationalising recruitment and retention premium, increasing uptake of new roles and increasing apprenticeships. There is also a lot of focused work on temporary staffing (bank and agency) in terms of pay rates and costs as well as improving internal processes, controls, quality and the temporary worker experience.

The key strategy for the Trust to impact on 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. There are plans to develop further, based on the processes put in place as lead employer for the mass vaccination site.

The Trust continues to be 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. There is also work underway to retain people that joined the NHS due to the pandemic from sectors outside of the NHS.

Staff turnover has increased from 13% to 17.27% against a target of 16%, which is higher than 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 industries that may be contributing factors. Work life balance is a key reason for staff leaving and this seems to be exacerbated since the pandemic. 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. Further information on NHS workforce statistics is published by [NHS Digital](#).

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. 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. In addition, the Trust has rolled out veterans' recruitment to attract veterans to the NHS.

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 20 Team of the Month awards winners, which has reduced from last year and over 80 awards to Employee of Month winners, this is an increase from the previous year between April 2021 and March 2022. In addition, around 200 colleagues received long service awards for 20, 30 and 40 years' service.

In October 2021, the annual staff award ceremony took place at the Troxy in Limehouse, East London. The ceremony was deemed a huge success. Over 700 ELFT staff and their guests attended the evening (excluding the VIP guest list as well as those who volunteered on the night). Approximately 200 ELFT staff members and their families tuned in to the live stream feed of the event.



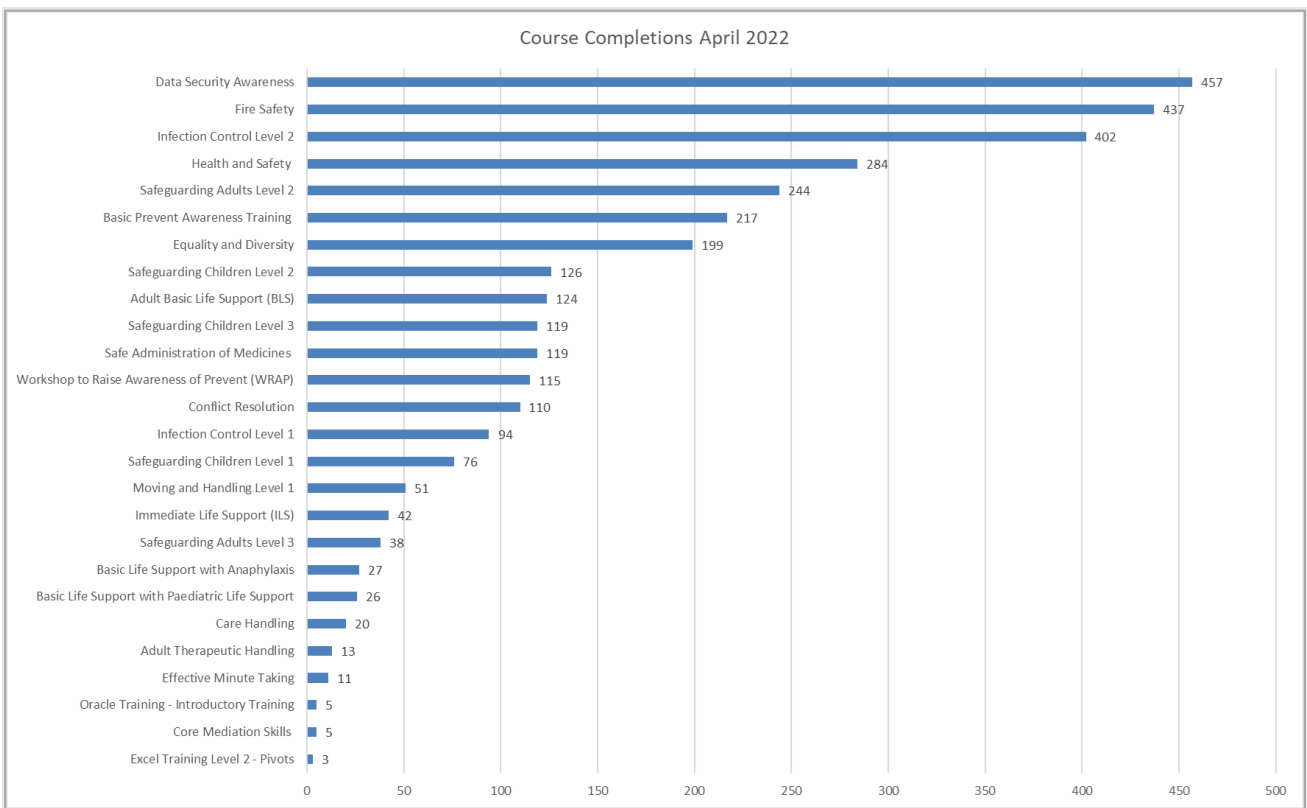
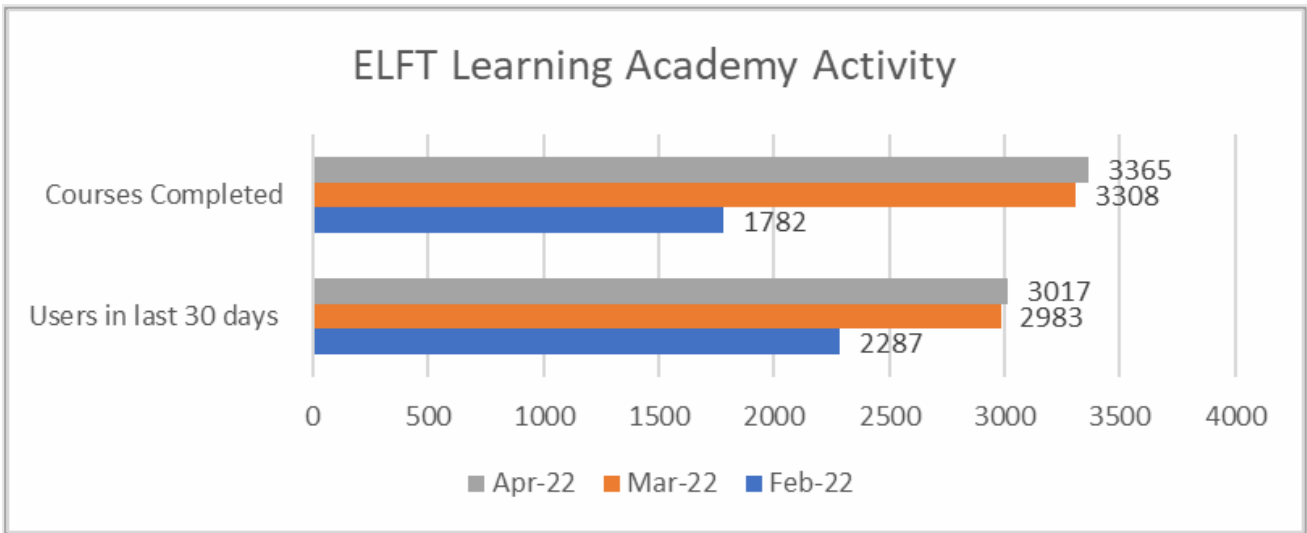


Learning and Development

The ELFT Learning Academy (ELA), the Trust's learning management system, was launched in February 2022 replacing the OLM system. Prior to launch of the new system statutory and mandatory training compliance has risen to 84.43%.

Feedback from staff has been uniformly positive in terms of the ability to access the system, find the learning they need and either completing the e-learning or booking themselves on classroom training. This improved staff experience was one of the main aims of the change project.

In the three months since launch the ELA has seen an increase in staff accessing the system and completing courses as shown below.



OLM with the different employment characteristics being used to create the profile for each of the 46 statutory and mandatory training courses.

Appraisal

Increasing the positive impact of appraisal will not be achieved by just changing the form, and we must support this by rolling out a new range of training and support for managers and staff and this training is being developed.

The 2022 appraisal will be redesigned and embedded into the ELA. The cycle will launch on 1 July 2022. The aim of the redesign will be to simplify the process, increase the focus on development and shift the conversation towards contribution rather than performance

The 2021 staff survey results indicate that this activity is not having the positive impact that it could and we plan to consider this as part of the process. At its heart an appraisal should be a quality conversation, and the form should support that.

Apprenticeships

We have 177 internal staff undertaking an apprenticeship programme, and 33 external apprentices. The topics being studied are varied, including social work, business administration, coaching and advanced clinical practitioner.

ELFT are involved in a BLMK ICS pilot working with Mencap, a UK charity working to improve the lives of people with a learning disability, to establish two customer service apprenticeships in our Trust.

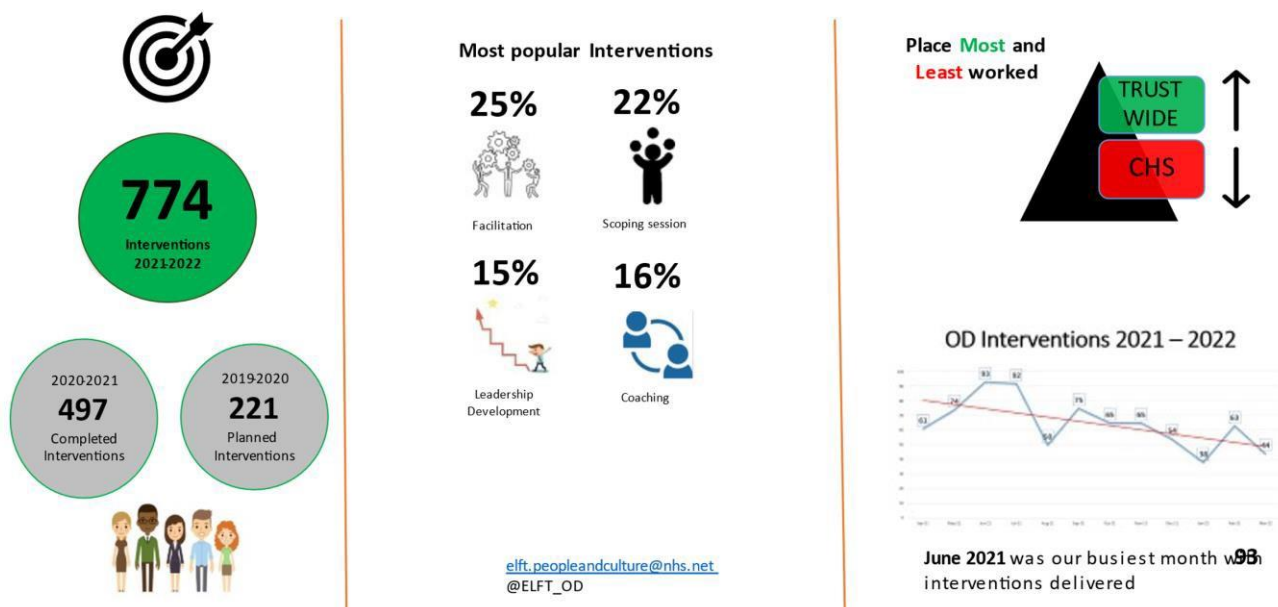
The review of the structure, management and governance of apprenticeship programmes that are managed across the Trust is ongoing. The recommendations for improvement will include an end-to-end process for apprenticeship management which will set the gated steps to be followed by functions wishing to commence apprenticeships and individual learners wishing to start on a programme. This will be presented to a key stakeholder steering group to refine and ensure that the process maps are fit for purpose Trust-wide.

An initial review of the data shows that 19% of apprentices who start withdraw from their programme. A review of the reasons and drivers for these withdrawals and change ideas to address this will be built into the proposal.

Organisational Development (OD)



ELFT OD at a glance – 2021-2022



The total number of interventions delivered by the OD team in 2021-2022 were 774. This was an increase of 64% on the previous year. The most interventions were facilitated Trust-wide, the least in community health services.

The most popular intervention was facilitation (making up 25% of the total interventions). Second most popular were scoping sessions where the OD consultant contracts with the client team and develops the plan and outcomes for bespoke interventions (22%). Next, over 125 people or teams have benefited from coaching (16%) and finally delivering bespoke leadership development activities in Bedfordshire and Primary Care (19%).

Leadership Activity

A redesigned ELFT leadership programme commences in June 2022 with capacity for two cohorts. Additional cohorts will commence in autumn 2022. The programme consists of five face-to-face sessions, coaching and a short project (in collaboration with the public health team).

A 'stepping into leadership' session was held in April, designed for staff who would like to explore more about leadership but not yet be in a formal leadership role. More sessions are planned to take place throughout the year.

An ELFT senior leaders forum is being designed which is anticipated will run on a quarterly basis and is designed to bring senior leaders together across ELFT to consider relevant leadership topics. A standalone system leadership module is being designed for our leaders, with the support of an external partner. We are also collaborating with NELFT to share mentors across both trusts.

People Relations

People relations caseloads have been consistently high throughout 2021-2022.

The fair treatment process (FTP) implemented in 2019 continues to see a sustained reduction in suspensions of staff. Although we have seen a slight increase in the likelihood of Black, Asian and Minority Ethnic staff going through formal disciplinary processes we have consistently seen a closing of the proportional gap of Black, Asian Minority Ethnic (BAME) staff who are in formal disciplinary processes.

The pastoral roles implemented in 2020-2021 have continued to receive positive feedback from staff throughout 2021-2022.

The Trust has started piloting the respectful resolution tool which will roll out more widely in summer 2022. The aim is to increase informal resolution of difficulties and fewer formal HR processes.

Partnership Working and Consultation

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 (JLNC). All organisational change proposals that affect staff are taken for discussion at one of these committees prior to consultation with staff. Increasingly, we are undertaking pre-consultation conversations ahead of any formal change processes.

Raising Concerns

Freedom to Speak Up (FTSU)

The Trust is committed to creating a culture where staff are empowered to speak up about any concerns on any matter that is damaging to patient care or which puts patients at risk. We employ a FTSU guardian, supported by a team of FTSU champions, who provide support to staff across the organisation. The team provide an alternative way for staff to discuss and raise concerns, including concerns over equality and diversity processes, discrimination, bullying or harassment. They act as an independent and impartial source of advice to staff at any stage of raising a concern. They also ensure issues are raised at a senior level of the organisation.

Staff have clear, confidential and safe processes to raise such concerns, including:

- Contact the FTSU guardian: personal email or FTSU ELFT inbox
- Contact a FTSU champion: there are 10 champions around the Trust
- By phone: call FTSU guardian directly
- Online referral: All referrals are treated in the strictest confidence and seen only by the FTSU guardian
- The FTSU (whistleblowing) policy also outlines how and who to raise concerns with. The purpose of this policy is to also provide a safe mechanism for anyone who works for the Trust to come forward and raise any concerns they have about any aspect of the Trust's work, and to be able to do so without fear of detriment or reprisal
- In addition, staff can contact the Senior Independent Director
- Staff can also raise whistleblowing concerns via *Protect – Speak Up, Stop Harm* (<https://protect-advice.org.uk/>)
- Via staff side/trade unions.

Depending on the nature of the concern raised, feedback is given via the FTSU guardian or by HR if an investigation was commissioned. Once the case is closed, a feedback survey is given so that those that have used the service can feedback anonymously on the FTSU service, process and whether they suffered detriment as a result of raising the concern.

112 concerns were raised to the FTSU guardian during 2021-2022. The most common themes of concerns raised are related to processes and organisational structure, and staff reporting experience of behaviours that amount to bullying and harassment.

ELFT Staff Access to Employee Relations, Advice and Support

- Mediation service – where to get support
- Bullying and harassment – contact an advisor
- Employee assistance - <https://www.carefirst-lifestyle.co.uk/>

Counter Fraud and Bribery

The Trust employs two LCFs 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.

2021 NHS National Staff Survey

Staff Experience and Engagement

The Trust prioritises staff survey results and findings. The results are shared at Trust Board and with the Appointments & Remuneration Committee, and outputs are shared via Trust communications. There are Trust level priorities set each year and the people and culture business partners work locally with directorates to determine priority areas for focus.

In 2020, the themes identified in the 2020 national staff survey were:

- Equality, diversity, and inclusion
- Safe environment
- Staff wellbeing.

The overarching themes for the 2021 national staff survey are:

- Equality, diversity and inclusion
- Retention and morale
- Staff wellbeing.

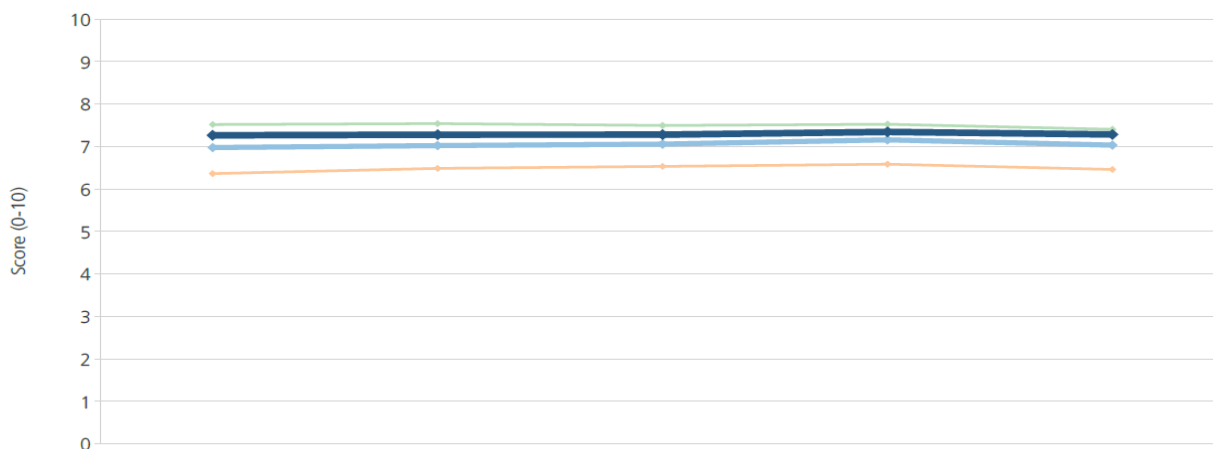
Summary of Performance

The staff survey draws on nine questions from the overall survey in order to create a staff engagement score. These questions measure aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being absorbed in work and being involved as well as being able to have a say.

In the graph below, the dark blue line represents ELFT. This indicates that since 2017 the Trust has tracked above average when compared to other Trusts in terms of staff engagement. This score is also the highest amongst London mental health trusts.

Survey
Coordination
Centre

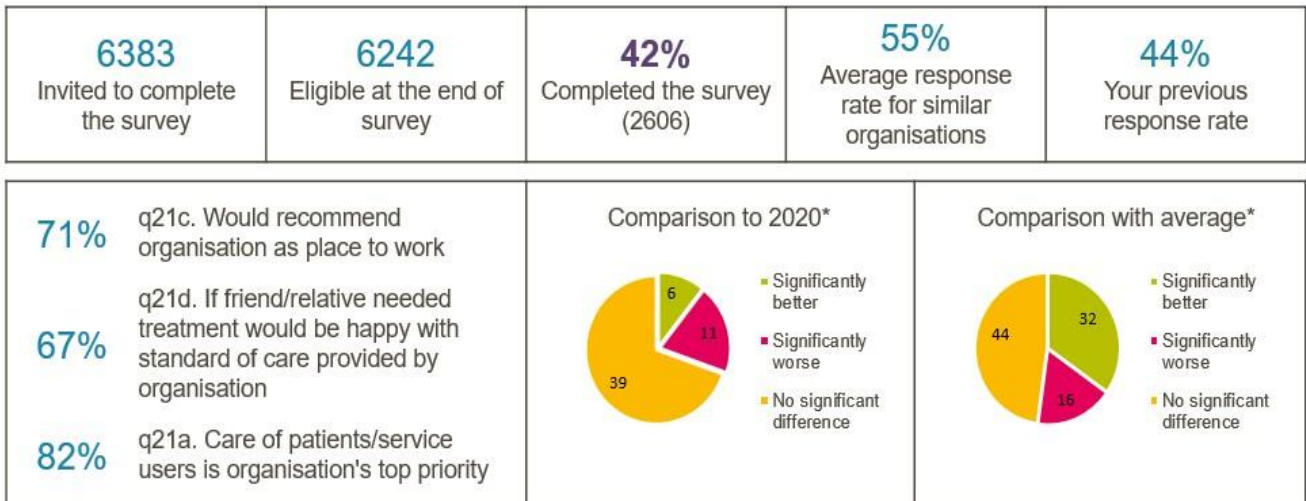
2021 NHS Staff Survey Results > People Promise and theme results > Staff Engagement



Best	7.5	7.5	7.5	7.5	7.4
Your org	7.3	7.3	7.3	7.3	7.3
Average	7.0	7.0	7.1	7.2	7.0
Worst	6.4	6.5	6.5	6.6	6.5
Responses	2,361	2,504	2,834	2,591	2,565

The 2021 national staff survey response rate was 44%, 2% lower than the previous year. However, the Trust headcount is significantly higher than the previous year. In 2021, 39 questions had no significant difference, compared to the previous year. Six questions were significantly better than the previous year and 11 question responses were significantly worse.

A total of 117 questions were asked in the 2021 survey, of these 92 can be positively scored, with 60 of these which can be historically compared. Your results include every question where your organisation received at least 11 responses (the minimum required).



*Chart shows the number of questions that are better, worse, or show no significant difference

Using a summary table provided by Picker, below are the five most and least improved questions when compared to only ELFT answers from 2020.

Most improved scores	Trust 2021	Trust 2020	Most declined scores	Trust 2021	Trust 2020
q9c. Immediate manager asks for my opinion before making decisions that affect my work	69%	65%	q3i. Enough staff at organisation to do my job properly	31%	43%
q17a. Would feel secure raising concerns about unsafe clinical practice	78%	75%	q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	48%	53%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	66%	q2a. Often/always look forward to going to work	58%	63%
q5c. Relationships at work are unstrained	54%	51%	q13d. Last experience of physical violence reported	87%	91%
q14d. Last experience of harassment/bullying/abuse reported	63%	60%	q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	67%	71%

Again, using the summary table provided by Picker, the below are the five questions that came out better/worse when compared to other Trusts in our comparison group.

Top 5 scores vs Picker Average	Trust	Picker Avg	Bottom 5 scores vs Picker Average	Trust	Picker Avg
q21c. Would recommend organisation as place to work	71%	63%	q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	73%
q3f. Able to make improvements happen in my area of work	66%	59%	q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	87%	91%
q8a. Teams within the organisation work well together to achieve objectives	59%	52%	q12b. Never/rarely feel burnt out because of work	28%	31%
q3e. Involved in deciding changes that affect work	60%	54%	q12a. Never/rarely find work emotionally exhausting	15%	18%
q19c. Appraisal helped me agree clear objectives for my work	38%	33%	q16b. Not experienced discrimination from manager/team leader or other colleagues	88%	91%

The 2021 national staff survey has been aligned to the NHS People Promise and all 117 survey questions have been placed into nine themes covering the following domains:

- We are compassionate and inclusive
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale.

Across the NHS People Promise themes, the Trust responses are either the same as the national average or are higher.



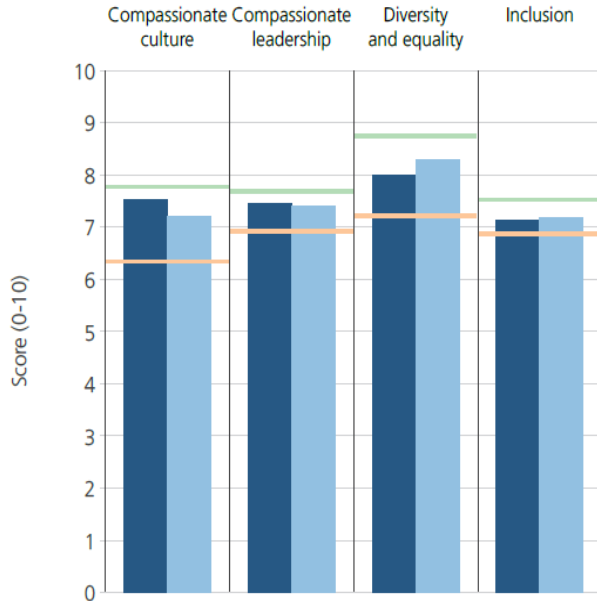
For most of the indicators, the Trust measures the same as the national average.

A number of indicators are better than the national average including:

- Having a compassionate culture and compassionate leadership
- Staff each have a voice
- There is a healthy and safe climate
- We are always learning.

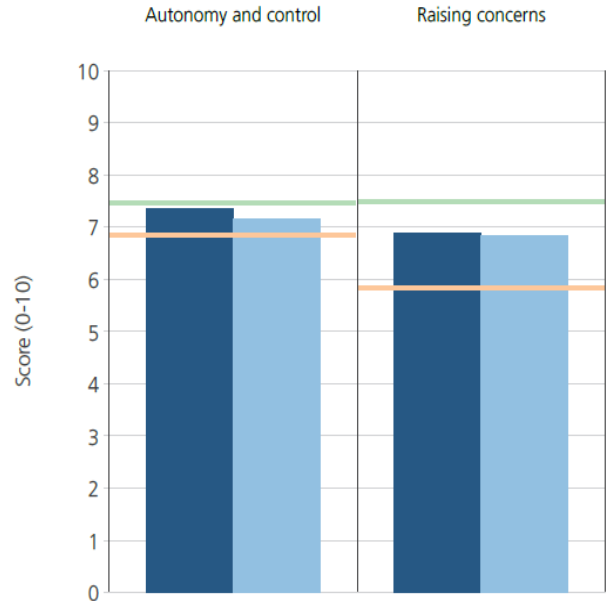
For the indicators for equality, diversity and inclusion; working flexibly and burnout the Trust is lower than the national average.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	7.8	7.7	8.7	7.5
Your org	7.5	7.5	8.0	7.1
Average	7.2	7.4	8.3	7.2
Worst	6.3	6.9	7.2	6.9
Responses	2,485	2,516	2,498	2,531

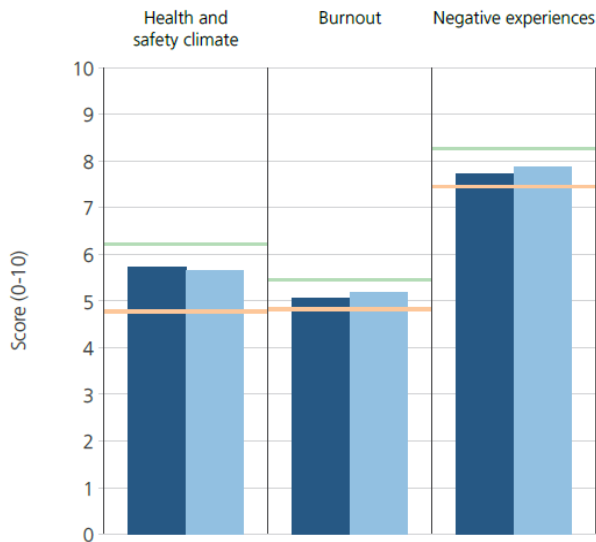
Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Best	7.5	7.5
Your org	7.4	6.9
Average	7.2	6.8
Worst	6.8	5.8
Responses	2,566	2,477

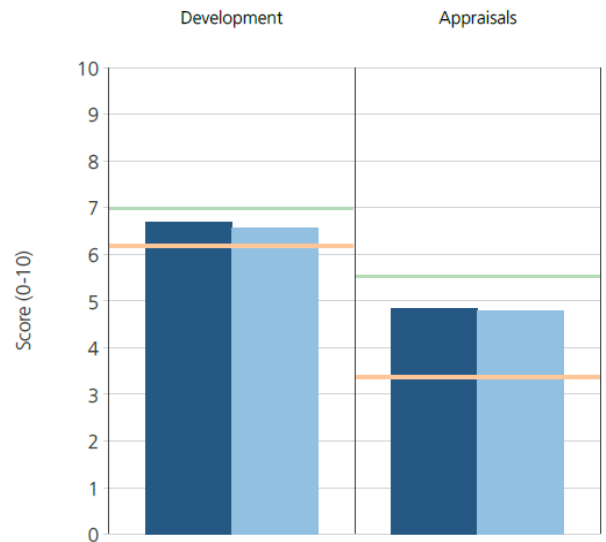
* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Best	6.2	5.5	8.3
Your org	5.7	5.0	7.7
Average	5.6	5.2	7.9
Worst	4.8	4.8	7.5
Responses	2,569	2,506	2,493

Promise element 5: We are always learning



	Development	Appraisals
Best	7.0	5.5
Your org	6.7	4.8
Average	6.6	4.8
Worst	6.2	3.4
Responses	2,491	2,393

Promise element 6: We work flexibly



Best	7.0	7.3
Your org	6.6	6.7
Average	6.6	6.8
Worst	6.0	6.1

Responses 2,553 2,561

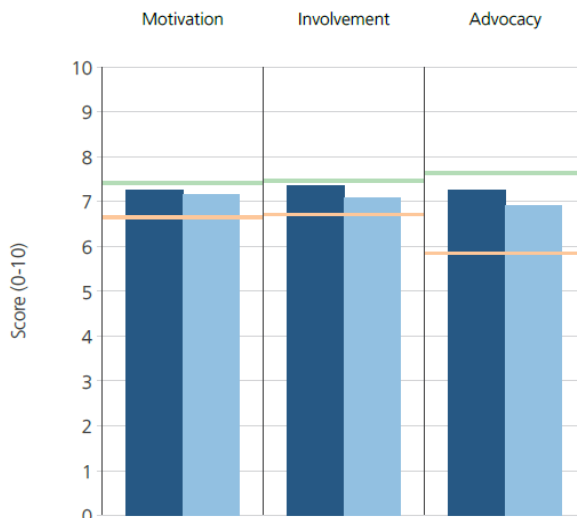
Promise element 7: We are a team



Best	7.2	7.5
Your org	6.9	7.4
Average	6.9	7.3
Worst	6.5	6.7

Responses 2,543 2,521

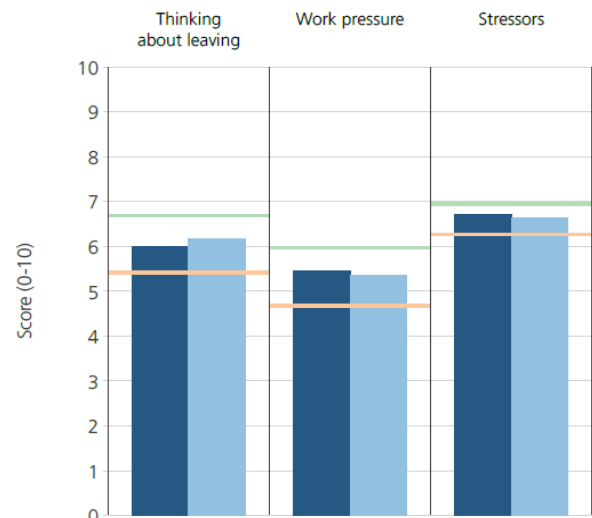
Staff Engagement



Best	7.4	7.5	7.6
Your org	7.2	7.3	7.2
Average	7.2	7.1	6.9
Worst	6.7	6.7	5.8

Responses 2,567 2,567 2,485

Morale



Best	6.7	6.0	6.9
Your org	6.0	5.4	6.7
Average	6.2	5.3	6.6
Worst	5.4	4.7	6.3

Responses 2,481 2,568 2,551

Below are the 10 best rated survey questions for ELFT staff:

Not experienced physical violence from managers	99.2%
Not experienced physical violence from other colleagues	98.1%
Feel trusted to do my job	91.8%
Feel my role makes a difference to patients/service users	90.5%
Not experienced harassment, bullying or abuse from managers	88.6%
Not experienced discrimination from manager/team leader or other colleagues	88.4%
Last experience of physical violence reported	87.1%
Not experienced discrimination from patients/service users, their relatives or other members of the public	86.9%
Always know what work responsibilities are	85.7%
Received appraisal in the past 12 months	83.9%

Below are the 10 worst rated survey questions for ELFT staff:

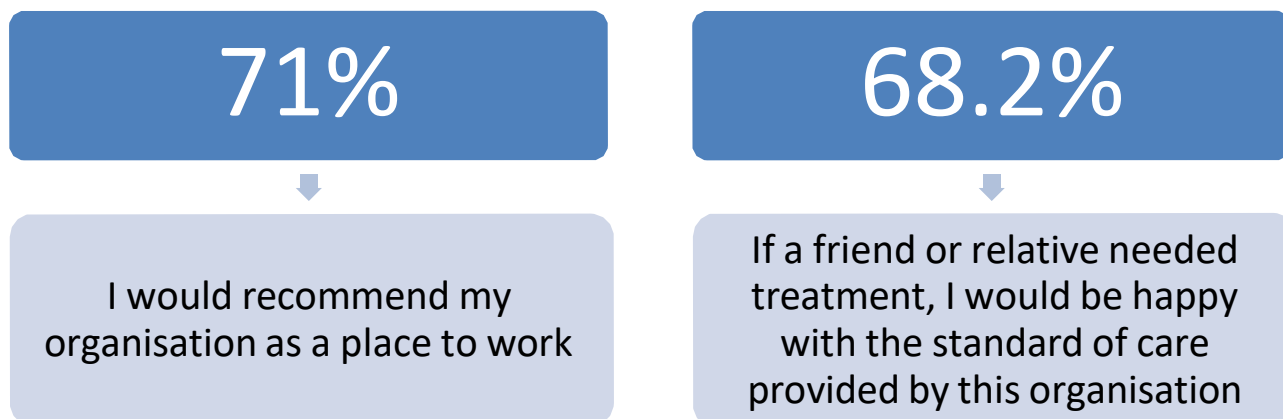
Never/rarely lack energy for family and friends	35.1%
Satisfied with level of pay	34.8%
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	33.3%
Enough staff at organisation to do my job properly	31.1%
Never/rarely feel burnt out because of work	27.8%
Appraisal helped me improve how I do my job	25.2%
Have realistic time pressures	24.2%
Never/rarely frustrated by work	22.9%
Never/rarely worn out at the end of work	18.5%
Never/rarely find work emotionally exhausting	14.6%

The wellbeing and engagement team have explored the Trust-wide results and the business partners have reviewed local response rates. The Trust-wide themes are the similar to last year and actions to address these gaps are linked to a number of plans that are already in place.

There is a need for the Trust to continue to focus on trauma informed approaches in work with staff, the importance of continuing to work on issues relating to inequalities and working to be an anti-racist organisation, as well as ongoing support for staff both personally and professionally. These themes are reflected in both directorate and Trust plans, as well as the revised Trust people plan.

Quarterly Pulse Survey

The Trust received a 16% response rate, which equates to 1,487 completed surveys; of the nine core questions, seven received a positive score of 65.0% or higher.



Our staff engagement score is 7.15, which is higher than the Picker average of 6.75. The second quarterly pulse survey launched at the beginning of April.

Future Priorities and Targets

The future priorities are to continue to reduce variation, and to continue to build on the work to reduce bullying and harassment, and 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 equip 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 WRES and WDES metrics and action plans.

Key priorities include embedding the ELFT people plan and equalities plan for 2022 onwards with the wellbeing of our people remaining a significant focus.

Our targets are monitored by the People Plan Delivery Board, the Appointments & Remuneration Committee and the Trust Board through regular people plan updates.

Going Forward

In 2022-2023, the Trust's people plan will continue to aim to achieve the following:

- Continue to build on the successes of the changes implemented during the pandemic to support the Trust
- Continue the roll out of the ELFT Learning Academy and deliver phase 2 to foster a culture of continuous personal and professional development. This work also includes supervision for all staff groups
- Work alongside other corporate services such as the quality improvement team
- Continue the cultural work around respect and dignity and develop ELFT's ambition to become an anti-racist and multicultural Trust
- Support the journey of being a Marmot Trust and an anchor organisation
- Continue to expand the organisational development offer and support to leaders

- Deliver the 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 user's needs.
- Offer staff continual 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 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 WRES and WDES
- 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 continue to facilitate the demand for staffing in response to COVID, we reviewed all recruitment processes and revised these to be more fit for purpose for swift digital implementation. The Trust has continued to conduct pre-employment checks remotely using technology procured during the pandemic to be able to check and verify identity documents. The decision was also taken to extend the recheck period from four to five years for the Disclosure and Barring Service (DBS).

Various policies and processes were also developed in response to the pandemic including:

- Pandemic guidance
- Remote working guidance
- Staff support – including death in service
- Staff testing guidance (Coronavirus)
- Streamlined bank recruitment processes
- Remote pre-employment checks process.

Equality, Diversity and Inclusion: Staff

Workforce Race Equality Standard (WRES)

The Trust continues to have 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. 50% of the Trust Executive were from Black and Minority Ethnic groups.



2021 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Percentage difference between the organisations' Board voting membership and its overall workforce

Total Board members - % by Ethnicity



Voting Board members - % by Ethnicity



Non Voting Board members - % by Ethnicity



Executive Board members - % by Ethnicity



Non Executive Board members - % by Ethnicity



Trust Board Summary:

- The Trust board are 52.6% BME, this has remained consistent since the 2020 report.
- Voting membership of BME has increased from 46.7% to 52.9% in the reporting year.
- The non-voting board are 50% BME. Last year this figure was reported on as 75% BME.
- The Executive team are 50% BME, which has decreased from 63.6% in 2020.
- The number of BME non-executives has increased to 55.55% from 37.50% over the reporting period.

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, however, increased slightly in 2021 to 1.95.



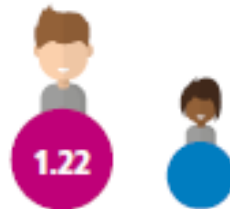
2021 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Likelihood of staff being appointed from shortlisting across all posts

Direction of Travel
Improvement Deterioration Combined

Relative likelihood of White staff being appointed from shortlisting compared to BME staff



Improvement

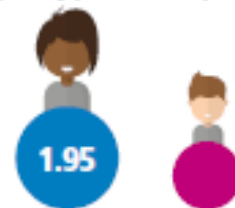
The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation

Direction of Travel
Improvement Deterioration Combined

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff



Deterioration

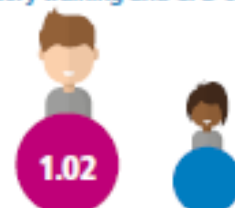
The gap in relative likelihood has broadened from 2020 to 2021. However, the overall number of disciplinary cases for both White & BME staff has reduced by 30% since 2020.

White BME Unknown

Relative likelihood of staff accessing non-mandatory training and CPD

Direction of Travel
Improvement Deterioration Combined

Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff

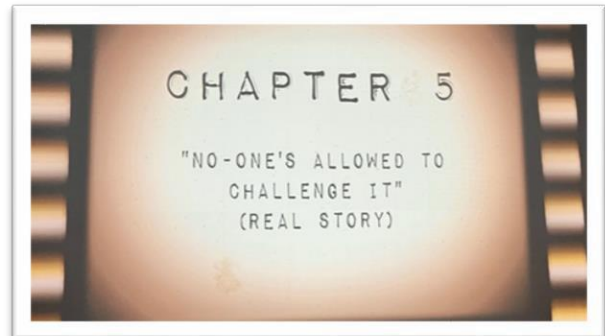


Deterioration

The gap in likelihood has broadened slightly from 2020 to 2021.

Respect and Dignity Project

The Trust's respect and dignity project reached phase 4 of 4. March 2022 saw the *creating change* production which is a 45 minute video created from staff stories. There were three premieres: one in Luton and Bedfordshire, one in London and one online. The events used playback theatre to bring to life the stories and to engage with the audiences.



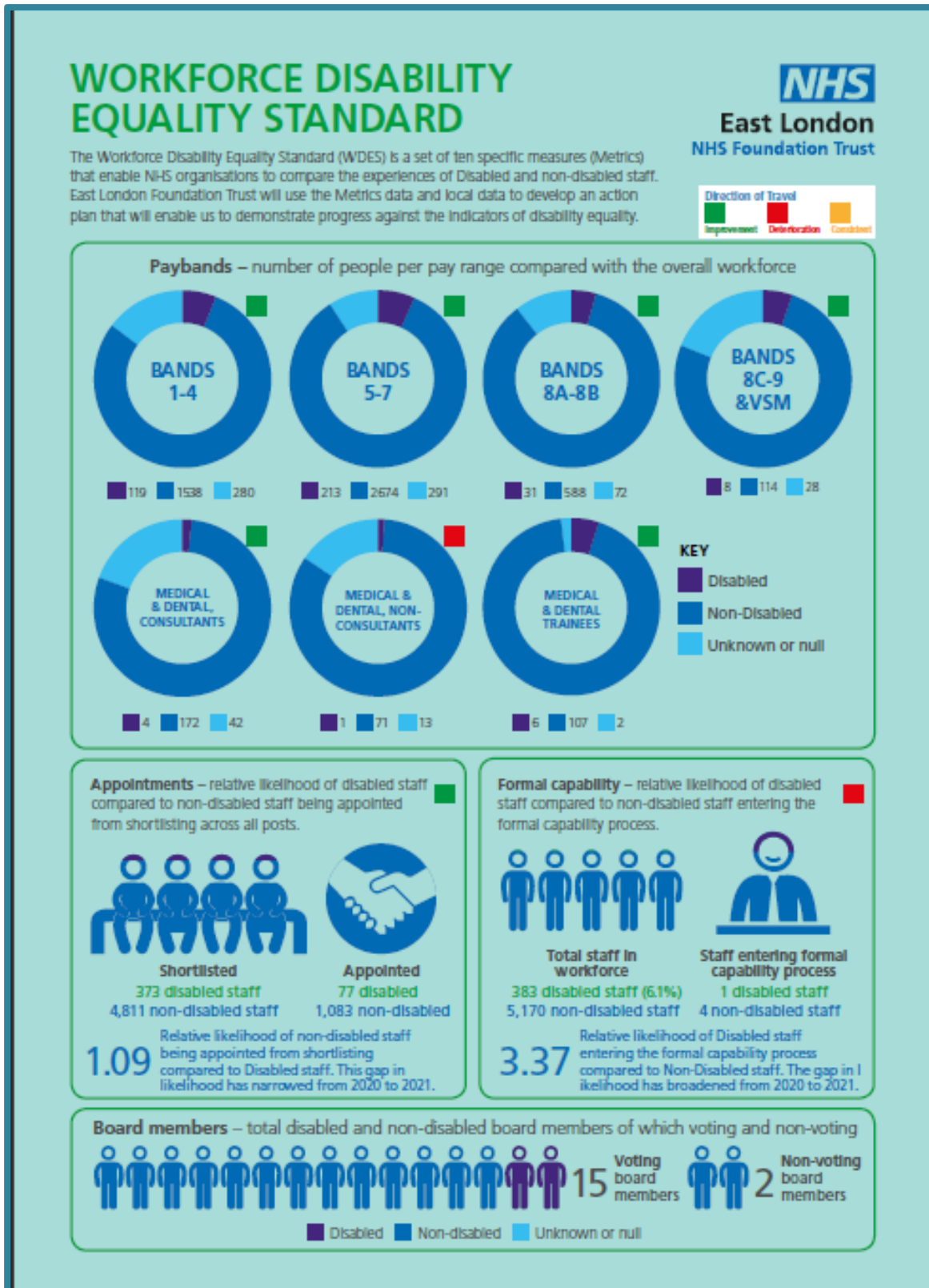
Two Trust Executives attended the WRES Experts programmes programme.

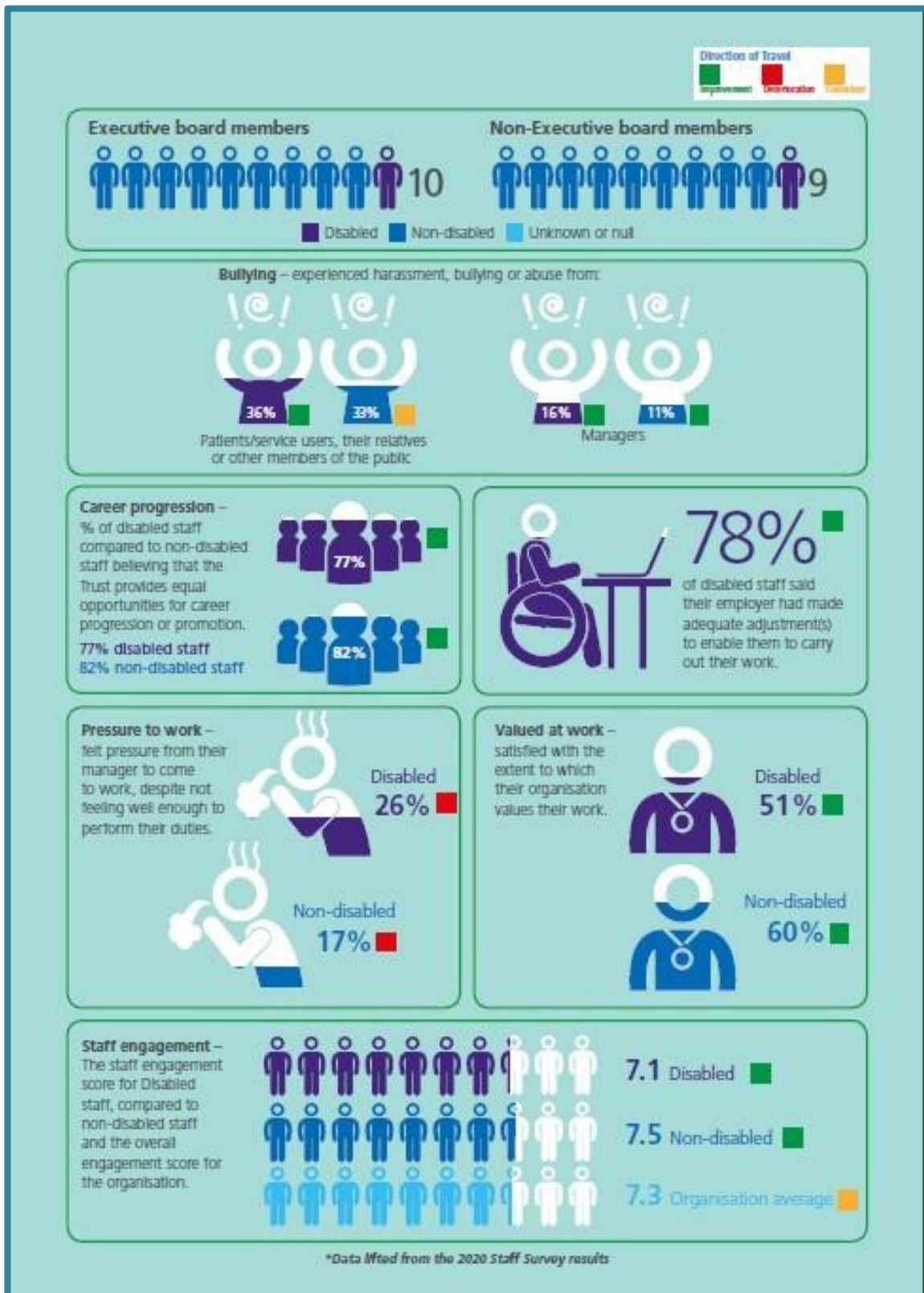


Six colleagues attended the White Allies programme commission by NHS England and NHS Improvement.

Workforce Disability Equality Standard (WDES)

The Trust continues to have the disability confident kitemark and we work closely with the ELFT ability network. We have seen improvements in a number of the WDES metrics, although according to our staff survey results, some staff feel pressured to come to work when they are not feeling well enough to do so.





Workforce Equality Plan

The workforce equality plan that underpins the equality, diversity and human rights (EDHR) plan as well as the people plan is currently under review. It is expected that the revised plan will be launched in summer 2022. 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 and 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

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

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

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

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

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

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

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



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, ability, 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



- ELFT Ability deputy network lead part of respectful resolution pathway task and finish group
- ELFT Ability event for staff who are parents supporting children with autism with CAMHS and ELFT Ability staff
- ELFT Ability autism event on 1 May with around 30 staff
- Attended NASDN general meeting
- Arranging talking heads video for intranet with a staff member sharing their experiences of living and working with autism
- Supporting launch of new NHS stammering network
- ELFT Ability plan agreed with ELFT Ability lead and network sponsor
- Finalising ELFT Ability network newsletter
- Reviewed branding for ELFT Ability
- ELFT Ability asthma seminar with speaker Penny Kestrel from Leighton Road Surgery
- Disabled staff network and chairs NHS England meeting
- Trust DMT disability allies
- Meeting with Diversity and Ability, looking at building inclusivity in the Trust
- ELFT Ability network catch up with network members
- Planning event with clinical systems to support network members with IT issues
- Seminar session on Dyspraxia hosted by Laura Pisaneschi
- CQC focus group for network members
- Attended Train the Trainer Respectful Resolution pathway
- Presenting at the Disability Summit: Voice, Power, Advocacy, Change
- Connecting with other networks at the Disability Summit
- ELFT Ability monthly newsletter sent out Trust-wide
- Renewal of Business Disability Forum

BAME



- Ramadan themed webinar to discuss and explore what it means for our Muslim colleagues
- Recruited two candidates into the role of Support Coordinator for the network
- CQC set up a focused webinar with network members, feedback was very positive; CQC have asked to attend more sessions and would be open to setting up more focus groups
- Joint webinars with Women's Network, LGBTQI and ELFT Ability
- Intersectionality BAME and ELFT Ability network meeting
- Held joint webinar with Women's Network on BAME maternity mortality rates
- Appointed new BAME Network Lead for Luton & Bedfordshire
- Supported launch of Safer Space initiative being offered for ethnic minority colleagues within CAMHS services
- Celebrations for South Asian Heritage Month with network members
- Anti-Semitism awareness webinar with network members
- PCREF (Patient & Carers Race Equality Framework) session held on 2 September presented by Mina and Jennifer
- Filipino Heritage webinar
- Black History Month celebrations

LGBTQ+



- History month promotion and awareness raising around events information and activities
- Allies training
- LGBTQ resilience workshop
- Celebrations for LGBT+ History Month/Mental Health Workshop
- Continuing with Coffee Connections
- LGBTQIA Focus Group Newham
- Stonewall Training Becoming an Advocate for Allyship and Inclusive Leadership
- Planning meeting with BAME Network Lead, Graham Manyere for event in July for BAME and LGBTQ+ people
- Two CAMHS Equalities Planning meetings
- A Team Arts meeting with Stephen Sandford re: Pride T-shirt printing and banner making workshops
- LGBTQ+ Network Strategy meeting
- LGBTQ+ Pride meeting
- Trust-wide Pride event held 11 September 2021, as London Pride was cancelled
- Finalisation of Trans awareness training with People Participation group from Luton and Bedfordshire
- Submission of evidence for Stonewall's Workplace Equality Index

Intergenerational



- There is not currently a network lead in place. Given the challenges in recruitment, activities of the Intergenerational network have been limited

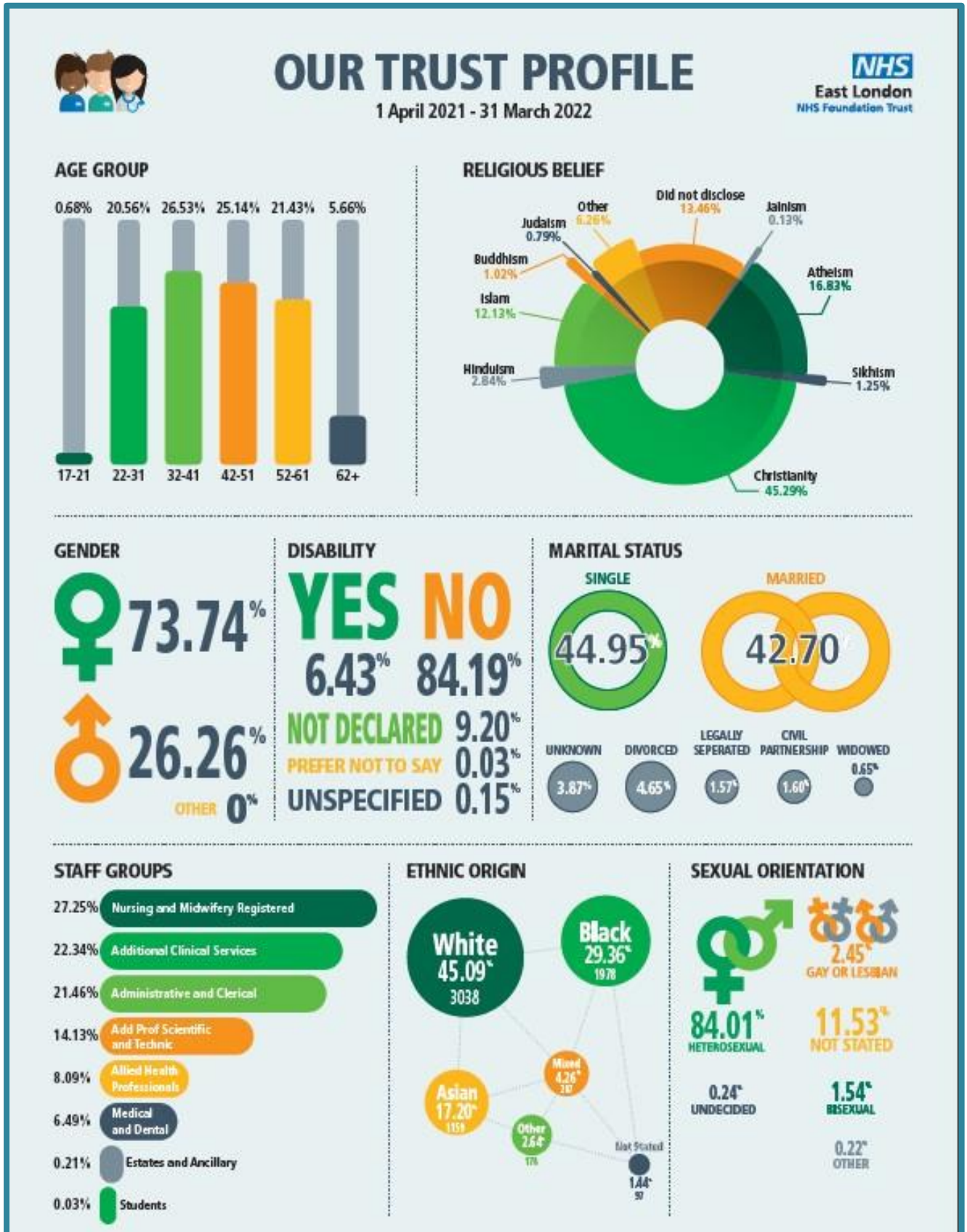
Women



- ELFT Women's conference took place in March 2021 with a range of diverse speakers. The Women's Network undertook analysis on the staff survey results on levels of satisfaction in the workplace
- Active communications and Twitter following
- In conjunction with the Wellbeing team, network has arranged for 10 personal safety sessions for all female staff; including how to keep yourself safe, bystander intervention and how to talk to men about female safety. Some very positive and uplifting feedback has been received
- The Women's Network took part in gender based violence workshops facilitated by Newham Council
- A workshop took place focusing on sexual violence
- The Springboard Development Programme for Women has taken place again
- The Women's Network presented to the CEO Discussion Group June 2021
- 2018 celebration saw 100,000 women walk through the streets of London, including 12 from ELFT in celebration of the 100 year anniversary of some women getting the vote. The art work created for this day by Trust female service users from now displayed to the public in Westminster
- Baby Loss Awareness week event, in conjunction with various other Trusts, with speakers from ELFT
- The menopause and menstruation pilot is ongoing, looking at areas to implement, HR processes that can be changed, and where the support is most needed

Staff Profile

2021-2022



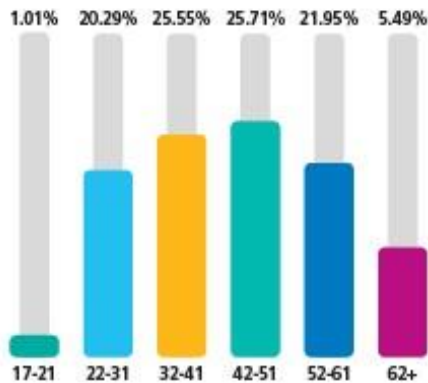


OUR TRUST PROFILE

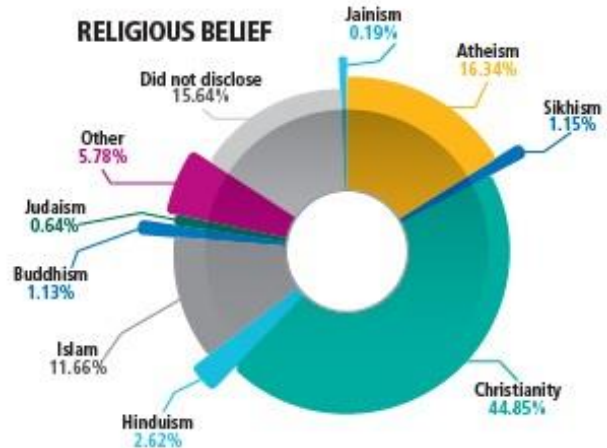
1 April 2020 - 31 March 2021



AGE GROUP



RELIGIOUS BELIEF



GENDER



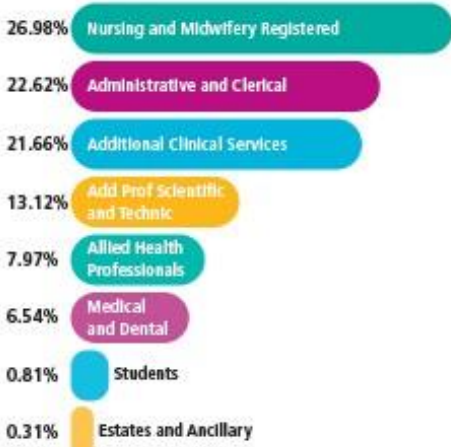
DISABILITY



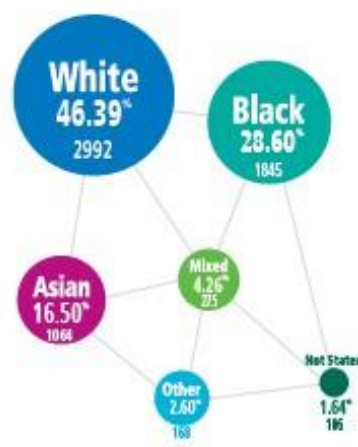
MARITAL STATUS



STAFF GROUPS



ETHNIC ORIGIN



SEXUAL ORIENTATION



Staff Costs (subject to audit)

	Permanent Staff £000	Other Staff £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	250,333	40,974	291,307	277,091
Social security costs	33,189	-	33,189	29,891
Apprenticeship levy	1,494	-	1,494	1,352
Employer's contributions to NHS pensions	48,397	-	48,397	44,478
Pension cost - other	338	-	338	103
Agency/contract staff	-	30,247	30,247	27,371
Total staff costs	333,751	71,221	404,972	380,286

Average Staff Numbers WTE basis (subject to audit)

Staff Group	Total	Permanent	Other
Medical and dental	463	371	92
Administration and estates	1,552	1,352	200
Nursing, midwifery and health visiting staff	3,543	2,677	866
Scientific, therapeutic and technical staff	1,699	1,624	75
Other	6	6	0
Total average numbers	7,263	6,030	1,233

Gender Analysis

Staff Group	Total	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board Directors	19	7	12	0	4	15	0
Employees	7,726	5,652	2,074	728	133	3,951	2,914
All Employees	7,745	5,659	2,086	728	137	3,966	2,914
All Employees %	100%	73%	27%	9%	2%	51%	38%

Gender Pay Gap

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 2021, can be found on NHS Digital website. The average sickness rate for the Trust during 2021-2022 was 8.86 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 2021-2022	Adjusted FTE days lost to Cabinet Office definitions (225 Working days per year)	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
5,976.24	9,694.79	8.86	2,181,327.10	85,875.38

Sickness with COVID-19 related absence

Figures Converted by DHSC to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2021-2022	Adjusted FTE days lost to Cabinet Office definitions (225 working days per year)	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
5,976.24	9,694.79	14.30	2,181,327.10	138,665.36

The number of full time equivalent (FTE) days available of 2,181,327.10 has been taken directly from ESR and has then been converted to average FTEs for the year by dividing by 365 to give 5,976.24.

The number of FTE days lost due to sickness of 85,875.38 has been taken directly from ESR and has been converted to adjusted FTE days due to sickness of 5,976.24 by taking account of the number of working days in the year to give the cabinet office measure of 5,976.24 days.

The average sick days per FTE of 8.86 days has then been 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.

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 2022, earning at least £245 per day:

The total number of existing engagements as of 31 March 2022	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	0
Number that have existed for between four or more years at time of reporting	1

All off-payroll appointments engaged at any point during the year ended 31 March 2022 and earning more than £245 per day:

Number of off-payroll workers engaged during the year ended 31 March 2022	7
Of which:	
Number assessed as within the scope of IR35	7
Number assessed as not within the scope of IR35	0
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 2021 and 31 March 2022:

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	19

Staff Exit Packages (subject to audit)

There were 24 exit packages agreed in 2021-2022 totalling £0.807m (16 in 2020-2021 totalling £0.530m, based on restated amounts as we have identified omissions in the prior year disclosure). The amounts disclosed for the exit packages are inclusive of Employer's National Insurance contributions where relevant.

Exit Packages 2021-2022	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Cost of other departures £000	Total number of exit packages Number	Total cost of exit packages £000
Exit package cost band (inc any special payment element)						
< £10,000	0	0	8	45	8	45
£10,001 - £25,000	1	18	7	101	8	119
£25,001 - £50,000	1	41	1	41	2	82
£50,001 - £100,000	3	210	1	90	4	300
£100,001 - £150,000	1	102	0	0	1	102
£150,001 - £200,000	0	0	1	159	1	159
Total	6	371	18	436	24	807

Exit Packages: Other Departures 2021-2022	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	13	213
Non-contractual payments requiring HMT approval (special severance payments)	5	223
Total	18	436

There were five non-contractual payments requiring HMT approval in 2021-2022, ranging in value from £2,963 to £158,809 and with a median value of £14,000.

2020-21 RESTATED

Exit Packages 2020-2021	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Cost of other departures £000	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	5	27	6	33
£10,001 - £25,000	0	0	3	56	3	56
£25,001 - £50,000	2	89	1	30	3	119
£50,001 - £100,000	4	322	0	0	4	322
Total	7	417	9	113	16	530

Exit Packages: Other Departures 2020-2021	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	5	42
Non-contractual payments requiring HMT approval (special severance payments)	4	71
Total	9	113

There were four non contractual payments requiring HMT approval in 2020-21, ranging in value from £5,341 to £30,599 and with a median value of £17,763.

ORIGINAL BEFORE RESTATEMENT

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
£25,001 - £50,000	1	44	0	1	44
£50,001 - £100,000	2	142	0	2	142
Total	4	192	0	4	192

Trade Union Facility Time

For the period 1 April 2021 – 31 March 2022

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
26	24.76

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%	1
100%	1

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	£420,365.75
Total pay bill	£404,972,000.00
Percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100	0.104%

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	4%
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Expenditure on Consultancy

During 2021-2022 £829,000 was spent on consultancy expenditure in respect of the provision of objective advice and assistance to the Trust in delivering its purpose and objectives.

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 2021 to 31 March 2022.



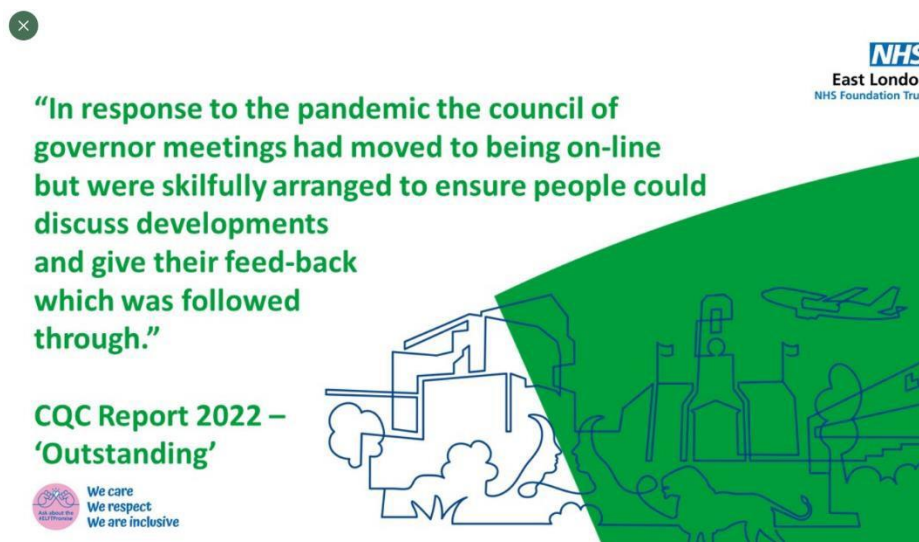
Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

Council of Governors

The Council is led by the Chair of the Trust and comprises of elected and appointed Governors representing staff, public constituencies and partner organisations.

The Council is an integral part of the Trust; Governors bring 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.*



Once again this has been a difficult year with direct engagement with the Board and our members and public posing many challenges for Governors. However, our Governors have been magnificent, have remained ELFT's critical friends, challenged where necessary, supported the Trust throughout and responded with creativity and flexibility.

We would like to pay a special tribute to those Governors who have joined us just before or since the start of the pandemic. Like all new Governors they have a steep learning curve which has been made harder not just by the fact that as yet many have not had an opportunity of meeting in person with each other, ELFT staff and members of the Board; they also had to adapt in the face of constant change, either through the requirements of rapidly responding to COVID or through external factors such as the development of ICSs. Yet, like the rest of the Council, they offer constructive challenge, from major strategic considerations like the importance of the locality in the ICS to direct concerns about changes to the provision of specific services.

Governors met with CQC inspectors during the 2021 CQC well-led review for a focus group. In their report, the inspectors noted that:

- *The Trust had continued to support governors to carry out their role and be actively involved in the operation of the Trust and this had developed further since the last inspection*
- *In response to the pandemic the Council of Governor meetings had moved to being on-line but were skilfully arranged to ensure people could discuss developments and give their feedback which was followed through*

- *Governors where needed had been provided with the necessary equipment and data to work remotely*
- *The involvement of Governors representing Luton and Bedfordshire had been strengthened*
- *Governors had regular contact from the trust to keep them updated and also to check on their individual wellbeing and this was highly appreciated*
- *Governors had been fully involved in the recruitment of the chair and non-executive directors, even providing opportunities for a discussion at the pre-application stage where the applicants were interested*
- *They also participated in the induction programme for Non-Executive Directors.*



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.

A significant 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 and additional meetings are called as required in order for the Council to meet their responsibilities in a timely manner. 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 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 communications and engagement plan which they developed at the beginning of the pandemic in March 2020, focusing on two main priorities:

- Enabling the Council to remain informed and engaged, and to be 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. This included:
 - Holding Borough and Service Director meetings with Governors wherever feasible to ensure Governors remain informed about developments in their localities
 - Arranging a series of Governor development sessions to ensure the Council was kept informed about significant developments within the Trust (for example, holding sessions with our Director of Social Work and or Chief Digital Officer, range of briefings on Integrated Care systems, collaborative working and health inequalities)
 - The Trust ensuring Governors could continue to attend Trust Board meetings by arranging hybrid facilities following the return to face to face meetings
 - Ensuring the Council remained engaged and informed during the ‘quiet’ period of the recruitment of the joint Chair through regular drop in briefing sessions
- Maintaining and strengthening the links between Council and the Trust, as well as between Governors, and ensuring potentially vulnerable or isolated Governors were supported. This included:
 - Surveying the Council to ascertain whether they feel they receive the right type of information and in the right format



- Surveying Governors to review whether they feel confident enough to return to face to face meetings
- Ensuring that all Governors had adequate IT hardware and support to ensure that they could participate fully in all meetings
- Organising a lunch in early December 2021 for Governors and the Board to enable Governors and Board to meet face to face in a safe environment for the first time since the start of the pandemic.



All Council business including full Council and committee meetings has been conducted using virtual meeting technology (Zoom or MS Teams). Governors were kept informed between meetings with regular email updates and informal Zoom calls as well as the regular COVID update to all staff and occasional briefings from Gold Command via the Chief Finance Office, Chief Nurse, and Chief Operating Officer.

Council of Governor Impact 2021-2022

The Governors’ role is to hold the Non-Executive Directors to account for the performance of the Board, and to represent the views of the members and the wider public.

At ELFT, Board and Council regard the work to constantly improve our services as a joint endeavour between Directors and Governors and therefore the role of the Council to nudge, encourage and support is of equal importance. Highlights of the past year include:

Holding Non-Executive Directors to Account

- Governors noted the appointment of Trust Chair Mark Lam as Chair of the North Middlesex University Hospitals NHS Foundation Trust and the implication that this would mean the eventual departure of Mark as the Chair





- Governors considered in detail the option of recruiting a joint Chair with NELFT, seeking assurance from the Board on the benefits and risks within the context the Trust is operating in particularly in respect of the move towards greater collaboration, with the aim of attracting and recruiting the best candidate to lead the organisation. Attention was particularly paid to the benefits of creating a single visible mental and community health leadership for the populations the Trust services and in place-based partnerships that would enable the building of local connections
- Having sought and received assurance about key conditions for success, such as an unwavering commitment to our services in Bedfordshire and Luton and Bedfordshire, the Council supported the Board’s recommendation to proceed with the recruitment of a joint Chair through the establishment of a Joint Nominations Committee with NELFT
- During the joint Chair recruitment process, Governors were kept informed through regular reports from the Council’s Nominations & Conduct Committee as well as email updates and drop-in sessions with key stakeholders including the search agency, the Trust Chair and CEO, and the Chair Designate of BLMK ICS



- During the year Governors received the Chair and the Non-Executive Directors’ end of year performance reviews and received assurance that they continued to meet the Fit and Proper Persons Test
- Governors held bi-monthly Governor Open Forums where they met with individual Non-Executive Directors for open and informal discussions



- Governors approved a sabbatical for Trust Chair Mark Lam to support him in his new Chair role and appointed Trust Vice-Chair Eileen Taylor as Acting Chair.

Representing Members and the Wider Public

More detail is provided under the Membership Report section of the Annual Report:

- Governors accounted for their performance at a successful Trust-wide Members Meeting in October 2021 which saw an excellent turnout of over 100 attendees

- Annual Plan Meetings were held separately for London and Bedfordshire/Luton in March 2022 where members were invited to attend meetings to hear about future plans and developments and share with them local challenges and successes but, most importantly, for Governors to hear their views, insights and feedback from attendees



- 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, examples being:
 - Digital exclusion: offering services appropriately, according to need but also consider hybrid provision especially in terms of public engagement (helps those with caring responsibilities)
 - Moving away from crisis response and address backlogs, waiting times and increasing demand
 - Ensuring smooth transition especially between CAMHS and adult services
 - Improving Trust estates, especially in Newham
- These themes will be discussed at future Council meetings; in addition a progress update will be presented at the January 2023 Council meeting prior to the 2023 annual plan meetings
- Governors raised the issue of the impact of service changes, for example the phlebotomy service in Newham and supported the Trust in identifying and communicating innovative and effective solutions.

To Nudge, Encourage and Support

- Governors continued to raise the issue of successful discharge from mental health back to primary care services to be carried out in a consistent way; other topics included long COVID services, or addressing increased demand and the resulting waiting times
- In meetings of the Significant Business & Strategy Committee and at Council, Governors explored the impact of the new ICSs to enable them to continue to carry out their role effectively in the new NHS
- Governors continued to encourage the Trust in its anchor organisation work and the ongoing drive to make the Marmot Trust ambition into reality, by focusing on the

social determinants of health, and most recently the impact of the cost of living crisis on service users and staff, as well as by focusing their own strategic priorities on issues such as giving every child the best start in life.



Composition of the Council of Governors

	Constituency	No of Governors
Public	Bedford Borough	2
	Central Bedfordshire	4
	City of London	1
	Hackney	5
	Luton	3
	Newham	5
	Rest of England	1
	Tower Hamlets	5
Staff	Staff Constituency is Trust-wide	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 2022)	1
	Education Sector (vacancy as of 31 March 2022)	1
	Voluntary Sector	1

Council of Governors Elections

As in 2020, the Council decided to proceed as normal with Governor elections during the pandemic as experience has shown that 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 once again we had a large number of impressive candidates and contested ballots in every constituency.

2021 saw Council elections for 15 vacancies across eight constituencies. Governor workshops were offered for prospective candidates, and elections commenced on 21 July 2021 with the ballots closing on 4 October 2021. 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 starting on 1 November, 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: Bedford Borough	1	2	6.9%
Public: Central Bedfordshire	1	2	8.8%
Public: Hackney	3	6	7.4%
Public: Luton	1	3	5.9%
Public: Newham	3	8	5.8%
Public: Rest of England	1	4	6.0%
Public: Tower Hamlets	3	10	6.6%
Staff	2	10	7.2%

Board's Relationship with the Council

The Trust Chair is responsible for the leadership of both the Council and the Board. The Chair has overall responsibility for ensuring that the views of the Council and Trust members are communicated to the Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together. The powers and roles of the Trust Board and of the Council are set out in their respective Standing orders.

The Chair works closely with the elected Lead Governor Caroline Ogunsola and Deputy Lead Governor Jamu Patel. After the end of Keith Williams' term as Governor and Deputy Lead Governor in October 2021, Governors elected Jamu who is a Public Governor, Luton as their Deputy 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, review key issues and develop plans and opportunities for the future.

Following a number of appointments in 2020, including the Chair and three new Non-Executive Directors, 2021 initially promised to be a period of stability and continuity. Governors were very pleased to be able to reappoint three Non-Executive Directors to their second term with ELFT, ensuring continuity in what is widely regarded as an excellent, effective and high performing Board, and one of the most diverse in England.

In response to the Trust Chair Mark Lam's appointment as Chair of North Middlesex University Hospital NHS Trust in late 2021 Governors considered the succession planning options taking account of the changing context that the Trust operates in and in particular a move towards greater collaboration with the introduction of Integrated Care Systems

and provider collaboratives. Having sought the opinion of the Board and mindful of the views of the system, Governors agreed to recruit a joint Chair with NELFT after seeking assurance from the Board on a number of areas, including the Trust's unwavering commitment to our services in Bedfordshire and Luton; commitment to Trust values and our person-centred approach; and how this could enhance system collaboration and benefit all service users in our ICS regions.

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 annual plan of five strategic items across the year that form the core of their discussion at the relevant Council meeting; these often reflect the feedback from members. For 2021-2022 the Council agreed these as:

- Child development (over two sessions)
- Tackling inequality
- Early intervention and prevention
- Staff wellbeing.



One strategic priority is reviewed in depth at each Council meeting usually through a presentation followed by group discussions (comprising of both Governors and Directors) focused around one or two questions to seek Governors' views. Feedback is provided at a later meeting thereby maintaining continual conversations between the Board and Council. The outcomes of this way of working include Governors finding it easier to focus on their strategic role rather than operational detail; the Trust actively seeking out Governor input on other strategic priorities; and Governors feeling their contributions having an impact as a Council and on behalf of their constituencies. The Trust sees this meaningful involvement as supporting their role, valuing their contributions and contributing to and reflecting back the Trust's overarching vision to make a positive difference to people's lives.

The Council's standing agenda items include reports on Trust performance and assurance reports from its committees; in addition, there are updates on Trust finance and quality matters, the Trust's annual plan, and other appropriate information to support the Council to fulfil their duties. A summary of discussions at Council meetings is included in the Chair's report presented at each Board meeting.

During the last year the Board has also flexibly responded to other issues raised by the Council, such as requesting updates on long COVID services, the Trust's response to increasing demand leading to increasing waiting times, or the Trust's reflections and response to issues that arose around staff response to the VCOD regulations which were overturned in February 2022.



The Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. As part of his performance review of the Chair, the Senior Independent Director proactively speaks with the Lead and Deputy Lead Governors who provide a view on behalf of the Council. 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. As the Senior Independent Director is a (non-voting) member of the Council's Nominations & Conduct Committee in matters relating to Governor conduct and the recruitment of the Chair, he has supported the committee and through it the Council with the recruitment process for the joint 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. To draw their attention to these, they routinely receive the agenda, minutes, Chair's and CEO's reports as well as the Quality 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 has been restricted due to social distancing regulations; however, recently we have returned to a hybrid way of holding Board meetings where Governors can either attend in person or via Zoom. As a result involvement at 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 bi-monthly and are open to all Governors; each one opens with a period of discussion between Governors only, followed by an hour's discussion with individual Non-Executive Directors who 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, a fact that has been recognised by the latest CQC report. The Trust continued to hold virtual engagement meetings, both in London, Luton and Bedfordshire. These often focus on updates to the Trust's 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 opportunities with Governors are covered in other sections of the Annual Report and include:

- **Council of Governors 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 & Engagement, Nominations & Conduct, Significant Business & Strategy): supporting the Council through discussing issues in detail and reporting back to full Council. Committees have no delegated decision-making powers, all formal decisions reserved for the Council. In 2021, the Council agreed to set up a Joint Nominations Committee with NELFT to expedite the recruitment of a joint Chair for both Trusts
- **Regular drop-in sessions** for all Governors during the joint Chair recruitment process including sessions with the CEO, Chair of the ICS and the recruitment agency to inform Governors on a wide range of views on what to consider during the recruitment and assurance on the robustness of the process



- **Governors Open Forum:** bimonthly meetings with a Non-Executive Director attending at each as an opportunity to hold an informal discussion without minutes, or staff present
- **Quarterly Borough and Service Director meetings** in the localities: these formal meetings enable Governors to learn about local service developments in more detail, query issues and feed back local issues
- **Bi-monthly meetings for Staff Governors** to share and discuss issues of concern



- **Governor development sessions:** regular briefings on specific topics to ensure Governor knowledge and training is updated and Governors are informed about major developments or regular issues such as an in-depth look at the annual accounts or new areas of work such as the criteria and process of discharge from CMHT, social work and FTSU



- **Governor queries:** Governors are encouraged 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 and hybrid meetings) have enabled Governors to have more input through the chat function and receive responses at or after the meeting on queries; holding hybrid meetings may help us to retain this helpful functionality in face-to-face meetings
- **Trust Board meetings in public reports:** the Board's performance and quality reports provide 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), 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

BAF that focuses on the identification and management of key risks to the Trust achieving its strategic objectives. In addition, Council meetings now have as a standing item a closer look at a specific performance issue

- 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 534 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 or highlighting an individual Governor.

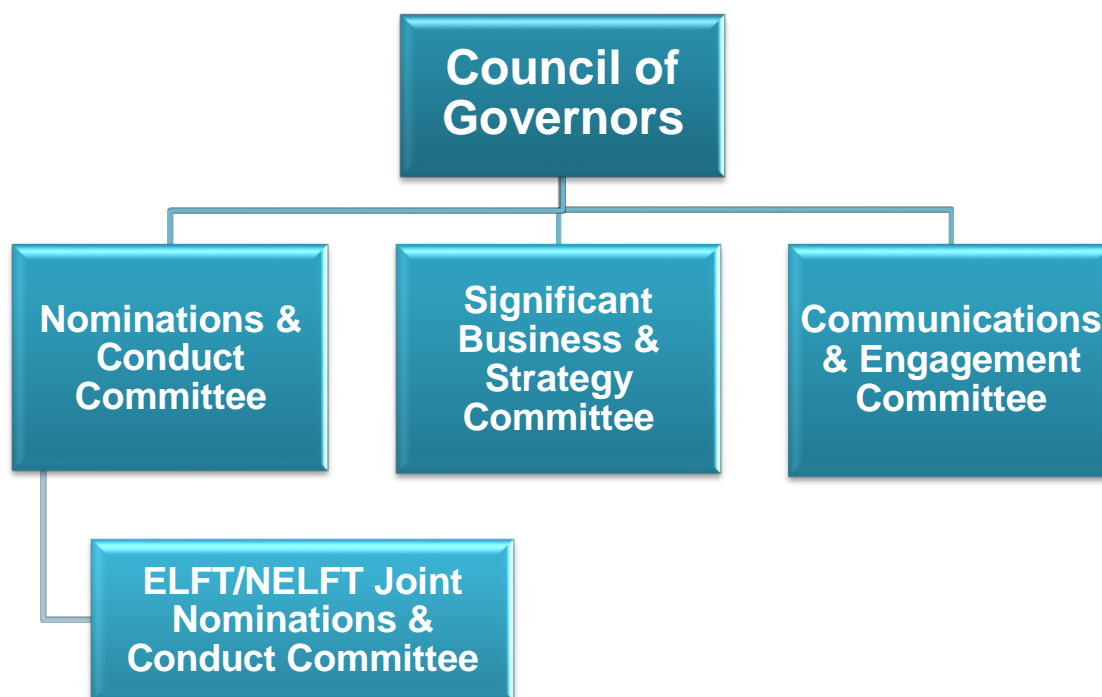
Governors are regularly invited and attend Trust events, including those intended for Trust staff, to gain a wider understanding of Trust services. The Corporate Governance Manager will proactively identify opportunities for Governor participation in wide ranging areas such as a Trust staff symposium on working through the pandemic; attendance at the annual NHS Providers Governor Focus Conference and other NHS Provider events; and a recent webinar on the start of our OCEAN service for people who have experienced birth loss.

By choosing staff wellbeing as one of their annual five top priorities, the Governors once again publicly acknowledged the significant contributions, efforts and sacrifices of staff during the pandemic.

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.

The Council reviewed its governance arrangements and meetings requirements in the light of the COVID pandemic and 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.



Nominations & Conduct Committee

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 Directors, discussing their annual performance review and remuneration, and promoting Governor conduct and standards. When leading the recruitment and appointment process for Non-Executive Directors including the Chair, the committee takes account of the views of the Board of Directors and system context, and uses open advertising and the services of external advisers to facilitate the search. Further information on the activities of the committee can be found under the Remuneration Report section of the Annual Report.

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 and engagement 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, the Committee met six times during the year. In addition to the standing agenda item of a communications and media update by the Trust's Head of Communications and PR, Governors:

- Reviewed feedback from their Governor representatives on the Board's People Participation Committee
- Reviewed opportunities for service user feedback
- Reviewed the literature for the Council of Governors elections
- Planned the agenda for the Annual Members Meeting and reviewed members feedback following the meeting
- Held a discussion on the optimum size of the Trust's membership, and
- Developed the Governors communication guide.

The committee has started the process to refresh and update the Trust's membership strategy to reflect the refreshed Trust strategy and the requirements of future engagement and participation in Integrated Care Systems.

Significant Business & Strategy Committee

The Significant Business & Strategy Committee (SBSC) 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. This approach leads to better informed and richer discussions at Council meetings, and supports the Council to integrate and reflect the Trust strategy in their priorities.



The committee met virtually four times during 2021-2022. In addition to a review of the Trust's business developments and opportunities, the committee's discussions included:

- Implications of new funding arrangements in ICSs
- The Trust's work in provider collaboratives ("collaboration in action")
- The impact of the changing landscape in the NHS on the work and role of the SBSC and impact on Governors

- Commencement of a review on the Governors key lines of enquiry framework on business development developed by the committee in the light of new system working. This framework provides further information and assurance from the Board and key principles to support Governors in making informed decisions.

Other than the third session on the role of the SBSC, the committee's meetings were opened to all Governors in support of subsequent discussions at Council meetings.



The committee has developed into a purposeful and unique forum for discussion on strategic developments supporting the wider Council to be alert to significant changes in the systems in which the Trust operates. In turn, this aids Governors in expressing their own priorities, reflecting the views of the public when it comes to the Trust's strategic choices.

Council of Governors Meeting Attendance 2021-2022

Name	Term	Attendance (actual/possible)	
Public: Tower Hamlets			
Roshan Ansari	3rd term	2021 - 2024	8/8
John Bennett	2 nd term	2019-2022	8/8
Gren Bingham	1 st term	2021-2024	4/4
Terry Cowley (to 14 May 2021)	3 rd term	2019-2022	1/1
Arif Hoque	1 st term	2019-2022	3/8
Rofikul Islam	1 st term	2021-2024	2/4
Public: Newham			
Shirley Biro	3rd term	2021-2024	8/8
Tee Fabikun	1 st term	2019-2022	8/8
Nadia Islam	1 st term	2021-2024	0/4
Carol Ann Leatherby (to 31 October 2021)	3 rd term	2018-2021	2/3
Hazel Thomas	1 st term	2021-2024	4/4
Ernell Watson (to 31 October 2021)	3 rd term	2018-2021	2/3
Aidan White	1 st term	2019-2022	5/8
Public: Hackney			
Caroline Diehl	2nd term	2021-2024	8/8
Darlene Dike	1 st term	2020-2023	6/8
Adam Forman	1 st term	2020-2023	3/3
Beverley Morris	1 st term	2018-2021	7/8
Sebastian Taylor (to 7 Sep 2021)	1 st term	2020-2022	1/2
Patricia Wheeler	1 st term	2021-2024	2/4

Name	Term	Attendance (actual/possible)	
Public: Rest of England			
Julia Aduwa	1 st term	2021-2024	1/4
Laura Jane Connolly (to 31 October 2021)	1 st term	2018-2021	4/4
Public: City of London			
Reno Marcello	1 st term	2020-2023	4/8
Public: Luton			
Fatima Begum	1 st term	2021-2024	4/4
Jamu Patel**	2 nd term	2020-2023	8/8
Keith Williams (to 31 October 2021)	2 nd term	2018-2021	3/3
Paula Williams	2 nd term	2020-2023	5/8
Public: Bedford			
Dawn Allen	1 st term	2019-2022	8/8
Felicity Stocker	2 nd term	2021-2024	8/8
Public: Central Bedfordshire			
Steven Codling (to 11 May 2022)	2 nd term	2019-2022	7/8
Larry Smith	3 rd term	2021-2024	8/8
Suzana Stefanic	1 st term	2019-2022	8/8
Mark Underwood (to 8 April 2022)	1 st term	2019-2022	0/8
Staff			
Patrick Adamolekun	1 st term	2020-2023	8/8
Victoria Aidoo-Annan (1 st term to 31 October 2021; 2 nd term from 1 January 2022 to 31 October 2023)	2 nd term	2022-2023	2/5
Robin Bonner (to 29 October 2021)	3 rd term	2019-2022	2/3
Katherine Corbett (to 31 October 2021)	3 rd term	2018-2021	3/3
Joseph Croft	2 nd term	2019-2022	7/8
Mark Dunne	1 st term	2020-2023	5/8
Tony Isles	1 st term	2020-2023	6/8
Graham Manyere	1 st term	2021-2024	0/4
Sheila O'Connell(from 30 October 2021)	2 nd term	2021-2022	4/4
Caroline Ogunsola*	2 nd term	2020-2023	8/8
Betsy Scott	2 nd term	2021-2024	4/4
Lilu Wheeler (to 31 December 2021)	1 st term	2020-2023	2/3
Appointed: Bedford Borough Council			
Jim Weir	1 st term	Aug 2019	7/8
Appointed: Central Bedfordshire Council			
Tracey Stock	1 st term	Sep 2021	2/4
Appointed: City of London			
Rehana Ameer	2 nd term	Oct 2017	5/8

Name	Term	Attendance (actual/possible)	
Appointed: Clinical Commissioning			
VACANT			
Appointed: Education Sector			
VACANT			
Appointed: Hackney Council			
Susan Fajana-Thomas	3 rd term	Dec 2014	7/8
Appointed: Luton Council			
Khtija Malik	1 st term	Feb 2020	6/8
Appointed: Newham Council			
Zulfiqar Ali (to 13 May 2022)	1 st term	Feb 2020	1/8
Appointed: Tower Hamlets Council			
Eve McQuillan (to June 2021)	1 st term	March 2020	4/7
Amina Ali	1 st term	June 2021	3/6
Appointed: Voluntary Sector			
Viv Ahmun	1 st term	Aug 2020	3/8

* *Lead Governor*

** *Deputy Lead Governor*

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



Governors make regular use of their Governor WhatsApp group. The Trust is currently exploring a dedicated secure space on the newly developed Trust intranet for Governors to store documents or have an online forum.

The Corporate Governance Manager has been providing 1:1 support as required in terms of helping Governors focusing queries on their role, identifying suitable ways to address Governor concerns, e.g. through development sessions, support with IT or accessibility/disability issues.

During 2021/2022 there have been various opportunities for providing support to Governors with their training and development including:

- A one-day induction event 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 Session and Governors Conference
- Regular Governor development sessions on understanding the annual accounts with the Chief Finance Officer and Chair of the Audit Committee; others were held on topics such as the Trust's anchor role in the communities we serve; the Trust's approach to social work or the development of the Bedfordshire inpatient facility



- Briefing sessions on the joint Chair recruitment

- Invitations to attend Trust events such as events celebrating South Asian heritage month; a Trust staff symposium on working through the pandemic; a recent webinar on the start of our OCEAN service for people who have experienced birth loss.

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 is being reviewed with the aim of re-introducing these during 2022-2023. Governors had chosen the services to visit but these were put on hold due to COVID.

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 brief verbal or 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 regular bulletins or the communications team; in addition, they receive a weekly Governor e-reminders 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

Post: Governors and Members Office
Robert Dolan House
9 Alie Street London
E1 8DE

Freephone: 0800 032 7297

Email: elft.council@nhs.net

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 2022, the Trust had 9,014 public members and 6,760 staff members.

Membership size and movements	
Public constituency	2021-2022
At year start (1 April 2020)	9,548
New members	104
Members leaving	638
At year end (31 March 2021)	9,014
Staff constituency	2021-2022
At year start (1 April 2020)	6,403
New members	1,596
Members leaving	1,215
At year end (31 March 2021)	6,760

Analysis of current membership	
Public constituency	Number of members
Age (years):	
0-16	4
17-21	54
22+	8,104
Ethnicity:	
White	3,274
Mixed	403
Asian or Asian British	2,324
Black or Black British	1,726
Other	183
Socio-economic groupings	
AB	1,809
C1	2,541
C2	1,652
DE	2,896
Gender analysis	
Male	3,394
Female	5,575

The analysis section of this report excludes:

- 852 public members with no stated dates of birth
- 1,104 members with no stated ethnicity
- 45 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 2021 we once again achieved 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 to reflect the Trust's refreshed strategy and also the ICSS' citizens' engagement plans. We will be co-producing this with support from our Executive Director of Integrated Care, the Non-Executive Director chair of the People Participation Committee, our people participation colleagues and our Governors. We are looking forward to involving our public and staff members through surveys and the Trust's approach to 'big conversation' events later this year.

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 four main Governor strategic priorities arose directly from feedback by our members, namely children's health and wellbeing, staff wellbeing and early intervention and prevention.

Stakeholder 'Lunch' Meetings

Public members continue to have the opportunity of meeting regularly at the stakeholder 'lunch' meetings. When holding meetings in person, these are held in venues in London, Bedford Borough, Central Bedfordshire and Luton.

During the year we have moved these meetings to online and have continued 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.

The refresh of the membership strategy will see a review of the design and running of the stakeholder meetings – for example in terms of agenda or chairing, or whether to return to fully face to face meetings instead of part face to face, part virtual; we have already adapted the London meetings to be one hour online instead of two hours as a result of feedback and have experimented with different times during the day.

Trust-wide Members Meeting and Annual Members Meeting

Due to a delay with the national timetable for the reporting of the Annual Report and Accounts which had affected many trusts across the country, ELFT held a Trust-wide Members Meeting on 12 October 2021 and a short Annual Members Meeting was subsequently held on Thursday 11 November 2021 for both Governors and members to formally receive the Annual Report and Accounts for 2020-2021 and the auditor's report on them.

Due to the Government imposed lock down and social distancing measures, the Board and Council agreed to hold both meetings virtually.

The Trust-wide Members Meeting was designed to run for 90 minutes as feedback from the 2020 AMM had shown that many members find this shorter, virtual format a more engaging proposition. Moving to a virtual platform did not impact on attendance as we saw an excellent turnout of over 100 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.

The meeting started with the ELFTin1 Voice Choir, followed by three short presentations on the Trust's learning from COVID in:

- CAMHS
- Learning disability services, featuring an amazing interview with a service user and their mother/carer, and
- Digital services.

The Council's impact review was presented in the form of an animation which was well received; this was followed by the financial overview and a general overview of 2020-2021 by the Chief Executive. The meeting was rounded off by the Executive Director of Integrated Care and Chief Quality Officer introducing the refreshed Trust strategy for 2022–2026.

Excellent feedback was received from attendees, especially valuing the clear reports as well as the Trust formally and publicly remembering those we have lost to COVID.

Trust-wide Annual Plan Meeting

As every year, the Trust invited its members to attend meetings for London and Bedfordshire and Luton 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.

The annual plan members meetings were held virtually for London on 1 March and on 4 March for Luton and Bedfordshire.

At the London event following a general introduction and scene setting by the Trust's Executive Director of Integrated Care, attendees joined one of three breakout rooms where they heard an update on the plans in their locality – City & Hackney, Newham and Tower Hamlets.

In Bedfordshire and Luton, members received updates about adult mental health and CAMHS services across Bedford, Central Bedfordshire and Luton, followed by optional breakout rooms on community health and the P2R drug and alcohol service.

About 60 members attended the meetings and shared their views and insights. They were asked to consider four questions:

- 1 What are we doing well?
- 2 What should we do more of?
- 3 What should we stop doing?
- 4 How can we improve?

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:

- Digital exclusion: offering services appropriately, according to need but also consider hybrid provision especially in terms of public engagement (helps those with caring responsibilities)
- Move away from crisis response and address backlogs, waiting times and increasing demand
- Ensure smooth transition especially between CAMHS and adult services

- Estates are in need of improvement, especially in Newham
- Services need to be integrated; ensure seamlessness between ELFT services and what partners offer
- Services need to be culturally sensitive and appropriate
- Staff wellbeing is really important to members (and Governors)
- More work on disparity of outcomes, e.g. young black men in mental health services
- Champion a whole family approach in CAMHS
- Be more proactive in spreading the word about ELFT's services
- GPs are very stretched: what can ELFT do to support them more.

These themes will be discussed at future Council meetings; in addition a progress update will be presented at the January 2023 Council meeting prior to the 2023 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.



NHS System Oversight Framework

NHS England and NHS Improvement's *NHS System Oversight Framework* provides the framework for overseeing systems including providers and identifying potential support needs.

The framework looks at five themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability.

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

Segmentation

East London NHS Foundation Trust received the highest segmentation rating of 1 as at 31 March 2022.

Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England and NHS Improvement website:

<https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

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

12 October 2022



Samanthi Gibbens
Interim Chief Finance Officer
East London NHS Foundation Trust

12 October 2022

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 *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*.

A handwritten signature in black ink, appearing to read 'Paul Calaminus', with a small dot at the end.

Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

Annual Governance Statement 2021-2022

Scope of Responsibility

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

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East London NHS Foundation Trust (ELFT), 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 ELFT for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As the Accounting 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 across organisational, clinical and financial activities, 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 (BAF) 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 BAF and for ensuring the implementation of the risk management framework within services; support is provided by the Director of Governance and Associate Director of Risk and 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 BAF. The Audit Committee comprising of independent Non-Executive Directors has delegated responsibility for developing, maintaining and monitoring the risk management and assurance systems within the Trust and specifically the BAF. During the year the Audit Committee continued with its deep dives in the individual risks on the BAF. During the pandemic, directorate governance arrangements maintained a focus on effective risk management processes with directorate management team meetings reviewing their directorate risk registers and the Trust's Service Delivery Board regularly reviewing 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. The Trust's culture promotes the reporting of all incidents which occur. 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 (FTSU) guardian and/or the Trust's FTSU (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. Root-cause analysis training is provided to staff members who have direct responsibility for risk and incident management within their area of work. 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 quality improvement 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 Trust's counter fraud work plan and Local Counter Fraud Specialist also play a key role in assisting the Trust to anticipate and manage risk, and regular reporting to each Audit Committee meeting ensures the Board is frequently apprised of counter fraud prevention and detection activity, and any necessary improvements required to the Trust's controls.

The internal audit plan includes a yearly review of the Trust's approach to risk management. The recommendations and learning identified from such reviews are taken forward in an action plan, to support improvements and the embedding of risk management in the Trust. The Audit Committee maintains oversight of the internal audit plans.

The Risk and Control Framework

Risk Management During COVID-19

During the pandemic, there have been inevitable changes in operations across the Trust as part of the national and local NHS response. 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 has worked hard to ensure that appropriate governance and risk management processes were in place to support both the response and ultimately the safe restoration of services whilst capitalising where appropriate on the opportunity to do things differently.

A Gold Command structure was implemented to support the initial response in 2020 and continued during the year, 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. Additional focus was given to the management of risk in areas such as infection control, personal protective equipment, and staff risk assessment and their health and wellbeing.

Despite national directives providing the opportunity to stand down much of the Board and Board committees' business and annual reporting, the Trust maintained much of the corporate governance architecture of the pre-pandemic world. The majority of Board, committee and Council of Governors meetings went ahead as planned, albeit these were held as virtual meetings. Shortened meetings or streamlined agendas (in order to free-up management capacity and resources to meet operational need) were the exception rather than the rule. Arrangements were made to facilitate public attendance at virtual meetings of the Board, Council of Governors and the Annual Members Meeting.

Where changes to processes and controls required as part of the Trust response to COVID have improved effectiveness without undue risk, then the Trust is working to continue with the revised process/control and will update policies and procedures accordingly to embed these changes into the future, post pandemic. This includes areas such as flexible working practices and home working, as well as virtual meetings and virtual healthcare through remote clinics and consultations. The last 12 months have empowered leadership teams across the Trust to make changes to the way they operate. This has sharpened and accelerated decision-making and altered working cultures. The pandemic has shown that streamlining 'bureaucratic' processes can release time for our workforce to prioritise care, and there is an opportunity to capitalise on these experiences by focussing on what can be maintained and creating an environment where staff are released from unnecessary bureaucratic burdens, leading to better outcomes and experience for service users.

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 priorities, 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 defines 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 BAF 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 BAF at each meeting in public.

The Trust's appetite for risk is defined by the Board and outlines the amount and type of risk the Trust is prepared to accept, tolerate or be exposed to at any point in time in pursuance of our strategic priorities. New and future risks form part of an annual discussion with all Board members at Board development sessions, as well as ongoing discussions at Board committees.

The Board recognises that the Trust's long-term sustainability depends on the delivery of its strategy and our relationships with service users and families, the public and strategic partners. Service user and staff safety is paramount and risks will not be accepted that could result in a compromise to safety. Risks which impact on regulatory compliance and reputation will also not be accepted and will be managed through robust risk management mechanisms. The Trust recognises the challenging business environment in which it operates and will tolerate increased risk to achieve innovation and excellence.

Work is scheduled for 2022-2023 to review the Trust's risk appetite in the light of the changing system landscape and requirement for collaborative working, as well the systems to codify the amount and type of risk the Board is prepared to pursue, retain or take such that it can define its risk appetite in a way that is aimed at improving Trust performance and achievement of its strategic priorities.

Quality Governance

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 regularly review our Board and committee reporting arrangements and implement changes to improve efficiency.

The key quality governance committee is the Quality Assurance Committee 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 there are adequate and appropriate governance structures, processes and controls in place across the organisation. The Chief Nurse takes executive responsibility for clinical risk management in the Trust reporting to the Accounting Officer. 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 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 2021, the Trust was rated 'outstanding' for the third consecutive time.

The integrated governance framework has successfully delivered a comprehensive governance approach and has supported the wider Trust's service and quality improvement focus which reinforced activity to contribute to the Trust's overall 'outstanding' rating at the last CQC inspection.

Deloitte LLP was appointed in August 2021 to undertake a leadership and governance review using the NHS Improvement well-led framework. Due to ongoing commitments at the Trust relating to the CQC inspection taking place at the time of the field work, there was a delay between the conclusion of activities and sharing emerging themes with the Trust. However, no major areas of concern were identified and the majority of recommendations were aimed at refining leadership and governance at the Trust, some being reflective of a point in time given the recent changes to the Trust Board membership and also the effects of the pandemic. Actions in response to the recommendations will be included in the action plan that has been developed following the CQC well-led inspection to provide an integrated approach to improvements and monitoring.

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.

An internal audit review of the Trust's risk management was undertaken in Q4 as part of the internal audit plan for 2021-2022. The focus of the review was the maintenance and implementation of effective directorate and operational risk registers that can provide ongoing assurance to the Board. The review specifically focused on digital, primary care and community health directorates and associated risk registers, and included a deep dive into specific risks and also a staff survey on risk culture. Partial assurance was received and a range of recommendations were provided to strengthen the control framework to manage identified risks to ensure that the controls are suitably designed, consistently applied and effective. An action plan has been developed and is currently being implemented to improve communication around risk management roles and responsibilities as well as risk management policy and procedures; to review risk management training; and to improve the effective management of risks.

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* guidance.

Trust's Major Risks

The BAF includes nine 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 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 committee continued with the programme of deep dives into the key risks that may affect the achievement of the Trust's strategic priorities.

During 2021-2022, the Trust continued to find itself working in an unprecedented time. The COVID-19 pandemic and Government driven lock-downs continued to have a significant impact on our staff, our services users, our services and our finances. The risks on the BAF 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 recognising that the pandemic impacted on the achievement of all our strategic priorities. However, individual risks on the BAF were reviewed accordingly and the Board agreed to an additional risk that reflected the Trust's changing role in relation its commissioning responsibilities specifically in relation to new models of care and the impact on the quality and experience of care for our service users.

There were some fluctuations on the risk score during the year which was not entirely unexpected, and as a consequence of the pandemic and the Ukrainian/Russian conflict, the current scores for several risks on the BAF remained static during the year. At the end of Q4 the target score for risk 2 was met and there were three significant risks. A summary of the actions taken to mitigate the risks are included in the 'principal risks and uncertainties' section of the performance overview.

Risk Description	Risk Score 2021-2022			
	Q1	Q2	Q3	Q4
Strategic Objective: Improved population health outcomes				
Risk 1: If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health	12 ↔	12 ↔	12 ↔	12 ↔ High
Risk 2: 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 ↔	8 ↓ High
Risk 9: If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients	n/a	16	16 ↔	12 ↓ High
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 ↔	12 ↔ High
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	12 ↔	12 ↔	12 ↔	12 ↔ High
Strategic Objective: Improved staff experience				
Risk 5: If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy	16 ↔	16 ↔	16 ↔	12 ↔ Significant
Risk 6: If issues affecting staff experience and equalities are not addressed, this will adversely impact on staff motivation, engagement and satisfaction	16 ↔	16 ↔	16 ↔	12 ↔ Significant
Strategic Objective: Improved value				
Risk 7: If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans	16 ↔	16 ↔	16 ↔	12 ↓ High
Risk 8: If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs	25 ↔	25 ↔	25 ↔	25 ↔ Significant

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 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. Growth in demand and acuity across the system will no doubt continue to put pressure on our financial plan and on our ICSs. The Trust also recognises that managing the risks identified will also involve multiple partners working together across health and social care, as well as adapting our own internal arrangements so that they are sufficiently agile to meet the challenges of working in complex circumstances.

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.

Collaborations and partnerships are increasingly the cornerstone of effective integrated health and care delivery, and the Board has paid close attention to the developing Integrated Care Systems in which the Trust operates.

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 ICSs in both NEL and BLMK, particularly on the delivery of integrated care pathways. This way of working has been particularly highlighted and effective during the COVID pandemic. We will continue to understand the emerging implications and opportunities and adjust our risk profile and response accordingly to meet both the Trust and system strategic priorities.

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, 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.

Staffing

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 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 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.

During the year, the Trust's workforce planning has continued to focus on ensuring the organisation is prepared for any COVID 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 vaccination centres for NEL, leading on all recruitment activity on behalf of partner NHS organisations in North East London. As at 1 March 2022, the Westfield mass vaccination centre had delivered approximately 200,333 vaccinations since opening. There is a vast amount of work to explore new roles in order to meet the demand. 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 Plan Delivery Board oversees the delivery of the ELFT people plan which underpins people development and training as well as leadership development designed to create resilience and capacity within our people.

The Board monitors all people metrics, via its Appointments & Remuneration Committee, which is a sub-committee of the board. The Board also receives regular reports on safer staffing, vacancy rates, staff turnover, sickness absence levels, staff engagement, equality and diversity data and agency spend. There is also a focused piece of work to address the agency spend, through the people paper and finance reports.

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 equality impact assessments as necessary and ongoing monitoring to ensure that efficiencies do not adversely impact on the quality of service delivery.

Climate Change Obligations

The Trust has undertaken risk assessments and has plans in place which take account of the *Delivering a Net Zero Health Service* report under the Greener NHS programme. 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 Accounting 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 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. The Trust's internal audit plan which is agreed by the Board sets out the full range of audits across the Trust, and includes reviews of the economy, efficient and effectiveness of the use of resources. Both the Audit and Quality Assurance Committees routinely review the outcomes and recommendations of the internal audit reports including the management response and progress against action plans.

The Trust's counter fraud work plan which is approved by the Audit Committee demonstrates an embedded counter fraud focus.

A number of significant weaknesses in the Trust's use of resources arrangements were identified during the external audit in respect of the underlying processes and controls for preparing exit packages, and losses and special payments disclosures. Specifically:

- Insufficient communication between the people and culture, payroll and finance teams within the Trust on emerging exit packages and absence of timely discussion between these teams on whether or not HM Treasury approval may be required
- Failure to seek HM Treasury approval for non-contractual severance payments in advance of agreeing the amounts with the individuals concerned
- Failure to consider on a timely basis whether exit packages are novel, contentious or potentially repercussive and therefore in need of HM Treasury approval.

Remedial action has and is being taken in response to the specific cases identified during the external audit, including seeking retrospective approval from HM Treasury for five payments made during 2021/22 (£9,000) or 2020/21 (£55,000).

In addition, a structured review of the Trust's controls and decision-making processes in respect of exit packages is being undertaken with the aim of assessing the effectiveness of existing controls, identifying any gaps/areas of weakness and opportunities to strengthen the Trust's systems and processes, as well as taking account of the learning from the issues identified during the external audit.

The review is focused around six themes which have been identified as part of the learning review, namely:

- Roles, responsibilities and accountabilities
- Information, guidelines and regulatory/statutory requirements
- Interpretation and implications
- Communications
- Monitoring and reporting
- Continuous improvement, learning and training.

This review is designed to ensure that good practice and the recommendations made by external audit will be addressed, by incorporating the following elements:

- Review accountability and oversight ensuring clarity of roles and collective ownership of responsibilities both for individuals and teams across finance, and people and culture, and payroll
- Review, update and strengthen existing policies and processes relating to and/or associated with exit packages
- Review how changes to relevant guidelines and/or regulatory/statutory requirements are identified and implemented ensuring a holistic approach and timely communication of the changes
- Translate complex guidance using expert independent opinion in aspects identified as high risk, more complex or material specifically in relation to the requirements of Managing Public Money
- Identify clear ways of operationalising the requirements and/or changes
- Test the effectiveness of existing underpinning controls and checks.

Additionally, we will co-produce the specification for an internal audit with RSM, the Trust's internal auditors, which will include, but not limited to, specific review of the policies, scheme of delegation, custom and practice, terms of reference and protocols surrounding exit packages decision-making.

The Audit Committee will maintain oversight of the review to ensure that learning is being taken forward, actions are being implemented and are effective, and will agree additional action where required.

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.

The Trust is acutely aware of the ongoing threat from cyber-crime, i.e. malicious attempts to damage, disrupt or steal our digital resources and data. In order to minimise and respond to the risk, the Chief Technology Officer is delivering the cyber strategy, part of the Board approved Digital Strategy, which is in line with Cyber Essentials+ and National compliance frameworks. The key deliverables of the Cyber strategy consist of a dedicated team, developing extensive training programmes for all Trust staff, and the deployment of key tools to monitor the Trust's infrastructure and data traffic for suspicious activity. The need for a robust approach to business continuity in terms of documented plans and regular exercises to test preparedness and response are also recognised, and led by the Chief Operating Officer's EPRR team.

There were three reportable incidents via the Data Security and Protection Incident Reporting Tool in 2021-2022. One related to inadvertent sharing of community forensics patient data due to hidden columns on a spreadsheet, one where a staff sickness report was inadvertently shared with peers and one an external contractor accessed information about service users provided in a work context for their personal use. The ICO has investigated and closed the first two incidents. To date there has been no contact from the Information Commissioner regarding the third incident.

Data Quality and Governance

As Accounting 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 2021-2022 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 2021-2022, 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 to the Quality Committee. There are also updates on data quality regularly to the Operations Group. All data presented to the Board within the 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 Accounting 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 Trust 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. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit and Quality Assurance Committees, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Progress against actions are monitored by the executive team, and Audit and Quality Assurance Committees. My review also takes account of the Trust's responsiveness to the COVID pandemic and is informed by external audit opinion, inspections carried out by the CQC and other external inspections, accreditations and reviews. The executive directors who have responsibility for the development and maintenance of the system of internal control, provide me with assurance in a variety of ways, including through reports on the implementation of audit action plans and reports of the work of the Board Committees, and their respective sub-committees and groups.

The Head of Internal Audit's opinion for 1 April 2021 to 31 March 2022 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 report, the Head of Internal Audit referred his review of the Service Auditors' reports for Electronic Staff Record Programme ISAE 3000 and NHS Shared Business Services ISAE 3402:

- ESR ISAE 3000: one qualification opinion was noted regarding the controls necessary to ensure that access to the development and production areas of the NHS hub was appropriately restricted for a limited period of the year. The issue was resolved once identified and did not impact on the internal auditor's overall assessment of the controls in operation at the Trust. No other qualifications were noted
- NHS SBS ISAE 3402 (PWC): one exception was identified from the 27 controls reviewed and this was not considered to represent a significant risk to the Trust.

In his summary, the Head of Internal Audit commented that the audit programme was undertaken through the continued operational disruptions caused by the COVID pandemic. As such it was recognised that there has been some impact on both the operations of the Trust and its risk profile.

My review is also informed by processes which are well established and ensure the effectiveness of the systems of internal control:

- The Board met six times in public during 2021/2022 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 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 BAF, and has monitored the controls in place and the assurances available to ensure that these risks are being appropriately managed
- The Board receives the BAF 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 BAF, 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's Quality Committee reports to the Quality Assurance Committee in the form of an assurance report, and also links to the operational 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
- 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 assessment of key findings from a range of reviews including external reviews, inquiries and inspections: external inquiries; patient and staff surveys; complaints received and outcomes of investigations; serious incidents requiring investigation and whistleblowing investigations, and the outcome of the investigations; CQC inspections and reports
- 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

- 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 2021 to 31 March 2022 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

While I recognise that we can always improve on our systems, my review confirms that overall the Trust has an adequate and effective governance assurance system in operation that enables the identification and control of risks. We recognise the weaknesses identified by the external auditors in the underlying processes and controls for preparing and agreeing exit packages, as well as losses and special payments disclosures, as reported above. We are putting in place a range of actions and measures to improve and strengthen the effectiveness of existing controls and decision-making processes.

Other internal and external reviews, audits and inspections provide sufficient evidence to state that no other significant internal control issues have been identified during 2021-2022.

There remain risks facing the Trust in 2022-2023 and beyond with regard to delivery of our plans, the efficiency requirements and the changing NHS system landscape as well as the increasing acuity of service users and demand, in particular as a result of the pandemic and workforce challenges, not least the need for staff to recover post the impact of the pandemic.

The Audit Committee and the Board will continue to monitor all these areas closely and agree additional action as required, and specifically maintain oversight of the review into the controls and decision-making processes for exit packages to ensure that learning is being taken forward and that actions are being implemented and are effective.

We believe that the best service improvements are those where our service users, the wider public and key stakeholders (including our governors, local authorities, voluntary sector and social care partners) work together to coproduce services based on the health and care needs of our local population. Strong integrated governance arrangements will be paramount as we work in a much more integrated way to improve care for our residents and service users.



Paul Calaminus
Chief Executive
East London NHS Foundation Trust

12 October 2022

CONTACT US

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Your opinions are valuable to us. If you have any views about this report, or if you would like to receive this document in large print, Braille, on audio tape, or in an alternative language, please contact the communications team on phone 020 7655 4066 or email elft.communications@nhs.net

FINANCIAL STATEMENTS

East London NHS Foundation Trust

Audited Annual Accounts
for the year ended 31 March 2022

Audited Annual Accounts for the year ended 31 March 2022



FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2022, 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:

A handwritten signature in black ink, appearing to read "Paul Calaminus".

Paul Calaminus
Chief Executive Officer

Date: 12 October 2022

Audited Annual Accounts for the year ended 31 March 2022

Statement of Comprehensive Income for the year ended 31 March 2022

		2021/22	2020/21
	Note	£000	£000
Operating income from patient care activities	3	554,953	473,631
Other operating income	4	33,790	34,772
Total operating income from continuing operations		588,743	508,403
Operating expenses	5	(583,533)	(498,975)
Operating surplus from continuing operations		5,210	9,428
Finance income		238	177
Finance expenses		(2,221)	(2,232)
PDC dividends payable		(5,289)	(4,299)
Net finance costs		(7,272)	(6,354)
Share of (loss)/profit of joint venture	25.4	(704)	605
Movement in the fair value of investment property		7	13
Operating (deficit)/surplus for the year from continuing operations		(2,759)	3,692
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	10.1	(1,216)	(3,845)
Revaluation gains credited to revaluation reserve	10.1	8,332	-
Share of other comprehensive (expense)/income from joint ventures	25.4	(789)	1,056
Remeasurements of the net defined benefit pension scheme liability	16.2	1,012	(2,418)
Total comprehensive income/(expense) for the year		4,580	(1,515)

The notes on pages 191 to 220 form part of these accounts.

Audited Annual Accounts
for the year ended 31 March 2022

**Statement of Financial Position
as at 31 March 2022**

	Note	31 March 2022 £000	31 March 2021 £000 (Restated)	1 April 2020 £000 (Restated)
Non-current assets				
Intangible assets		125	283	471
Property, plant and equipment	10	268,203	257,463	250,706
Investment property		151	144	131
Investment in joint ventures	25	2,168	3,661	2,000
Trade and other receivables	11	623	-	-
Total non-current assets		271,270	261,551	253,308
Current assets				
Inventories		504	414	219
Trade and other receivables	11	21,238	20,500	36,464
Cash and cash equivalents	12	142,808	143,089	106,405
Total current assets		164,550	164,003	143,088
Current liabilities				
Trade and other payables	13	(93,824)	(79,551)	(77,347)
Borrowings	15	(660)	(596)	(539)
Provisions	17	(4,022)	(3,884)	(4,849)
Deferred income	14	(9,606)	(23,122)	(10,183)
Total current liabilities		(108,112)	(107,153)	(92,918)
Total assets less current liabilities		327,708	318,401	303,478
Non-current liabilities				
Borrowings	15	(16,555)	(17,215)	(17,811)
Provisions	17	(733)	(136)	(161)
Pension liabilities	16.1	(3,699)	(4,382)	(1,809)
Total non-current liabilities		(20,987)	(21,733)	(19,781)
Total assets employed		306,721	296,668	283,697
Financed by				
Public dividend capital		103,729	98,256	83,771
Revaluation reserve		77,046	69,470	72,670
Retained earnings		125,946	128,942	127,256
Total taxpayers' equity		306,721	296,668	283,697

The notes on pages 191 to 220 form part of these accounts.



Paul Calaminus
Chief Executive Officer

Date: 12 October 2022

Audited Annual Accounts for the year ended 31 March 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Retained Earnings	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2021	98,256	69,470	128,942	296,668
Deficit for the year	-	-	(2,759)	(2,759)
Revaluation gains credited to revaluation reserve	-	8,332	-	8,332
Impairments charged to revaluation reserve	-	(1,216)	-	(1,216)
Share of other comprehensive expense from joint ventures	-	-	(789)	(789)
Remeasurements of the net defined benefit pension scheme liability	-	-	1,012	1,012
Public dividend capital received	5,473	-	-	5,473
Transfer of excess depreciation over historic cost depreciation	-	460	(460)	-
Taxpayers' equity at 31 March 2022	103,729	77,046	125,946	306,721

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.

Audited Annual Accounts
for the year ended 31 March 2022

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 31 March 2020	83,771	72,670	124,822	281,263
Prior period adjustments	-	-	2,435	2,435
Taxpayers' equity at 1 April 2020 - restated	83,771	72,670	127,257	283,698
Surplus for the year	-	-	3,692	3,692
Impairments charged to revaluation reserve	-	(3,845)	-	(3,845)
Share of other 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	128,942	296,668

Audited Annual Accounts
for the year ended 31 March 2022

Statement of Cash Flows
for the year ended 31 March 2022



	2021/22	2020/21
Note	£000	£000
Cash flows from operating activities		
Operating surplus	5,210	9,428
Non-cash income and expense:		
Depreciation and amortisation	5	10,354
Impairments and reversals of impairments	5	(157)
Income recognised in respect of capital donations (non-cash)	4	-
Non-cash movements in on-SoFP pension liability		329
(Increase)/Decrease in receivables and other assets		(1,633)
Increase in inventories		(90)
(Decrease)/Increase in payables and other liabilities		(1,370)
Increase/(Decrease) in provisions	17	735
Net cash generated from operating activities	13,378	49,964
Cash flows from investing activities		
Interest received		238
Purchase of property, plant, equipment		(11,718)
Net cash used in investing activities	(11,480)	(20,617)
Cash flows from financing activities		
Public dividend capital received		5,473
Capital element of PFI	20.3	(596)
Interest paid on PFI	20.3	(1,972)
Other interest paid	16.2	(249)
PDC dividend paid		(4,835)
Net cash (used in)/generated from financing activities	(2,179)	7,337
	(281)	36,684
(Decrease)/Increase in cash and cash equivalents	143,089	106,405
Cash and cash equivalents at 1 April		
Cash and cash equivalents at 31 March	12	142,808
		143,089

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

Accounting Policies and Other Information

1 Accounting policies

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 2021/22 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, investment property, 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 £2.0m increase or decrease in the value of land & buildings and a 5% variation would result in an £10.3m 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 £2.47m.

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 £1.56m.

- 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 16.3.

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.

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

1.4 Revenue from contracts with customers (continued)

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 & 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners where funding envelopes are set at Integrated Care System level. For the first half of 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. 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 payments 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.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for North East London Provider Collaborative, the Trust is accountable to NHS England and Improvement and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

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 2021/22 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.

Audited Annual Accounts for the year ended 31 March 2022

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;
- e) the item has a cost of at least £5,000;
- 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;
- 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 2022.

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.

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.

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

1.7 Property, plant and equipment (continued)

Impairments

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

Property, plant and equipment which is to be scrapped or demolished 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.

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 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.

1.8 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.

1.9 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.

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

1.10 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.

Payments are recognised when they are initiated by the Trust and receipts are recognised when they are received in the Trust's bank account.

1.11 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

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 18 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.

1.12 Financial assets/liabilities classified as subsequently 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.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs. 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 and contract receivables, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables 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.

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

1.13 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.14 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 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.

1.15 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.
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 26 for the estimated impact in 2022/23.

The application of IFRS 17 Insurance Contracts would not have a material impact on the accounts for 2021/22, were it applied in that year.

1.16 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.

1.17 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.

Audited Annual Accounts for the year ended 31 March 2022

Notes to the Accounts

1.18 Prior period adjustments

IAS 8 Accounting policies, changes in accounting estimates and errors requires the retrospective correction of all material prior period errors. During 2021/22 the Trust identified three errors that were material either by value or by nature. Therefore we have restated the comparatives by way of prior period adjustments to reflect the impact of the errors.

Operating leases

Note 9 was amended to include some undocumented property leases which were previously excluded in error. Note 5 has been amended to reclassify the expenditure.

Losses & Special Payments

Notes 5 & 23 have been amended to reclassify expenditure relating to four special severance payments previously omitted from Note 23 in error.

Provisions

Note 17 was amended to reduce the provision on Bank staff holiday pay in line with legal advice which indicated that there were errors in the estimates used in the prior years.

Statement of Financial Position as at 1 April 2020

	As previously reported £000	Adjustment £000	Restated £000
Current liabilities - provisions	(7,284)	2,435	(4,849)
Retained earnings	(124,821)	(2,435)	(127,256)

Statement of Financial Position as at 31 March 2021

	As previously reported £000	Adjustment £000	Restated £000
Current liabilities - provisions	(6,319)	2,435	(3,884)
Retained earnings	(124,507)	(2,435)	(126,942)

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

	As previously reported £000	Adjustment £000	Restated £000
Taxpayers' equity at 31 March 2020	(124,821)	(2,435)	(127,256)
Taxpayers' equity at 31 March 2021	(126,507)	(2,435)	(128,942)

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.

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Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2021/22 £000	2020/21 £000
Mental health services		
Block contract / system envelope income	332,158	300,870
Services delivered as part of a mental health collaborative	29,652	11,508
Clinical income for the secondary commissioning of mandatory services	41,561	20,524
Other clinical income from mandatory services	26,599	23,563
Community services		
Block contract / system envelope income	94,388	93,504
Income from other sources	15,935	10,267
All services		
Additional pension contribution central funding ¹	14,660	13,395
Total income from activities	554,953	473,631

Note 3.2 Income from patient care activities (by source)

	2021/22 £000	2020/21 £000
Income from patient care activities received from:		
NHS England	61,692	65,641
Clinical commissioning groups	414,100	354,931
NHS foundation trusts	3,653	3,239
NHS trusts	55,936	29,825
Local authorities	15,819	14,606
Department of Health and Social Care	-	189
Non-NHS: overseas patients (chargeable to patient)	-	15
Non NHS: other	3,753	5,185
Total income from activities	554,953	473,631

¹ 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.

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East London NHS Foundation Trust

Note 4 Other operating income

	2021/22	2020/21
	£000	£000
Research and development	2,707	3,007
Education and training	14,808	9,672
Rental revenue from operating leases	438	481
Reimbursement and top up funding	11,428	17,051
Donated equipment from DHSC for COVID response (non-cash)	-	8
Consumables (inventory) donated from DHSC group bodies for COVID response	547	3,746
Other income	3,862	807
Total other operating income	33,790	34,772

Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	13,243	5,785

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March	31 March
	2022	2021
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised: within one year	9,606	23,122
Total	9,606	23,122

Note 4.3 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:

	2021/22	2020/21
	£000	£000
Income from services designated as commissioner requested services	554,953	473,631
Income from services not designated as commissioner requested services	33,790	34,772
Total	588,743	508,403

Within the 2021/22 financial statements, management has taken the view to define the following as commissioner requested services:

- Adult Mental Health Services
- Adult Community Health
- CAMHS & Addiction
- Children & Young People Community Health
- Forensic (low & medium secure) Services
- Older People's Mental Health Services
- Specialist Services
- Improving Access to Psychological Therapies (IAPT)
- Learning Disability Services
- Primary Care Services

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Note 5 Operating expenses

	2021/22 £000	2020/21 £000 (Restated)
Services from NHS & DHSC Bodies ^{3 & 5}	43,511	35,688
Purchase of healthcare from non NHS bodies ^{1 & 3}	25,846	10,438
Employee expenses - non-executive directors	217	202
Employee expenses - staff & executive directors	404,972	380,286
Supplies and services - clinical ³	7,707	5,231
Supplies and services - general	12,600	8,686
Establishment	4,948	3,734
Research and development	2,545	3,664
Transport	3,500	2,653
Premises ⁵	30,724	17,808
Movement in credit loss allowance: contract receivables	(478)	(4,164)
Drug costs	5,900	6,394
Rentals under operating leases ⁵	12,036	10,649
Depreciation on property, plant and equipment	10,196	8,899
Amortisation on intangible assets	158	188
(Reversals of impairments)/Impairments	(157)	611
Audit fees payable to the external auditor		
audit services- statutory audit ²	72	70
Internal audit costs	79	75
Clinical negligence	1,594	1,422
Legal fees	568	390
Consultancy costs	829	284
Training, courses and conferences	5,615	1,847
Redundancy	421	192
Hospitality	77	29
Insurance	170	79
Other services, eg external payroll	904	848
Losses, ex gratia & special payments ⁴	504	156
Other ⁴	8,475	2,616
Total	583,533	498,975

Of which:

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 charged £72k (excl. VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2022.

³ Comparatives have been reclassified from Supplies and services - clinical (£7,086k) to Services from NHS & DHSC Bodies (£4,859k) and Purchase of healthcare from non NHS bodies (£2,227k) to achieve consistency with the current year classification.

⁴ Comparatives have been restated to reclassify £71k of expenditure relating to four special severance payments from Other to Losses, ex gratia & special payments. See notes 1.18 and 23.

⁵ Comparatives have been restated to reclassify expenditure from Services from NHS & DHSC Bodies (£2,659k) and Premises (£50k) to Rentals under operating leases. See notes 1.18 and 9.

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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

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	291,307	276,984
Social security costs	33,189	29,891
Apprenticeship levy	1,494	1,352
Employer's contributions to NHS pensions	33,737	31,083
Pension cost - other	338	210
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	14,660	13,395
Agency/contract staff	30,247	27,371
Total staff costs	404,972	380,286

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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.

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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at <https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports>.

Local Government Pension Scheme (LGPS)

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

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for the year ended 31 March 2022

Note 9 Operating leases



Note 9.1 Trust as a lessee

	2021/22 £000	2020/21 £000 (Restated)	2020/21 £000 (original)
Operating lease expense			
Minimum lease payments	12,036	10,649	7,940
Total	12,036	10,649	7,940
	31 March 2022 £000	31 March 2021 £000 (Restated)	31 March 2021 £000 (original)
Future minimum lease payments due:			
- not later than one year;	12,095	10,424	7,940
- later than one year and not later than five years;	46,250	38,878	28,282
- later than five years.	42,371	42,566	37,304
Total	100,716	91,868	73,526

All minimum lease payments due relate to buildings

Comparatives have been restated to include informal arrangements with other NHS bodies that were previously excluded in error, comprising the lease of Homerton East Wing and leases with NHS Property Services Ltd.

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Note 10.1 Property, plant and equipment - 2021/22

	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 2021	31,797	197,456	210	1,748	4,133	116	36,144	3,084	274,688
Additions	-	1,741	-	3,279	422	-	8,042	179	13,663
Impairments charged to revaluation reserve	(92)	(1,124)	-	-	-	-	-	-	(1,216)
Reclassifications	-	444	-	(1,440)	324	-	672	-	-
Revaluations	113	4,776	7	-	-	-	-	-	4,896
Valuation/gross cost at 31 March 2022	31,818	203,293	217	3,587	4,879	116	44,858	3,263	292,031
Accumulated depreciation at 1 April 2021	-	2,699	-	-	2,336	27	10,200	1,963	17,225
Provided during the year	-	3,443	4	-	588	19	5,746	396	10,196
Impairments recognised in operating expenses	-	1,080	-	-	-	-	-	-	1,080
Reversals of impairments recognised in operating expenses	(69)	(1,168)	-	-	-	-	-	-	(1,237)
Revaluations	69(3,501)	(4)	-	-	-	-	-	-	(3,436)
Accumulated depreciation at 31 March 2022	-	2,553	-	-	2,924	46	15,946	2,359	23,828
Net book value at 31 March 2022	31,818	200,740	217	3,587	1,955	70	28,912	904	268,203
Net book value at 1 April 2021	31,797	194,757	210	1,748	1,797	89	25,944	1,121	257,463
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 10.2 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	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	-	-
Revaluations	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	-	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 income	(69)	(136)	-	-	-	-	-	-	(205)
Revaluations	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	

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Note 10.3 Property, plant and equipment financing - 2021/22

	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 2022									
Owned	31,818	167,350	217	3,587	1,955	70	28,912	904	234,813
On-SoFP PFI contracts	-	28,378	-	-	-	-	-	-	28,378
Donated	-	5,012	-	-	-	-	-	-	5,012
NBV total at 31 March 2022	31,818	200,740	217	3,587	1,955	70	28,912	904	268,203

Note 10.4 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

Audited Annual Accounts for the year ended 31 March 2022

Note 11 Trade and other receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables (invoiced and accrued)	19,146	18,221
Allowance for impaired contract receivables	(2,124)	(2,628)
Prepayments (non-PFI)	1,718	2,840
PDC dividend receivable	-	272
VAT receivable	2,165	1,544
Other receivables	333	251
Total current trade and other receivables	21,238	20,500
Non-current		
Clinician pension tax provision reimbursement funding from NHSE	623	-
Total non-current trade and other receivables	623	-
Of which receivable from NHS and DHSC group bodies	16,771	13,407

Note 11.1 Allowances for credit losses

	2021/22 £000	2020/21 £000
At 1 April brought forward	2,628	8,859
New allowances arising	16	1,447
Utilisation of allowances (write offs)	(26)	(2,067)
Reversals of allowances	(494)	(5,611)
At 31 March	2,124	2,628

Note 12 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.

	2021/22 £000	2020/21 £000
At 1 April	143,089	106,405
Net change in year	(281)	36,684
At 31 March	142,808	143,089
Broken down into:		
Cash at commercial banks and in hand	216	34
Cash with the Government Banking Service	142,592	143,055
Total cash and cash equivalents as in SoFP	142,808	143,089

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Note 13 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	24,747	30,103
Capital payables	6,984	5,039
Other taxes payable	9,687	8,442
Other payables	6,249	5,670
Accruals	45,975	30,297
PDC dividend payable	182	-
Total current trade and other payables	93,824	79,551
Of which payable to NHS and DHSC group bodies	12,075	15,376

Note 14 Deferred income

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income	9,606	23,122
Total deferred income	9,606	23,122

Note 15 Borrowings (PFI liability)

	31 March 2022 £000	31 March 2021 £000
Current		
Obligations under PFI	660	596
Total current borrowings	660	596
Non-current		
Obligations under PFI	16,555	17,215
Total non-current borrowings	16,555	17,215

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Note 16 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 16.1 & 16.2.

Note 16.1 Amounts recognised in the Statement of Financial Position

	2021/22 £000	2020/21 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(12,518)	(8,657)
Current service cost	(338)	(210)
Interest on pension obligations	(249)	(203)
Member contributions	(53)	(48)
Remeasurements recognised in other comprehensive income	603	(3,484)
Benefits paid	214	84
Defined benefit obligation as at 31 March	(12,341)	(12,518)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	8,136	6,848
Interest income on plan assets	162	162
Actuarial gains	409	1,066
Employer contributions	101	103
Administration expenses	(5)	(7)
Member contributions	53	48
Benefits paid	(214)	(84)
Fair value of plan assets as at 31 March	8,642	8,136
Net liability as at 31 March	(3,699)	(4,382)

Note 16.2 Amounts recognised in the Statement of Comprehensive Income

	2021/22 £000	2020/21 £000
Current service cost	(338)	(210)
Interest on pension obligations	(249)	(203)
Interest income on plan assets	162	162
Total pension cost recognised	(425)	(251)
Re-measurements in other comprehensive income:		
Return on fund assets in excess of interest	409	1,066
Change in financial assumptions	627	(3,459)
Change in demographic assumptions	-	82
Experience gains on defined obligations	(24)	63
Past service costs	-	(170)
Total re-measurements in other comprehensive income	1,012	(2,418)

The projected pension expense for the year ending 31 March 2023 is £410k, with employer contributions estimated at £102k.

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Note 16 Employee retirement benefit obligations (continued)

Note 16.3 Principal actuarial assumptions

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

	31 March 2022	31 March 2021
	% p.a.	% p.a.
Pension increase rate	3.20%	2.80%
Salary increase rate	4.20%	3.80%
Discount rate	2.60%	2.00%

Life Expectancy from Age 65 (years)

	31 March 2022	31 March 2021
- Retiring Today		
- Males	22.0	21.9
- Females	24.4	24.3
- Retiring in 20 years		
- Males	22.9	22.8
- Females	26.0	26.0

The estimate of past service liability duration is 24 years.

Sensitivity analysis 2022/23

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	12,060	12,341	12,629
Projected Service Cost	301	310	319
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	12,386	12,341	12,296
Projected Service Cost	310	310	310
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	12,581	12,341	12,106
Projected Service Cost	319	310	301
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	12,840	12,341	11,861
Projected Service Cost	324	310	297

Note 16.4 Analysis of assets

	31 March 2022	31 March 2022	31 March 2021	31 March 2021
	£000	%	£000	%
Equities	5,288	61%	5,713	71%
Bonds	2,192	25%	1,466	18%
Property	1,010	12%	763	9%
Cash	152	2%	194	2%
Total assets	8,642	100%	8,136	100%

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Note 16 Employee retirement benefit obligations (continued)

Note 16.4 Analysis of assets (continued)

Assets break down as at 31 March 2022 is as follows:

	Quoted (%)	Unquoted (%)
Index linked government securities		
UK	0.0%	-
Corporate bonds		
Overseas	12.0%	-
Equities		
Overseas	-	7.0%
Property		
All	-	8.0%
Others		
Absolute return portfolio	14.0%	-
Private equity	-	2.0%
Infrastructure	-	5.0%
Unit trusts	-	38.0%
Private debt	-	1.0%
Multi-asset credit	-	11.0%
Cash/temporary investments	-	2.0%
	26.0%	74.0%

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Note 17.1 Provisions for liabilities and charges analysis 31 March 2021

	Pensions - other staff £000	Other legal claims £000	Clinicians' pension reimbursement £000	Other *	Total £000
At 31 March 2020	187	190	-	7,068	7,445
Prior period adjustments **	-	-	-	(2,435)	(2,435)
At 1 April 2020 - restated	187	190	-	4,633	5,010
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	-	3,640	4,020
Expected timing of cash flows:					
- not later than one year	26	218	-	3,640	3,884
- later than one year and not later than five years	104	-	-	-	104
- later than five years	32	-	-	-	32
Total	162	218	-	3,640	4,020

* Other provisions include redundancies, business rates arrears and bank staff holiday pay.

** The provision on Bank staff holiday pay has been restated in line with legal advice which indicated that there were errors in the estimates used in the prior years.

Note 17.2 Provisions for liabilities and charges analysis 31 March 2022

	Pensions - other staff £000	Other legal claims £000	Clinicians' pension reimbursement £000	Other £000	Total £000
At 1 April 2021	162	218	-	3,640	4,020
Arising during the year	-	158	623	1,588	2,369
Utilised during the year	(26)	(218)	-	(385)	(629)
Reversed unused	-	-	-	(1,005)	(1,005)
At 31 March 2022	136	158	623	3,838	4,755
Expected timing of cash flows:					
- not later than one year	26	158	-	3,838	4,022
- later than one year and not later than five years	104	-	54	-	158
- later than five years	6	-	569	-	575
Total	136	158	623	3,838	4,755

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Note 18 Clinical negligence liabilities

At 31 March 2022, £16,253k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£15,248k at 31 March 2021).

Note 19 Better Payment Practice Code - measure of compliance

	2021/22	2021/22
	Number	£000
Total Non-NHS trade invoices paid in the year	64,487	235,528
Total Non-NHS trade invoices paid within target	53,314	208,177
Percentage of Non-NHS trade invoices paid within target	82.7%	88.4%
Total NHS trade invoices paid in the year	1,994	71,038
Total NHS trade invoices paid within target	1,575	60,560
Percentage of NHS trade invoices paid within target	79.0%	85.3%
	2020/21	2020/21
	Number	£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%

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.

Audited Annual Accounts for the year ended 31 March 2022

Note 20 On-Statement of Financial Position PFI

Note 20.1 Imputed finance lease obligations

	31 March 2022 £000	31 March 2021 £000
Gross PFI obligation	33,739	36,308
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	20,897	23,466
Finance charges allocated to future periods	(16,523)	(18,496)
Net PFI obligation	17,215	17,811
- not later than one year	660	596
- later than one year and not later than five years	3,428	3,094
- later than five years	13,127	14,121

Note 20.2 Payments committed in respect of the service element

	31 March 2022 £000	31 March 2021 £000
Charge in respect of the service element of the PFI for the period	3,660	3,565
Commitments in respect of the service element of the PFI:		
- not later than one year	4,165	4,001
- later than one year and not later than five years	18,387	17,688
- later than five years	47,094	51,958
Total	69,646	73,647

Note 20.3 Analysis of amounts payable to service concession operator

	2021/22 £000	2020/21 £000
Unitary payment payable to service concession operator (total of all schemes)	6,228	6,133
Consisting of:		
- Interest charge	1,972	2,029
- Repayment of PFI liability	596	539
- Service element	3,660	3,565
Total	6,228	6,133

Audited Annual Accounts for the year ended 31 March 2022

Note 21 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 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 11).

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 21.1 Reconciliation of liabilities arising from financing activities

	PFI Obligations	
	2021/22	2020/21
	£000	£000
Carrying value at 1 April	17,811	18,350
Cash movements:		
Financing cash flows - principal	(596)	(539)
Financing cash flows - interest	(1,972)	(2,029)
Non-cash movements:		
Interest charge arising in year	1,972	2,029
Carrying value at 31 March	17,215	17,811

Audited Annual Accounts for the year ended 31 March 2022

Note 22 Financial instruments

Note 22.1 Carrying values of financial assets

	Held at amortised cost £000	Total £000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	17,978	17,978
Cash and cash equivalents at bank and in hand	142,808	142,808
Total at 31 March 2022	160,786	160,786

	Held at amortised cost £000	Total £000
Carrying values of financial assets as at 31 March 2021		
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

Note 22.2 Carrying value of financial liabilities

	Held at amortised cost £000	Total £000
Carrying values of financial liabilities as at 31 March 2022		
Obligations under PFI contracts	17,215	17,215
Trade and other payables excluding non financial liabilities	83,955	83,955
Total at 31 March 2022	101,170	101,170

	Held at amortised cost £000	Total £000
Carrying values of financial liabilities as at 31 March 2021		
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

Audited Annual Accounts for the year ended 31 March 2022



Note 22.3 Maturity of financial liabilities

	31 March 2022 £000	31 March 2021 £000
In one year or less	86,523	73,677
In more than one year but not more than five years	10,273	10,273
In more than five years	20,897	23,465
Total	117,692	107,415

Note 23 Losses and special payments

	2021/22		2020/21	
	Total		Total	
	number of cases	Total value of cases	number of cases	Total value of cases
	Number	£000	Number (Restated)	£000 (Restated)
Special payments				
Compensation payments	42	192	26	72
Ex-gratia payments	15	4	19	3
Damage to buildings, property etc.	22	14	17	4
Losses of cash due to theft, fraud etc.	6	2	5	1
Personal injury	5	5	3	5
Overtime corrective payments *	2	64	-	-
Special severance payments **	5	223	4	71
Total special payments	97	504	74	156

* Includes the nationally funded overtime corrective payments following the Flowers ruling which was accrued in 2020/21.

** Comparatives have been restated to include four special severance payments totalling £71k previously omitted in error.

Audited Annual Accounts for the year ended 31 March 2022

Note 24 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 £59k income for services provided and paid £5,441k for services received (£418k payable at year end).

A Director of Health & Care Space Newham Ltd. See note 25.

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 25.

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.

Audited Annual Accounts for the year ended 31 March 2022



Note 25 Investments in subsidiaries and joint ventures

Note 25.1 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 as a joint venture.

Note 25.2 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 not consolidated Compass Wellbeing CIC into the Trust accounts due to materiality.

Note 25.3 Operating results of subsidiaries and joint ventures

	HCSN		Compass	
	31 March 2022 £000	31 March 2021 £000	31 March 2022 £000	31 March 2021 £000
Total (loss)/profit	(1,408)	1,210	717	267
Total gross assets	7,335	8,354	3,653	862
Total net assets	4,336	7,321	833	211

Note 25.4 Carrying values in these accounts

	HCSN	
	2021/22 £000	2020/21 £000
Carrying value at 1 April	3,661	2,000
Share of trading (loss)/profit	(704)	605
Share of Other Comprehensive Income	(789)	1,056
Carrying value at 31 March	2,168	3,661

Audited Annual Accounts for the year ended 31 March 2022

Note 26 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 0.95% 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 existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition.

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 26.1 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	92,302
Additional lease obligations recognised for existing operating leases	(89,162)
Estimated impact on net assets on 1 April 2022	<u>3,140</u>

Note 26.2 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	(11,805)
Additional finance costs on lease liabilities	(799)
Lease rentals no longer charged to operating expenditure	11,854
Other impacts on income / expenditure	(110)
Estimated impact on surplus in 2022/23	<u>(860)</u>

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 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the Accounts, 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), and as interpreted and adapted by the 2021-22 Government Financial Reporting Manual as contained in the Department of Health and Social Care's Group Accounting Manual 2021-22, and the NHS Foundation Trust Annual Reporting Manual 2021-22 issued by NHS Improvement.

In our opinion the financial statements:

- give a true and fair view of the financial position of East London NHS Foundation Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2021-22; and
- have been prepared in accordance with 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 Accounting 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 Accounting 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 information in the Remuneration Report and Staff Report

We have also audited the information in the Remuneration Report and Staff Report that is described in those reports as having been audited.

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 2021-22.

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 2022.

Having regard to the guidance issued by the Comptroller and Auditor General in December 2021, we have identified the following significant weaknesses in arrangements for the year ended 31 March 2022:

Governance: how the body ensures that it makes informed decisions and properly manages its risks.

We have identified significant weaknesses in the Trust's governance arrangements that indicate that the Trust does not have effective oversight of managing public money in relation to the agreement and processing of exit packages. Key weaknesses and the recommendations made include:

Significant weakness in arrangements	Recommendations
<p>Insufficient communication between the People and Culture, Payroll and Finance teams on emerging exit packages and absence of timely discussion between these teams on whether or not HM Treasury approval may be required.</p> <p>Management failed to seek HM Treasury approval for non-contractual severance payments in advance of agreeing the amounts with the individuals concerned</p> <p>Management failed to consider on a timely basis whether exit packages are novel, contentious or potentially repercussive and therefore whether HM Treasury approval is required.</p>	<p>Management should improve and streamline its communication processes between People and Culture, Payroll and the Finance team to ensure that details on all exit packages that might be agreed, and those for which HM Treasury approval may be required, are adequately shared throughout the year to enable timely consideration and implementation of the requirements of Managing Public Money.</p> <p>The Trust should update its policies and procedures to expressly state that HM Treasury approval is required to be sought for any non-contractual severance payments in advance of agreeing the amounts with the individuals concerned. This should be cross referred to Managing Public Money and supporting guidance on special severance payments. All relevant staff should be trained on these requirements. Compliance with this requirement should be regularly checked by senior management in the People and Culture service and overseen by the Audit Committee.</p> <p>The Trust should update its policies and procedures to expressly require a documented consideration of whether each exit package is novel, contentious or potentially repercussive and guidance on how this should be considered from the viewpoint of a reasonable third party. The policy should also state that HM Treasury is required to be sought for any payments that could be novel, contentious or potentially repercussive, in advance of discussing the exit package with the individual concerned. The policy should be cross referred to Managing Public Money and supporting guidance on special severance payments. All relevant staff should be trained on these requirements. Compliance with this requirement should be regularly checked by senior management in the People and Culture service and overseen by the Audit Committee.</p>

We have reported the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of 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 issued by the National Audit Office, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Other matters on which we are required to report by exception

Under Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice we report to you if:

- in our opinion, the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with our knowledge acquired in the course of the audit; or
- we refer a matter to the regulator under Schedule 10 of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under Schedule 10 of the National Health Service Act.

We have nothing to report in these respects.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Chief Executive's Responsibilities as the Accounting Officer of the 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 they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

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:

- inquiring of management, the Trust's head of internal audit, the Trust's 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 including the Trust's controls relating to Managing Public Money requirements for any special payments;
- discussing among the engagement team and involving relevant internal specialists, including 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, expenditure recognition around year end, posting of unusual journals and use of management estimates and judgements;
- 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. 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; and
- substantively testing increased samples of income and expenditure around 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 Schedule 10 of the National Health Service Act 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 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 Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Council of Governors of the Trust, as a body, for our audit work, this report, or for the opinions we have formed.

DocuSigned by:
Lisa Blake
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Lisa Blake
For and on behalf of BDO LLP, Statutory Auditor
Ipswich, UK
13 October 2022

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).

