

East London NHS Foundation Trust

Annual Report and Accounts 2022-2023

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the National Health Service Act 2006**

WELCOME TO OUR 2022-2023 REPORT

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JOINT FOREWORD FROM THE CHAIR AND CHIEF EXECUTIVE

The last 12 months could be characterised as a period of recovery from the impact of the Covid pandemic and a time to refocus and reset our course.

As part of this, we have been working with our health and social care partners to improve the flow of patient activity in our collective services – trying to work as one. We have been working closely with North East London NHS FT (NELFT) to make optimum use of mental health admission beds to keep people close to where they live and reduce the need to use private sector facilities. With the appointment of Eileen as a Joint Chair for both our organisations, this dual approach will be strengthened and bring benefits to all the communities we support.

We have worked with acute Trusts to improve crisis support in A&Es, piloting new approaches, and worked to facilitate the timely discharge of people following an episode of inpatient care or surgery with prompt community assessment and input when they are home. In primary care, with the valuable input of practice patient representatives, we have been working to improve primary care provision and accessibility to these respective patient populations.

We are seeing real progress in our mental health transformation programme with consolidation of change in some areas, and positive development in others. The benefits of a whole-systems approach from commissioning to delivery are now being seen. We are grateful to all those involved in the co-production of these programme of care who have brought us to where we are today.

We were delighted that Evergreen, an adolescent mental health inpatient facility for Bedfordshire, Luton and Milton Keynes, opened in March. This much-needed service means that young people who need admission will no longer be placed far from their families and networks.

In December, the Richmond Well-being Service transferred to South West London and St George's Mental Health NHS Trust after being part of ELFT's Improving Access to Psychological Therapies for ten years, and at the end of March, the East London Vaccination Centre at Mile End (formerly at Westfield Retail Centre) closed its doors. We thank both groups of staff for their valued contribution to the work of the Trust and the well-being of local people, and wish them well going forward.

Our focus on safety strengthened this year with the appointment of a dedicated Director for Safety who is preparing us for the new Patient Safety Incident Response Framework and putting in place the foundations to ensure that we involve service users and patients in our learning. We have also focused on systems and platforms to ensure that they support our work efficiently and securely.

With the ongoing challenge of Covid for much of the last 12 months and the need to ensure the safety and efficiency of our services during recent industrial action, we are especially grateful to our staff for their ongoing care and commitment.

In January, Eileen was appointed as Joint Chair of ELFT and NELFT following a recruitment process led by both Council of Governors and involving both Trust Boards,

service users and stakeholders. This over-arching role will reinforce the joint aim of both organisations to improve the health of the populations we serve and address equity of access, experience and outcomes.

Eileen's four priorities as Joint Chair are:

- Patient leadership and putting patients and carers at the heart of everything we do.
Equity of access, experience and outcomes must be in our sight at all times.
- Providing the best possible environments for our staff, focusing on their well-being, empowering them and ensuring they have equity of access to opportunities.
 - Data-driven decision-making and assurance at the boards and making the board deliberations and papers clear and accessible to our staff and communities.
 - Being the best possible system player and an anchor institution in the communities where we operate.

We look forward moving forward together on this ambitious but exciting agenda to truly impact on the health of our respective local communities.



Eileen Taylor
Chair
East London NHS Foundation Trust



Paul Calaminus
Chief Executive
East London NHS Foundation Trust
(Chief Executive until 20 August 2023)

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 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.

We are currently supporting the development of a primary care mental health service in Southern Health and Social Care Trust in Northern Ireland.

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 quality improvement (QI) work is nationally and internationally renowned.

We are an 'anchor organisation.' in that we stay in our location over time and have influence over our local communities. Working as an anchor organisation means we have a unique opportunity to improve the health of our communities through procurement, as an employer, through use of our land and buildings and by being environmentally sustainable. We aim to provide benefit to the local community as much as possible throughout our work as a Trust.

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.

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 including Forensic Personality Disorder Service in North London
- Primary care services through two GP practices in Bedfordshire and three GP practices in east London that support homeless people with complex issues
- A social enterprise in Tower Hamlets in partnership with Compass Well-being 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 900,000 and to a Bedfordshire and Luton population of 820,000. 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 120 community and inpatient sites, employs over 6500 permanent staff and has an annual income of just under £640 million.

The Trust has structured its mental health services in relation to their geographical location to enable them to link easily to local services and 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, 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. Our people participation team also comprise a 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 of 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 Integrated Care Systems (ICS), 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.

The Health and Care Bill now has Royal Assent. This means that every part of England is covered by an Integrated Care Board (ICB) and Integrated Care Partnership (ICP) building on the existing non-statutory ICSs across England. The Integrated Care Boards went live on 1 July 2022.

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.

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>

Building on the previous strategy and retaining the mission to improve the quality of life for all we serve, the latest Trust strategy for 2021-2026 is set out below.

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.



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?



The Trust has strengthened its annual planning process to support implementation of the strategy, and align priorities with system partners, and is working in collaboration with our communities and partners, always striving towards continuous improvements in everything we do in order to deliver our strategy, and in support of wider ICS strategic objectives.

ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The central aim of an ICS is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

ICSs have been tasked with four main objectives:

- 1 To improve **outcomes in population health** and healthcare
- 2 To tackle **inequalities** in outcomes, experience and access
- 3 To enhance **productivity** and value for money
- 4 To help the NHS support broader **social and economic development**.

ELFT is a member of two ICS: North East London (NEL), and Bedfordshire, Luton and Milton Keynes (BLMK). Each ICS has an established set of strategic priorities.

NEL

Our purpose:
 “We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.”

Our flagship priorities:

Children & young people • to make NEL the best place to grow up	Mental health • to improve the mental health and well being of the people of NEL	Employment & workforce • to create meaningful work opportunities for people in NEL	Long-term conditions • to support everyone living with a long-term condition in NEL to live a longer, healthier life
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Our operating principles:

- Improving quality and outcomes
- Securing greater equity
- Creating value
- Deepening collaboration

BLMK



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 at least quarterly.

The BAF is also reported to the Audit Committee and the Trust Board in public at least quarterly.

There were four risks that were rated as ‘significant’ on the Trust’s BAF as at 31 March 2023.

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 2022-2023

Category	Indicator	Performance
NHS England and NHS Improvement	NHS Oversight Framework 2022-2023 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 the Chief Executive

Throughout 2022-2023, our primary focus has been on the process of recovering from the Covid pandemic. We have dedicated ourselves to creating supportive environments that foster reflective practice and prioritise the well-being of our staff and service users. This has included supporting staff and services to adapt to new working practices and embracing the valuable lessons learned from the pandemic. Furthermore, we have continued to proactively address emerging challenges, including effectively managing higher demand, ensuring smooth access and flow across inpatient and community services, and reducing waiting lists. On behalf of the ELFT Board, I would like to extend my sincere appreciation for the remarkable commitment, bravery, and empathy demonstrated by our staff, Governors, service users, and carers in triumphing over the obstacles faced throughout this year.

We have committed substantial efforts to enhance the effectiveness of our internal performance and quality monitoring mechanisms, as well as our Board assurance processes. The key focus was on improving the robustness and effectiveness of these internal mechanisms to help improve performance, and maintain the highest standards of quality across our operations. Throughout all service areas in each borough, the Trust has

actively collaborated with senior leadership teams to promote the integration of assurance processes with key internal and external partners. This collaborative approach builds upon our experience during the pandemic, establishing robust multi-agency forums that engage service users, local authorities, ICB leads, and other stakeholders at the local level. These forums continue to develop and evolve, serving as platforms for collective decision-making, collaborative planning, and comprehensive assurance that ensures effective coordination and synergy among all parties across the system. By bringing together diverse perspectives and expertise, the aim is to reduce duplication of effort, enhance the quality of our decisions, strengthen local accountability, and drive positive outcomes for the communities we serve.

Simultaneously, our Board performance report has been revised to include a broader range of metrics, covering both short-term performance indicators and long-term outcomes that align with our five-year strategy and core population segments. Notably, there is now a deeper focus on addressing equity and inequalities, ensuring that our recovery from the effects of the pandemic reflects our commitment to promoting fairness and inclusivity. This strategic adjustment ensures that our reporting captures a comprehensive assessment of our performance, reflecting our commitment to long-term success and the achievement of our strategic objectives.

The main performance challenges that the Trust continues to face relates to persistent high demand across inpatient services and some community-based care services. Although some services have returned to pre-pandemic levels of demand, others continue to experience an increase, particularly in Autism and ADHD services, core children and adolescent services, and district nursing and other specialised community health services. Furthermore, we have encountered additional complexities due to recruitment difficulties and a nationwide scarcity of specialised positions. To tackle this complex challenge, we have implemented a flow quality improvement programme involving over 60 services across the Trust. This work has played a crucial role in fostering the development of innovative solutions, deepening our understanding of demand and capacity, and implementing quality improvement methodologies to explore and learn from various approaches. Moreover, we are taking proactive measures to address needs upstream, allowing us to intervene earlier and enhance outcomes for our service users.

The importance of the digital agenda has grown significantly and over the last year we have made substantial progress in our new digital strategy, primarily by enhancing our organisation's digital infrastructure. We have upgraded hardware and software systems, implemented advanced networking solutions, and optimized data storage and processing capabilities. These efforts have improved operational efficiency and strengthen the foundations for future digital innovations that can support teams as well as improve the care pathways and experience of services. Our commitment to digital transformation ensures our agility, and adaptability in the evolving digital landscape.

The Trust remains highly committed to prioritising the well-being of our staff and fostering a sense of autonomy and belonging within their teams. The current circumstances present a significant challenge as we confront an unprecedented surge in demand for care that surpasses the capacity we have available to meet those needs. This challenge is further compounded by external factors, including the ongoing cost of living crisis. Our unwavering commitment lies in actively supporting the well-being of our staff to ensure a positive workplace experience for each individual.

Throughout 2022-2023, the Trust has consistently expanded its range of well-being services for staff. These offerings are specifically designed to meet the ongoing needs of our staff, encompassing various aspects of positive emotional, physical, and social well-being. Our unwavering commitment lies in actively supporting the well-being of our staff to ensure a positive workplace experience for each individual.

While the pandemic presented numerous challenges, this report also highlights examples of successful collaborative efforts with other NHS providers under the *Our Highlights of the Year* section, underscoring our commitment to enhancing the services we offer to our community. Moreover, noteworthy developments have emerged during the year, reinforcing our ongoing dedication to improving population health and our anchor organization approach.

For 2022-2023 the Trust's revenue plan and capital expenditure plan were agreed and submitted as part of the local health system, namely the North East London Integrated Care System. During the year, capital and revenue positions were reviewed and monitored, in partnership with the other members of the ICS, to ensure the delivery of the overall ICS financial assumptions.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

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 provides a wide range of services commissioned by different organisations including Integrated Care Boards (ICBs), NHS England (NHSE), local authorities, resulting in a variety of performance indicators used to monitor service quality.

The Trust measures performance through various means, including:

- NHS England's NHS Oversight Framework
- Performance against national targets
- Staff and patient survey results
- Quality measures in patient safety, clinical effectiveness, and patient experience
- Outcomes of quality improvement projects
- Key financial and workforce targets
- Service user and carer outcomes and experiences
- Results of CQC inspections.

To track progress and improvement, the Trust has an established measurement system guided by certain principles:

- Integrating strategic and operational measures to engage all staff in delivering high-quality services and developing them
- Selecting measures that are relevant to the vision, mission, and strategic outcomes, linking to portfolios of work
- Regularly monitoring a small number of measures at Board, committee, and Trust operational meetings, with other measures reviewed as exceptions
- Allowing appropriate variation in measurement across directorates and services
- Utilising data viewing aligned with quality improvement methodology
- Using measures as indicators of progress rather than strict targets, supplemented by quantitative and qualitative information for overall assessment
- Recognising the need for developing measures over time if they don't currently exist.
- Integrating information across various operational performance, quality, and outcome measures to enhance business intelligence and service delivery
- Utilising benchmarking whenever possible, comparing performance against external standards and benchmarks.

Internally, there is a robust governance structure for managing performance, including bi-monthly performance reviews at different levels. Progress is monitored through reports such as performance, quality, finance, people, and specific reports on national survey results and periodic outcomes.

The Board introduced a new performance report during this period, which has been iterated to offer performance insights from an equity and inequalities perspective. Additionally, it ensures compliance with key national and local performance indicators and oversees indicators related to the delivery of the Trust's strategy.

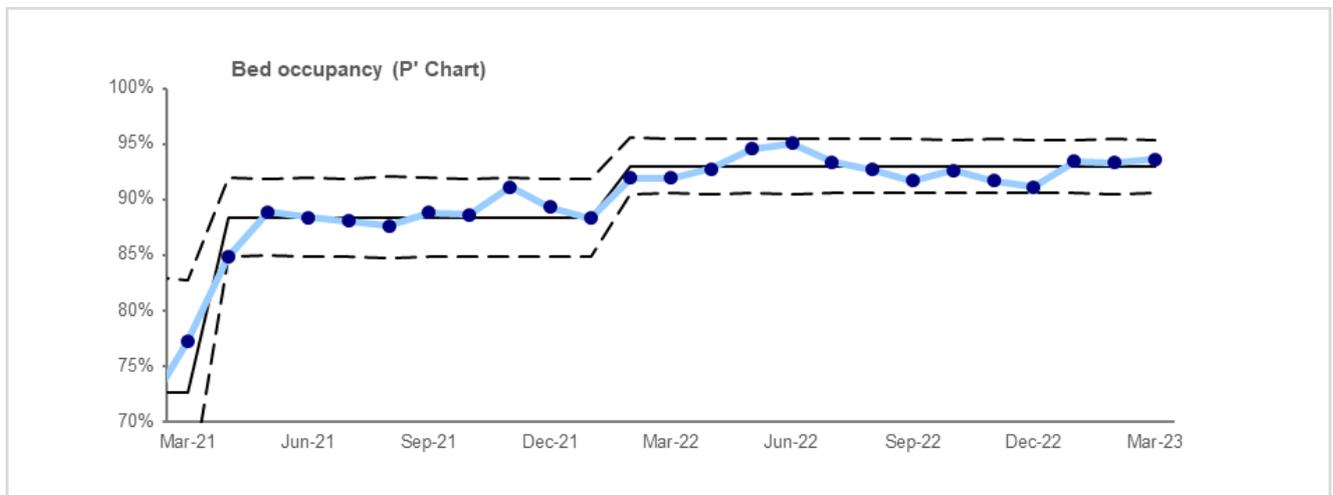
Our Performance

The Trust's performance in 2022-2023 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 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 93%. The main causes identified relate to higher levels of acuity and complexity, a rise in formal admissions of service users under the Mental Health Act, male bed capacity challenges, a rise in out-of-area admissions, and social care-related delays to discharge. In addition, services have reported an increase in the number of service users who are homeless or lack a permanent residence which makes the discharge process more difficult and protracted. These factors have resulted in an increase in private bed usage that has been agreed upon with partners across East London, Bedfordshire, and Luton.

A range of initiatives have been put in place with partners and local authorities to improve pathways. The Trust has collaborated with NELFT to conduct a review of bed capacity and is currently planning to repurpose an existing ward into an additional male adult acute inpatient ward. This initiative is aimed at improving the overall bed capacity in the local system. Quality improvement initiatives have been put in place to improve the flow and decision-making processes on the wards.

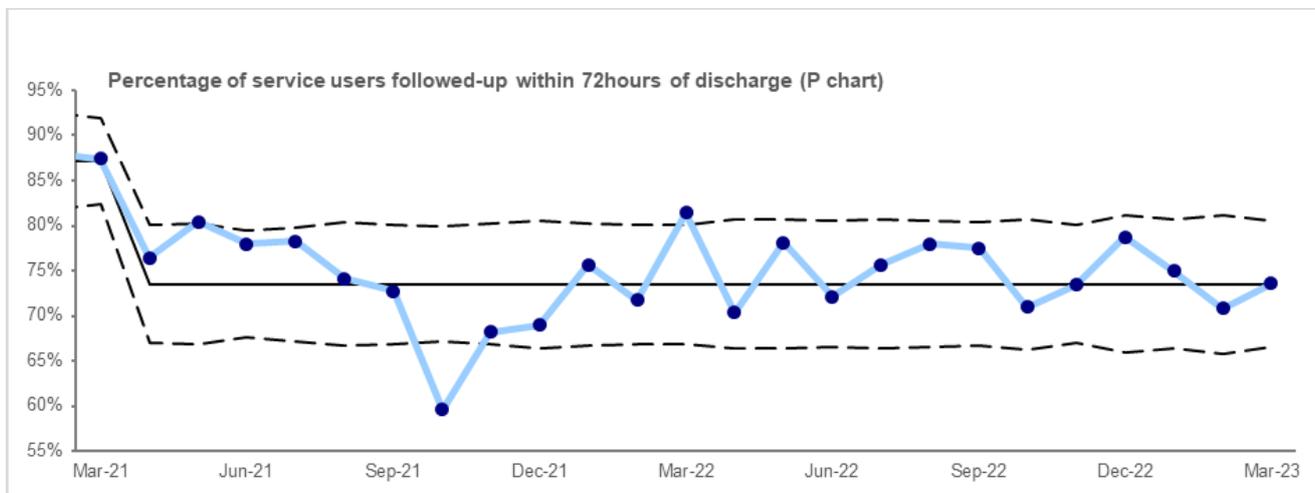


72-hour Follow-Up

The percentage of service users being followed up within 72 hours of discharge from an inpatient service averaged 74% against the national 80% target. A further 9% of service users were followed up within seven days.

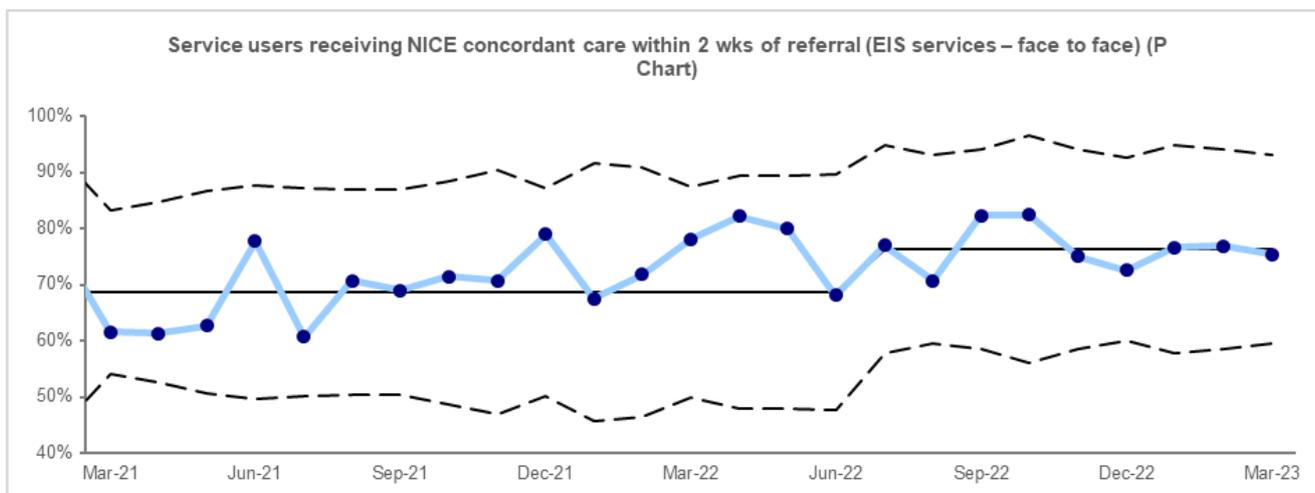
Service leads across the Trust have been working to enhance the efficiency of the process to ensure the safety of service users by sharing responsibilities across teams and working towards reducing the time it takes to receive a follow-up contact. Most of the breaches have been a result of incorrect contact details being recorded or service users not being aware of the purpose of 72-hour follow-up. As such, teams continue to explore and understand reasons for breaches and additional work is ongoing across the Trust to refine

conversations with service users before discharge to prepare them to be contacted for follow-up, and ensure the correct contact details have been captured. The aim is to enhance the efficiency of the process and ensure the safety of service users by sharing responsibilities across teams to ensure follow-up is met within the target.



Early Intervention Services

The early intervention services continue to exceed the national target of 60% of service users with the first episode of psychosis commencing treatment within two weeks of referral, obtaining an average of 75%.

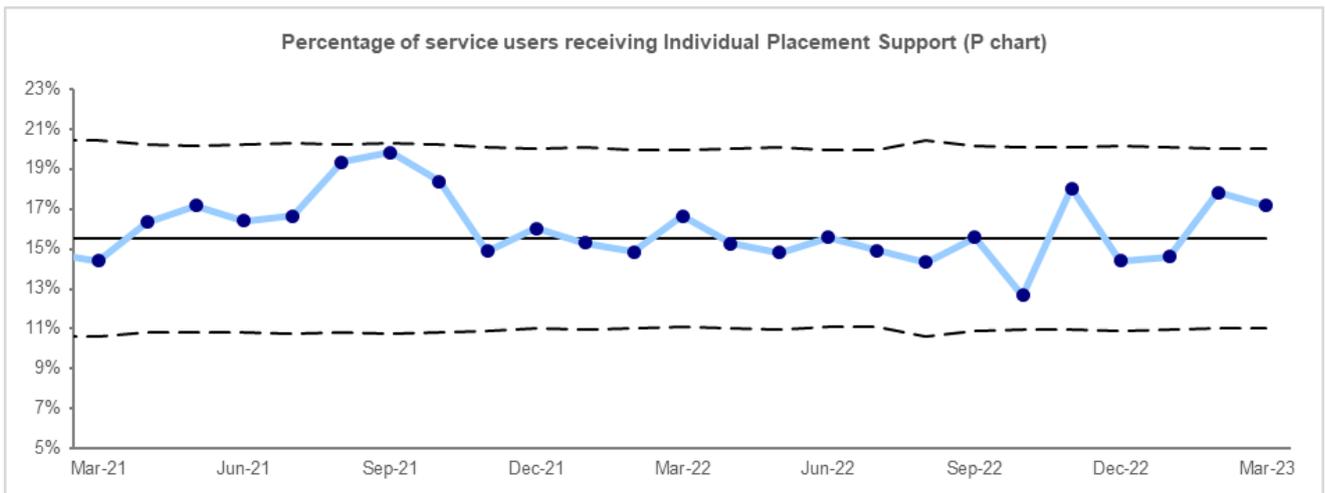


Individual Placement Support

The percentage of service users supported into employment by individual placement support (IPS) services remains stable with 16% of service users across mental health services accessing services. Services are expecting this position to increase further due to a range of initiatives led by the population health team to improve employment opportunities across the Trust.

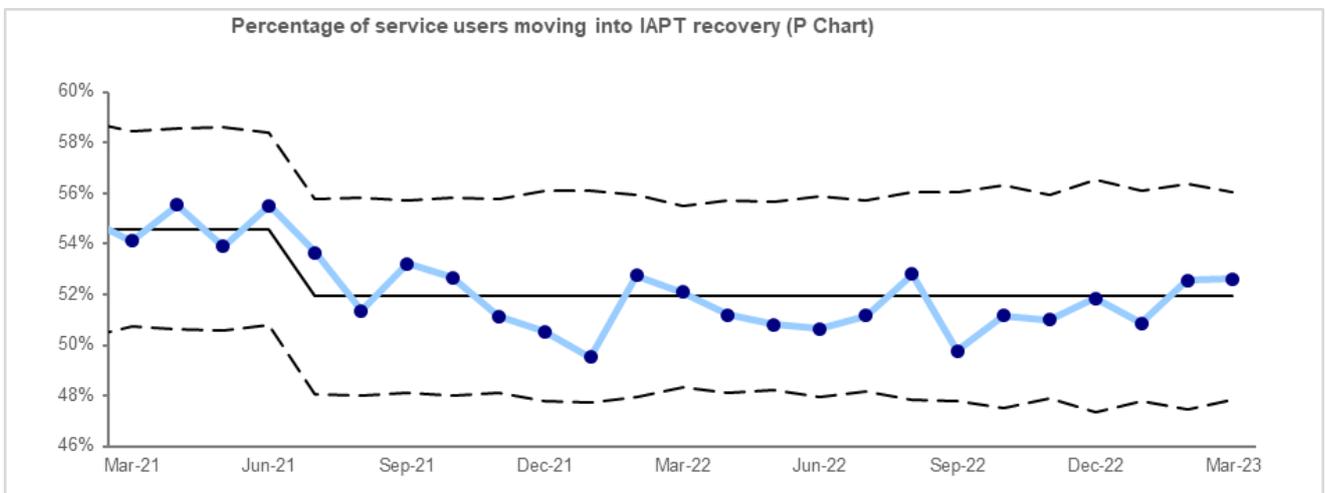
A steering group across the Trust has been formed to help support this work which now includes 20+ regular service users to help shape the work underway. There has been a continued focus on inclusive recruitment and development of ambitions for ELFT. A quality improvement project was launched to support inclusive recruitment in Luton in partnership with Luton Borough. Learning from this pilot has been leveraged in Newham and other

areas of the Trust to support these place-based schemes that are recruiting people into posts and reducing barriers to employment.



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, achieving an average of 53%. There have been times during this year when services fell short of this standard, which has been linked to increased wait times. Overall, access to the services has continued to remain high and the percentage of service users from minority ethnic groups accessing services has increased. Across all IAPT services, 88% of service users who completed the patient experience questionnaire responded positively.

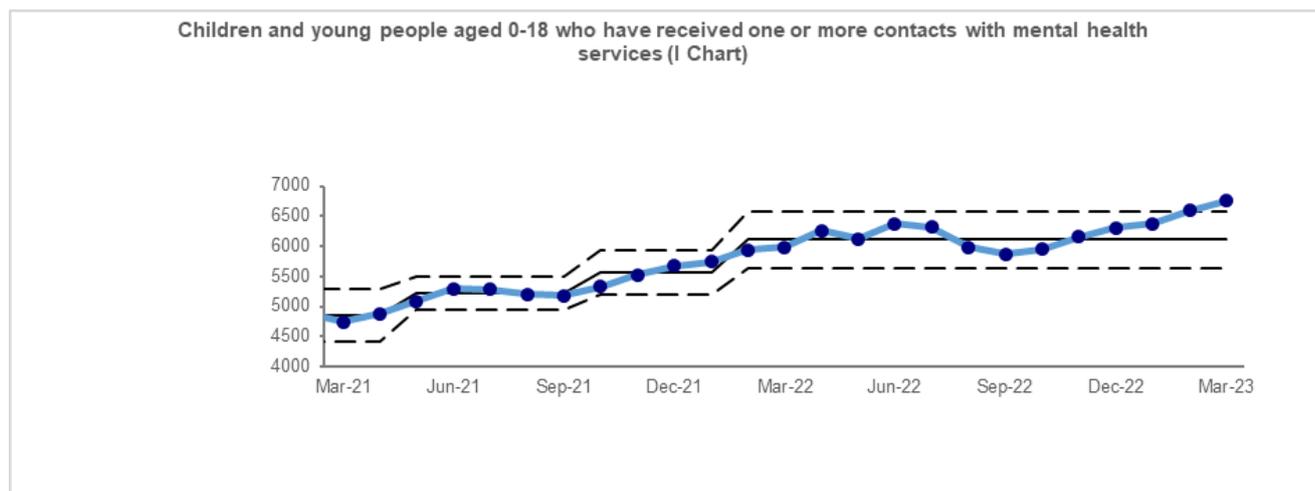


Adult Community Mental Health Team (CMHT)

Across adult CMHTs, good performance for urgent and non-urgent referrals has been maintained. Most teams have seen waiting times improving and returning to pre-pandemic levels. This is due to the teams putting recovery plans in place to tackle waiting lists and backlogs. Many teams have also transferred their caseloads over to the Primary Care Networks (PCNs) which has contributed to this reduction in waiting times since March 2022.

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. The newly established community eating disorders Neighbourhood team has identified a disparity in the number of referrals to the service across the three London boroughs, with Newham having the lowest numbers. To improve access to support for Newham residents, a quality improvement project has been established to engage St Ann's Hospital, IAPT, and the community team, with the aim of increasing access to support by 100% by December 2023.

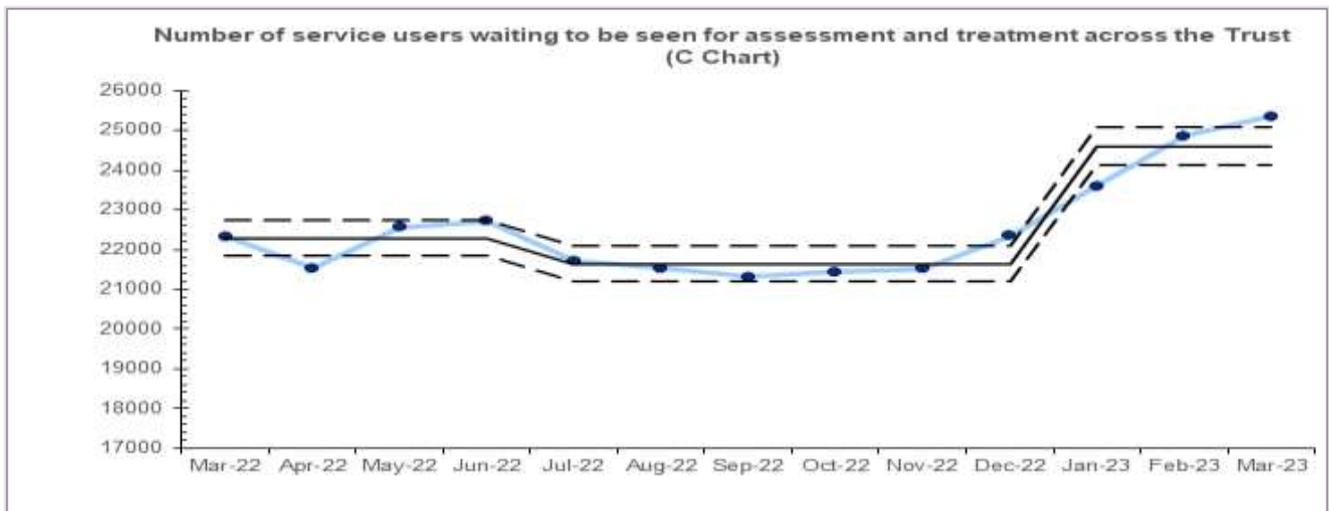


Rapid Response

Community health services have continued to provide a rapid response within two hours across all services. On average, services show a stable rapid response with assessment rates of 90% in East London and 88% in Bedfordshire, surpassing the national 70% target for assessments within two hours. Services in Bedfordshire have highlighted that performance has been maintained despite receiving higher levels of referrals in February and March 2023, which reflects increased demand for palliative care services. Teams are closely working with acute providers to implement virtual wards in order to support people at home. Virtual wards, discharge to assess, and integrated discharge hubs in East London are being strengthened to improve patient flow across the system.

Waiting Times

Across a range of mental health, CAMHS, SCYPS, IAPT, Autism and ADHD, and community health services across the Trust have experienced the greatest increase in waiting times across 2022-2023. Where services have large waiting lists, recovery plans have been produced to help plot trajectories and break down their demand against current capacity at each stage of the clinical pathway to identify potential bottlenecks and brainstorm innovative ideas to tackle the issues. Many services have been involved in the Trust-wide QI flow project which has provided additional support to services in managing their current pathways, exploring digital innovation solutions, streamlining pathways and encouraging shared learning across the Trust.



Primary Care

During 2022-2023, our primary care services successfully met most of their targets with the final quality and outcome framework (QOF) target results expected in July 2023.

Further information about our operational performance has been detailed within section 3.1.2 of the Trust’s 2022-2023 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. ELFT's continues to maintain and embed best practice quality improvement and quality assurance as business as usual across the Trust by supporting staff and service users to build the skills to use QI methods and creating an infrastructure in a systematic way to tackle the most challenging and complex issues. QI is an inclusive way to ensure everyone is involved in improving the area where they work or receive services.

At ELFT we:

- Have applied quality improvement to reduce inequity in access and outcomes in our services, secure patient safety and improve patient pathways through services to reduce waiting times. We conduct annual QI programmes that support teams to share ideas and learning together
- Ensure all staff and service users can access QI training so that they can use QI to improve their service through our one-day Pocket QI, the five session Improvement Leaders Programme and the six-month intensive Improvement Coaching Programme
- Listen to staff and service users around 'what matters to them' when seeking to partner with them to improve their areas.

Quality Priorities

Our quality priorities for 2022-2023 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 priorities were aimed at progressing our mission to improve the quality of life for all we serve:

- Triple aim QI programme
- Pursuing equity QI programme
- Demand, capacity and flow QI programme
- Capability building
- Value.

Our quality priorities for 2023-2024 are:

- Pursuing equity QI programme (including Triple aim)
- Inpatient safety and equality QI programme
- Capability building
- Sustainability and value.

Culture in Inpatient Services

During the year there were two television documentaries reporting on quality and safety of care in inpatient units in England, both focussing on closed cultures that lead to abuse of patients and unsafe services. In the light of this the Trust reviewed what is currently in place to ensure that services are safe, good quality and compassionate.

Across the two programmes some critical issues were identified that underpin safe care:

- Closed cultures, and visible and effective leadership
- Just culture, speaking up and effectively learning lessons
- Safe observations
- Listening to service users and carers
- Use of restrictive practices.

There is a high risk of any organisation not knowing what it doesn't know. There are, however, ways of protecting against this:

- **Safe observations**

In September 2022, we brought together all our inpatient units to commence quality improvement work on therapeutic engagement and observations. This is currently underway in each inpatient unit, led by the lead nurses and with close quality improvement support.

This approach allows us to truly understand the local context and views of our service users, involve the wider multidisciplinary team including junior members of staff on our wards, and co-produce our solutions with service users. The focus of this work is on strengthening therapeutic engagement and making observations meaningful.

The process each team has already undertaken has included a review of the existing systems, environments, human factors and experiences of people to inform the change ideas. We have looked at adherence to our policy on observations and introduced daily online audit tools to enable spot checks audits of observation records and annotations for reasons when observations are not completed. The review has engaged staff on the wards to identify themes in their experience of factors inhibiting their ability to carry out observations. This has allowed for 'live' systems that support early learning that will lead to a refined group of change ideas to be tested, evaluated and scaled.

- **Listening to service users and carers**

The Trust has a range of systems for engaging with, listening to and involving service users and carers. Alongside the Trustwide Working Together Group, each directorate has its own group that provides involvement opportunities for people on their personal recovery journey and empowers people with lived experience to work alongside healthcare professionals to continuously improve how care is shaped and provided.

Alongside people participation structures are systems for collecting, measuring and understanding patient and carer experience. The Trust deploys:

- Complaints, PALS and compliments process
- Patient Reported Experience Measures (incorporating NHS Friends and Family Test)
- Care Opinion (collecting and responding to stories)
- Incident reports and other patient safety measures (such as safety cross)
- Patient Reported Outcome Measures (such as Dialog+)
- Service User Led Accreditation.

A particularly powerful and innovative way of assuring the quality of our care is through enabling our service users to define the standards and assess our services against these standards – through our service user led accreditation process. The QA team aims to support all in-patient services to be accredited by end of 2023.

- **Use of restrictive practices**

Restrictive practices, such as use of restraint, seclusion and rapid tranquilisation, are routinely monitored locally, and reported on centrally to the Trust's Quality Committee. Monthly data is reviewed, and this will now be strengthened with data

monitoring the implementation of the Use of Force Act that has been effective since April 2022.

The Trust participated in the national improvement collaborative on restrictive practice, alongside 25 other Trusts. This programme was led by our Chief Quality Officer, in his national role, and demonstrated a 15% reduction in the use of restrictive practice across the 38 participating wards. There are a number of actions being taken across ELFT wards to reduce the use of restrictive practices, and eliminate unwarranted and harmful restriction of liberty:

- Time to Think forums are in place in all inpatient services. These are multi professional forums with service user input. The purpose of the meeting is to review local data, understand different experiences and perspectives, to shine a light on areas of practice and support local quality improvement plans. There are early signs that restarting these forums following the acute phase of the pandemic, and opening dialogue around restrictive practices, is having a positive impact on the application of restrictive interventions
- The safety bundle, developed through our quality improvement work on reducing inpatient physical violence, has been implemented across all sites. The safety bundle incorporates four elements: a dynamic risk assessment tool, safety huddles, safety focused community meetings, and use of a safety cross to monitor prevalence of incidents in a transparent way in the ward community.

Long-term segregation is occasionally used within forensic services. In order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, the patient is not allowed to mix freely with other patients on the ward on a long-term basis. The use of long-term segregation is regulated by Trust policy, including a range of safeguards for the segregated patient. Segregation can only be initiated following discussion and agreement from a group that includes multi-disciplinary team members, the responsible clinician, and a representative of the relevant commissioning group. For each episode of long-term segregation, an incident form is completed. There is regular review, including by another responsible clinician, to ascertain whether the continuation of segregation is necessary, proportionate and the least restrictive option available. Usage of long-term segregation is monitored locally within the forensic quality committee and overseen monthly by the Chief Nurse. Use of long-term segregation is also routinely reported to the Care Quality Commission.

- **Actions to strengthen our inpatient safety culture**

The delivery of safe and compassionate care across the Trust's inpatients services could easily be characterised as part of our strategic objective to get the basics right. And yet it is highly complex, with a focus on involving people and supporting local leadership. Our approach can be encapsulated in the framework below with ongoing work lead by Chief Nurse.



During the year we have:

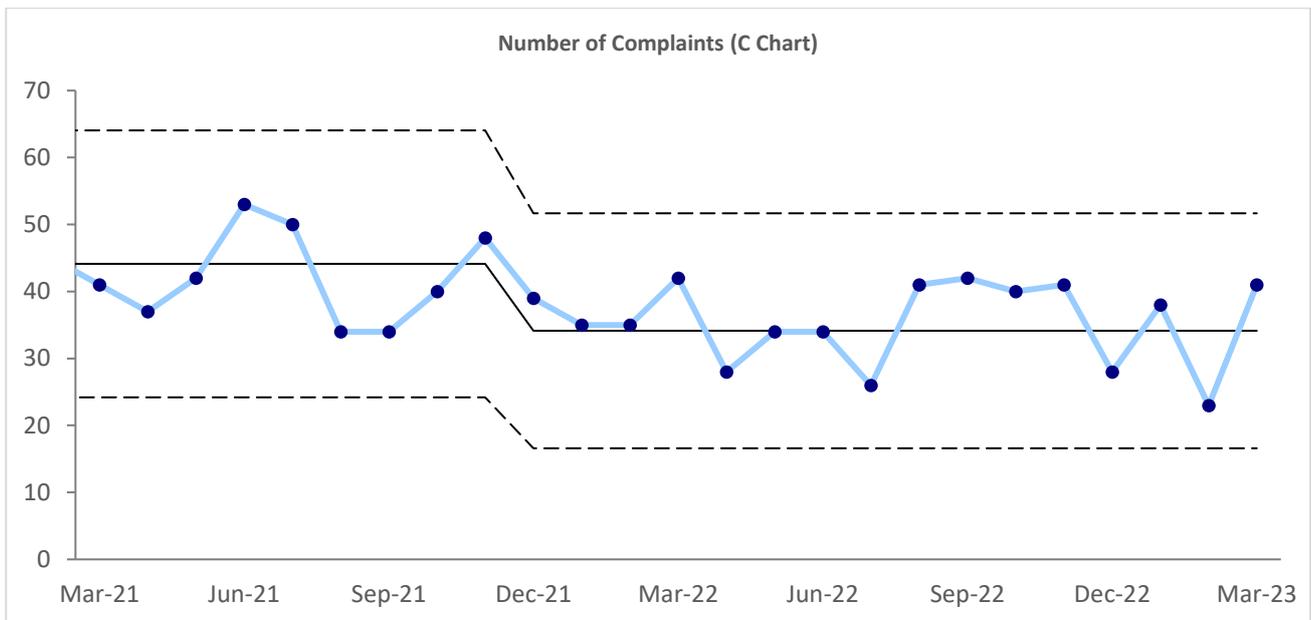
- Implemented a validated tool for the measurement of safety culture as part of the cycle of CQC self-assessment
- Introduced a part 2 of the Patient Safety Forum to create space for deep dives into critical safety issues, and support learning and improvement.
- Co-designed what we mean by “Leadership at ELFT”, and development of standard work for leaders at all levels of the organisation. Implementation from autumn 2023
- Continued to work with our directorate leadership teams to ensure standard ways for leadership to be visible and accessible, to create safe spaces and regular reflection forward teams and the utilisation of data to inform decision-making.
- Continued the development of our data systems to ensure all inpatient teams and directorate leadership teams can predict and prevent safety issues through predictive analytics
- Continued to build on the work within Luton and Newham to scale up learning about excellent quality control practices to other inpatient units through 2023.

Complaints and Compliments

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, and enhancing the process.

The number of complaints has remained stable during 2022-2023, with the majority of complaints received in the past two months of the year being related to behaviour of staff, the management of clinical procedures, accessibility, coordination of care, and communication. Learning from complaints is incorporated into a variety of forums and newsletters within each service to ensure that learning is shared, takes place and improvements are made.

A service user representative from the people participation team provides regular input to the complaints responses by reviewing drafts and providing recommendations. The complaints team is also working closely with the people participation lead to look at ways the team can encourage further ways to involve input from service users.



During 2022-2023:

- 427 formal complaints were raised in this reporting period, a decrease of 14% (70) compared with the previous year of 497
- The Trust closed 370 formal complaints in total. Out of this 213 were closed within the 25 working days (58%) an increase of 7% from the previous year which was 51%
- 107 (29%) complaints were breached (not closed within 25 working days) this was 1% decrease compared to the previous year which was 30%
- The remainder of 50 cases were either withdrawn or followed onto the next financial year
- 320 cases (75%) were resolved under stage 1 local resolution, out of this 193 (60%) were on time, 94 (29%) breached and 33 (10%) were either escalated to stage 2 or withdrawn
- 988 PALS inquiries were received by the Trust; this is a decrease of 105 enquiries compared to the previous year
- 977 compliments were formally recorded; this was an increase of 342 compliments compared to the previous year.

During the year the Trust received 16 new contacts from the Parliamentary and Health Services Ombudsman (PHSO) based on complainants expressing dissatisfaction with the Trust's response/outcomes of their complaint. This compares to three received in 2021-2022. These were all requests for information; no cases were further investigated by the PHSO during this time.

Care Quality Commissioners (CQC)

The CQC carried out a well-led inspection of the Trust in 2021 that created one 'must do' and ten 'should do' actions. Key stakeholders, with Executive oversight, have been assigned actions to address the concerns. To date seven actions are now closed including the one 'must do' action which required building works at Fountain Court to ensure the ward was compliant around regulations on mixed sex accommodation.

The remaining outstanding actions relate to larger and longer-term programmes of work covering estates, patient safety and digital. Good progress has been made in all three areas. An estates strategy has been approved by the Board and is due to be shared more

widely which will ensure that all areas delivering patient care are of the appropriate standard. We have developed new ways to understand themes arising from serious incidents, share learning across services and act on known areas for improvement. Work is also ongoing to improve Wifi connectivity across sites within the Trust.

In February 2023, Care Quality Commission (CQC) carried out unannounced inspections to acute mental health wards for adults of working age, across the Trust. The visits form part of the CQC new inspection approach of performing tightly focussed visits. The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in in-patient wards. The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

These inspections followed on from an information request on deaths and serious injury for inpatients detained under Mental Health Act which included serious incident reports and corresponding action plans, and the number of Mental Health Act (sectioned) inpatient deaths (inpatient wards) that resulted from self-harm and/or suicide from January 2019 to January 2023 with ward and date details.

The CQC aim to inspect local authorities which may impact the Trust due to interface. However, the CQC framework has not yet been published. We started preparedness across all services, although the scope of the work is not yet known.

In 2020, CQC published a new strategy which set out the changes they would be making that includes introducing a new single assessment framework that would be used for all services, including local authorities and integrated care systems. They will also be changing their internal structures, and introducing a digital portal which services can use going forwards for information requests and statutory notifications.

We expect the rating of services will remain the same, as will the five key questions; however, the key lines of enquiry (KLOEs) are being replaced with 35 Quality Statements written as 'We' statements from the providers' perspective.

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Our Highlights of the Year

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

Covid-19 – Pandemic and Recovery

Playing our part in managing the risk of Covid in our communities and our workforce was a continuous endeavour for us over the last 12 months. Although the spread of Covid-19 reduced over the year, it was still of concern with sporadic outbreaks in our services. The East London Covid Vaccination Centre was able to offer the first, second and booster Covid vaccination to relevant age groups as indicated by Government policy. This included the

vaccination of children which saw a team of staff from the Westfield Covid Vaccination Centre liaising with schools and undertaking pop-up clinics on school premises, where parental consent had been given. The Westfield team offered a drop-in or pre-booked service at the centre over the autumn half-term which proved popular with families.

Covid Information and Support for Staff

Staff received regular instruction on the latest infection prevention and control guidance, and were required to wear masks when in contact with patients/service users and each other. Information about self-testing and reporting results gradually changed over the year and staff were kept informed about guidance every step of the way.

Staff were encouraged to have the Covid vaccine and follow-up booster to protect themselves and those they care for. Concerns about fertility, pregnancy, birth and breast-feeding were key queries from our staff causing hesitancy. In response, the Trust set up webinars with specialist speakers as well as a Q&A and other information on the intranet to help staff make the best decision for their situation.

Supporting the National Effort

The Trust supported national messaging on the importance of Covid vaccination. We hosted numerous media visits to the Westfield Covid Vaccination Centre providing access to members of the public who were happy to be featured in broadcasts. We fielded spokespeople and identified key vaccination centre staff who were happy to be on camera talking about the benefits of vaccination.

Lead Employer for NEL Covid Vaccination Centres

As the Lead Employer for Covid Vaccination Centres in North East London (NEL), ELFT continued with activities to recruit and train staff to work in vaccination sites across NEL. The vaccination programme provided new jobs, training and opportunities which has been a gateway for many to an NHS career.

Closure of the East London Vaccination Centre

The Westfield Service moved to Mile End Hospital as part of the Government's wish to return vaccination to healthcare facilities and move away from commercial centres. The team continued to offer booster vaccinations to all eligible groups, and re-vaccination to people who had had a stem cell or bone marrow transplant and been advised to restart their Covid vaccination course. The service closed on 31 March 2023 as people can now access the Covid vaccination via the NHS England website from their local pharmacy or GP practice.

Environments That Support Well-being and Safe Care

BIG Conversation: Estates and Environment Strategy

In April 2022, we held a BIG Conversation about the buildings and settings in which we provide our services. We were keen to get a wide range of views from the public, service users, stakeholders and staff on what makes a great environment to receive care, have an appointment in or work. Questions posted included:

- Are our services in the right locations?
- Are our buildings efficient and do they support our carbon objectives?
- What is important to people when they visit our premises?
- Are there new design and architectural ideas out there that we should be investigating?
- Have we got the right type of spaces for staff to take breaks and rest?

- Do our buildings create a calm and therapeutic place for people to be treated and cared for?
- Do they help staff to do a good job?

The estates environment strategy was approved at the open Trust Board in March 2023. An Estates Strategy Board will oversee the strategy development. As part of the data gathering for the strategy, we now understand our estate better and will be working with borough/ service leads to develop local plans. Estates Environment Action Groups have been created for all inpatient units plus primary care and these groups are already regularly engaging with local teams and providing updates on estates related matters.

Maintenance and Improvements

The Trust's rolling redecoration programme for 2022-2023 has delivered improvements to Moorgate and East India wards as well as catering, dining and general circulation areas at the John Howard Centre for Forensic Mental Health. The scope for East India ward has been adapted to include clinical requests to include some general elements of refurbishment and the anti-ligature window (Britplas Safevent) replacement programme at the City and Hackney Centre for Mental Health has progressed well.

The relocation of the Tower Hamlets Rapid Response Team from Cavell Street and Albion Centre to the new Tower Hamlets town hall has now been completed and staff report a level of satisfaction with their new home! A Bedford Hub which will enable moves from Gilbert Hitchcock House to John Bunyon House and the Twinwoods took place and similar works as part of the Dunstable Hub programme is progressing with services commencing a phased occupation of a new building from May 2023.

OCS Appointed New Facilities Management Contract

OCS took over the management of cleaning, food provision, portering and some delivery services on 1 April 2022 in sites in Bedfordshire, Luton and East London. They now provide cleaning services, food services, portering and a pharmacy shuttle at key sites throughout the Trust. Staff contracted to the previous provider, G4S, were transferred over on enhanced terms and conditions.

As we learnt during the pandemic, cleanliness and hygiene have never been more critical in health care settings, and patient food quality is critically important to well-being and recovery. We wanted to ensure we worked with an organisation committed to providing a high quality service to our service users and our staff. Like us they believe in fairness and equality, and in developing a skilled and competent workforce who are equipped to work to high standards

Farewell to Richmond Well-being Service

Richmond Well-being Service left ELFT in December 2022 and is now under the management of South West London and St George's Mental Health Trust as part of their local consolidation arrangements. The service had been part of ELFT since 2012 providing a high quality well regarded IAPT service offering group and individual sessions to people with low mood, anxiety, and other psychological issues. The service has received excellent feedback from people over the years.

Evergreen Adolescent Mental Health Unit Opens

Our new acute mental health inpatient unit for children and young people in Bedfordshire, Luton and Milton Keynes (BLMK) opened to admissions in February 2023.

The unit consists of eight beds and will provide specialist, short-term care for young people aged 13-17 with severe or complex mental health conditions. The unit is a partnership between Central and North West London Foundation Trust (CNWL) who provide mental health services in Milton Keynes, and with BLMK ICS). Previously, young people residing in Luton, Bedfordshire and Milton Keynes who needed psychiatric admission would be admitted to units far away from where they lived, isolated from their families, friends and networks.

It is an interim unit at the Luton Centre for Mental Health at Calnwood Court, part of the Luton & Dunstable Hospital site and was developed in partnership with service users and carers, who chose the name 'Evergreen' for the unit.

Co-production has been at the heart of the development of Evergreen. An engagement group consisting of young people who have had experience of inpatient admission have supported the team with recruitment, the selection of furniture/fittings, the unit's layout, policies, and will also be delivering training to new starters.

The unit will be able to provide assessment, care and treatment to young people with a range of mental health issues: early onset and first episode psychosis, schizophrenia, bipolar affective disorder, severe depressive disorder, severe obsessive-compulsive disorder, severe anxiety/emotional disorder (e.g. PTSD and/or adjustment disorder), pervasive developmental disorder co-morbid with psychosis, severe depression with suicidal behaviour, major psychiatric disorder (e.g. severe depression or psychosis) presenting co-morbidly with an eating disorder, mild/moderate learning difficulties in crisis due to a severe mental disorder (e.g. psychosis) and severe decompensation in emerging emotionally unstable personality disorder.

Expansion of CAMHS Crisis Support

In the last year, we have extended CAMHS crisis services to seven days a week in Bedfordshire, Luton and East London in recognition that crises do not happen in office hours. Situations can often escalate in the evenings and at weekends so families need to be able to access help and advice.

Additionally, CAMHS professionals are available in three A&E hospital departments in East London every day from 9am - 9pm, seven days a week. Outside of these hours, families can speak to a trained mental health professional 24 hours a day, all year round. Each has a Freephone number and are ready to support young people experiencing a mental health crisis.

Northern Ireland Primary Care IAPT Project

Service users in the Southern Health and Social Care Trust have embraced virtual group sessions to access timely treatment for common mental health problems.

The Steps to Wellness initiative was introduced in the Trust in May 2022 as a new virtual way of working to provide greater levels of education and treatment for those referred to primary mental health care. Over the past 12 months, the service has made contact with around 1,500 people including over 600 people completing treatment and/or signposted to other services in the community and voluntary sector.

The service, the first in Northern Ireland to adopt an IAPT-aligned model, provides step 2 and step 3 evidence based, recovery focused psychological interventions to individuals who meet the criteria and are referred to the primary mental health care.

The Trust's collaboration with ELFT, GPs and individuals with lived experience, and how it has been received by the public has led to the success of this new initiative with improved service user outcomes.

Newham Specialist Children and Young People Service

The Newham specialist children and young people service (SCYPS) has benefited from new investment to meet requirements of children and young people with specialist educational needs. During the past year the service has redesigned the autism assessment pathway to ensure that families and children get a timely assessment followed by the support they need.

Addiction Services in Bedfordshire

Path to Recovery (P2R) the addiction service provided by ELFT has trained staff in adult mental health services and been working in partnership to support service users who are on community caseloads or have become inpatients. This will provide more joined up rounded care for service users. The service has also been working with prisons and other agencies to provide training and develop more collaborative working.

Launch of Carers Strategy

Our ELFT carers strategy was launched on 21 June 2022. The strategy was designed and co-produced by carers and staff, and sets out what carers can expect from ELFT and how we will measure progress. The strategy identifies five key priority areas:

- Improve identification and recognition of 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 the right support is in place for young carers.

The implementation of the carers strategy has started with individual plans being developed in service areas to support strong engagement between staff and carers. It has involved identifying resources and the learning needs of staff to support these relationships.

Recovery College for Newham

The foundations have been laid for Newham to have a Recovery College; staff have been recruited and a building has been sourced in partnership with London Borough of Newham.

Integrated Commissioner

The establishment of an integrated commissioner of mental health services in Newham has been a key enabler for transformation, planning and inclusion of services. The role formalises and signifies a fundamental change of approach which has been an asset to the delivery of key objectives and developments.

Newham Work

A Newham Work recruitment partnership has resulted in over 60 local residents being recruited to Bank roles in ELFT with 12 converted to permanent employment. These small steps play a role in improving population health outcomes, tackling recruitment challenges and ensuring a committed and representative workforce.

Boosting Safety in the Trust

A dedicated Director of Safety, Dr Deborah Dover, has been appointed to provide leadership and a safety focus to the Trust. The first draft of our new safety plan mission is to continuously improve safety for our people (staff, patients and carers) and work with our local communities to contribute to safer lives for all, at a whole population level.

Involving Patients and Carers with Safety Management

We are developing new roles and new ways to involve patients and carers in our safety improvement work, and better ways we can support people affected when a safety incident occurs. Service users and carers play a key role in telling us about how safe our services are, highlighting the importance of services having systems in place to enable this dialogue to take place.

Care Opinion Introduced to Get Feedback

The Trust is encouraging anyone who has used our services to provide feedback on the Care Opinion website. This is an independent platform which allows the public to select the service they wish to comment on and has a facility for the service to provide a response. Posters have been provided for waiting areas and staff are reminding patients and service users of this feedback option. You can view the feedback the Trust has received here: <https://www.careopinion.org.uk/>

People can continue to provide feedback via the website, by letter or telephone calls to the service or to the PALS and complaints service.

Modernising Inpatient Mental Health Care in Bedfordshire and Luton

Work has continued following a case for change programme in 2021 held to gauge support for the vision to modernise and improve the experience of people using inpatient mental health care in Bedford Borough, Central Bedfordshire and Luton.

Key areas for development and improvement were identified including providing and improving inpatient services for adults, children and young people across Bedfordshire and Luton to meet the needs of the population now and in the future.

Two main projects focused on including a proposed new inpatient unit for adults on the Bedford Health Village site and the opening of an inpatient unit in Luton for children and young people (the Evergreen Adolescent Health Unit).

We are developing a clinical model, which will outline how our proposed our inpatient services will work alongside our community mental health teams to ensure a recovery focused model of care. The strategy will address considerations and questions raised in the case for change engagement process which ELFT is developing through engagement with staff and service users.

A key principle for the clinical strategy will be to futureproof inpatient mental health services across Bedfordshire and Luton, meeting the growing and changing needs of the population served, and ensuring the highest possible quality recovery-orientated environment for service users.

The Trust appointed an architectural design team to undertake updated studies of the Bedford Health Village site, including a range of design options and considerations and work has been commissioned with the BLMK ICB and Bedfordshire Hospitals Trust to develop a site masterplan.

The site masterplan will help us to have a clear and collective view of the opportunities of the site, the two significant development projects underway on site, their inter-dependencies and phasing to ensure we have the required infrastructure within our proposals. We expect this work to have been completed by the end of May 2023.

BLMK Shared Health and Care Record

ELFT has now successfully linked in with the Shared Health and Care Record in BLMK which is an electronic record of a person's care. Much like the OneLondon ELPR system we already connect to in London, it takes information directly from existing systems used by health and social care organisations and presents it in an easy-to-read format for the health and social care professionals directly involved in care.

It is completely confidential and secure, and is designed to give doctors, nurses, and other registered health and social care professionals the information they need, where, and when they require it. The hope is that this will reduce the amount of repetition in consultations as staff will be able to see other relevant medical information pertaining to the individual such as medication, allergies or treatment history, etc.

ELFT's healthcare staff will have access to:

- GP practice medical records
- Acute hospital records
- Mental health records
- Radiology and pathology results
- Medication and allergies.

Health and social care organisations have been developing technology that allows these different record systems to connect to each other. This transformation allows health and social care professionals to make better and safer decisions. By joining up and sharing key data with our ICS partners, we can strengthen the resilience, efficiency and quality of services delivered at scale

Newham High Intensity A&E Pilot

This pilot focuses on the needs of people who attend A&E frequently to provide them with better support and care. Working closely with the Newham University Hospital A&E team and other front door emergency services such as London Ambulance Service, the pilot will explore the reasons which bring them to A&E so often and scope other ways they can access support. The aim is to identify unmet needs and steer their care through more appropriate channels to get these needs met.

Frequent attenders are likely to be stigmatised and the hope is that with support, the right interventions and guidance for both staff and service users, we can encourage a more compassion focused approach if these service users do attend A&E.

Becoming a Leading Voice in Primary Care

The primary care directorate, lead by Dr Mohit Venkataram, has been hosting monthly online evening events featuring key leaders and high profile innovators in primary care. Interest and attendance has increased over the year resulting in an average of 100 attendees at most events.

New GP Telephone System Is a Hit with Patients

A new and improved telephone system launched at Leighton Road Surgery and Cauldwell Medical Centre in Bedfordshire has been well received by patients. The new telephone system 'Surgery Connect' was installed after feedback from patients about the difficulties they had contacting the practice. The new system was selected and shaped with input from patients through each practice's Patient Participation Group. (PPG).

Now when patients contact their surgery, they have a selection of options. They can press a number to select a repeat prescription, a fitness to work (sickness) note, blood test results, request to be called back or just stay on the line to speak to someone. The call-back option means that people can get on with their day instead of holding on a phone line. Calls are free of charge and there is unlimited capacity so no caller will get an engaged tone.

The feedback received has been outstanding. Service user experience is improving with the changes implemented following their feedback. Thank you to our patient participation groups for supporting us and to our patients for taking the time to feed back to us on their experience. We will continue to listen to our patients so that the experience of care is constantly improved.

Research and Innovation Annual Conference

A glorious afternoon took place on 2 November 2022 bringing people together face-to-face for the first time since 2019 as the Trust hosted its 19th annual Research and Innovation half-day conference. Taking place in Charterhouse Square, a new venue for the event, attendees were able to hear about 14 studies underway in the Trust ranging from epidemiological studies to clinical trials and qualitative work. It attracted over 100 people with 300 more watching the livestream.

The first half of the event was chaired by Steve Gillard, Professor of Mental Health, at the School of Health Sciences, City University of London. While Claudia Cooper, Professor of Psychological Medicine and Lead of the Centre of Psychiatry and Mental Health at Queen Mary, University of London as well as an honorary consultant psychiatrist at ELFT, chaired the second half.

For those unable to travel to London in person meaningful engagement with the speakers was enabled by posing questions via 'Mentimeter'. But for those attending in person, there was the opportunity during the break to network with representatives of our research partners including the local North Thames NIHR Clinical Research Network and Applied Research Collaboration UCL Partners, Research Design Service London, Noclor Research Support Service, and ELFT's own R&I team.

The noise levels during the break reflected how long people had waited to meet and how much they had to say to each other!

Farewell to Professor Stefan Priebe

The Trust said farewell to Professor Stefan Priebe after 40 years of research in social and community psychiatry. Professor Priebe is considered to be the founding father of research in ELFT. He played a key role in establishing the research arm of the Trust and made sure that ELFT was not just on the map, but a recognised leader in mental health research.

He pioneered the involvement of patients and service users in research, promoting them as active participants in shaping studies and not just subjects in them. He also found joy in supporting and developing the next generation of researchers sourcing funding, networks and offering academic and clinical guidance. Many of today's researchers credit Professor Priebe with inspiring them and supporting them on their journey.

Professor Priebe was Professor for Social and Community Psychiatry at Queen Mary University of London and Director of the WHO Collaborating Centre for Mental Health Service Development, and the NIHR Global Health Research Group for Developing

Psycho-Social Interventions, and Research Director of the Institute for Population Health Sciences at QMUL.

The Passing of Her Majesty the Queen

As a Trust that provides mental health services, we were aware that news of the death of Queen Elizabeth would affect people in different ways. The passing of such a public figure especially one who has been present most of our lives, was likely to bring up a range of emotions such as feelings associated with previous losses and bereavements, a sense of uncertainty at the ending of this era of monarchy, anger and resentment for some, and puzzlement for others who did not feel it greatly affected personally.

In our public and internal communications, we emphasised the importance of treating people respectfully and with kindness regardless of their personal position. We encouraged people to think about what they needed emotionally, to take a moment to think about what would be most helpful to them; to see a friend for a cuppa, make a call to someone, listen to music or go for a walk and get some fresh air - whatever helped their emotional balance. Following radio or TV coverage could be comforting to connect with the mood of the wider public but could be detrimental to follow all the time without a break.

We urged people to reach out to individuals in their circle whom they thought might be particularly upset and affected by these events and to make a plan to meet up or have a phone conversation, to let them talk about their feelings and thoughts reminding people that it is a normal response to feel sad and heavy-hearted at the loss of a public figure.

Following the announcement of the death of Queen Elizabeth II, the Trust issued a statement of condolence:

"It is with great sadness that we have heard the news of the death of Her Majesty Queen Elizabeth II. On behalf of East London NHS Foundation Trust, we extend our sincere condolences to the Royal family. Queen Elizabeth gave long and distinguished service to the country and was widely respected and admired by people everywhere."

Closing the Digital Divide

Digital exclusion has been highlighted by our service users as an issue we need to prioritise. The People Participation Digital Community (PPDC) were awarded funding through the Innovation Fund which has allowed them to work with a Google supplier to supply and manage 200 patient devices. These are solely for our service users, to enable them to follow a health and wellness plan with the use of websites and apps as requested by their ELFT care team. The funding has also kick-started a broader programme of digital inclusion activities aiming to lead to patient empowerment, digital confidence and improved health outcomes including access to training programmes and a digital life coach via their local Recovery College.

The PDDC meet every other month to collaborate on patient-facing digital projects with featured speakers leading on projects in the Trust and digital life coaches as a next step. The aim is to develop a bank of coaches, ready to train others in fundamental digital skills such as using Word, sending emails, online banking as well as how to use the specific digital health tools that ELFT offer. Our Recovery Colleges will be digital hubs in the future, where people can find support in using digital tools and skills, and improve their confidence.

Mental Health Act Process Goes Digital

ELFT is pioneering a new digital solution to improve safety and access to mental health care. The Trust is making it quicker, easier and safer for its most vulnerable patients to access acute mental health care by digitising the key forms and processes that clinicians must complete to progress treatment which patients receive under the Mental Health Act (MHA).

In a trailblazing partnership with health tech provider Thalamos, ELFT is rolling out a platform which will enable patients to access essential treatment more quickly, and save clinicians' time on administration, allowing them to spend more time providing direct care to patients.

More than 1,000 clinicians and staff across the Trust will be able to use the Thalamos platform to create, complete and share key MHA forms. The system will prompt staff to ensure that all necessary information is entered before forms are sent, reducing the risk of delays caused by incomplete, lost or damaged paper forms. Thalamos will also enable secure, encrypted sharing that will help maintain legal compliance, safeguard patient confidentiality and sustain consistently high standards of patient safety.

Internal

Staff Awards Ceremony and Party 2022

Our staff awards ceremony took place on 19 October 2022 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 second year in succession that staff had the opportunity to come together face-to-face to celebrate, relax and have some fun. Over 1,500 staff attended and this year's event propelled one award winner to spontaneously propose to their partner on stage! The ceremony was followed by a disco and party.

Awards

The Trust was successful in attaining a selection of national awards over the last 12 months:

June 2022

- People Participation worker, Sam Ogunkoya won **National BAME Health & Care Awards Inspiring Diversity and Inclusion Lead** of the year category
- Newham Specialist Children & Young People's Services, (SCYPS) Community Children's Matron Rebecca Daniels was awarded a Cavell Star for her outstanding contribution to nursing
- Quality Team won the **CQI International Quality Award**

July 2022

- The Royal Statistical Society and the Health Foundation jointly presented the **Florence Nightingale Award** to the Trust's Visual Analytics Team for Excellence in Healthcare Analytics
- The Homeless and Vulnerable Person Outreach Service was the national winner in the **NHS Parliamentary Awards for the Primary Care and Community Care category**. They were nominated by Dame Meg Hillier MP

August 2022

- Digital innovators Improve Well and ELFT's QI team worked together to develop a staff well-being app and were winners of the **HealthTech Digital Awards 2022**, for the category Best COVID-19 Solution for Mental Health.

October 2022

- Bow Ward at the John Howard Centre won the **Nursing Times Award for Nursing in Mental Health**
- Barts Trust and ELFT won the **Quality in Care Diabetes Award** for a collaborative project between Barts and ELFT for the Well-being category
- **Chartered Institution of Building Services engineering (CIBSE)** Awards awarded a Silver Medal to ELFT Director of Estates, David Stevens
- **An RCN London Rising Star Award** was given to Mary Onikoyi, District Nurse Team Lead & Practice Assessor & Professional nurse advocate at City University

November 2022

- ELFT's not for profit community interest company Compass CIC won the Innovation in Supporting NHS Trusts award in the **Forward Healthcare Awards 2022**
- There were a number of winners in the **HSJ Awards 2022**. NCEL CAMHS Provider Collaborative of the Year, Place-Based Partnership Award for City & Hackney Integrated dementia service; Workforce Initiative of the Year for the Clinical Associate in Psychology (CAP) programme, shared with EPUT & Sheffield Health & Social Care Foundation Trust
- **The London Pathway Partnership Programme** (the Inclusion Health Team based at Homerton Hospital) won at the 2022 London Homelessness Awards

December 2022

- The People & Culture team won Team of the Year and Chief People Officer Tanya Carter wins Director of the Year in the **HPMA Awards 2022**

March 2023

- **The British Journal of Nursing Awards** saw a Silver Award for Newham and Tower Hamlets Community Health Services Pressure Ulcer Teams for their work to reduce pressure ulcers
- **A Cavell Star** Award went to East Ham Care Centre's Clinical Nurse Manager and dementia care specialist Admiral Nurse Tracy Connellan, for her work to improve the experience of people living with dementia, their carers and families in Newham
- Two wins and one highly commended for Trust services in the **Health Service Journal (HSJ) Partnership Awards 2023**:
 - Driving for Change, which uses refurbished London buses to provide an all-in-one direct intervention service for people experiencing homelessness, was named **Primary Care Project of the Year**
 - Compass, ELFT's not for profit social enterprise, was **Highly Commended** in the Best Not for Profit Working in Partnership with the NHS category
 - Clinical Associates in Psychology (CAP) was named Best Educational Programme for the NHS. It was also Highly Commended in the **Mental Health Partnership within the NHS** award category.

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 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. 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 its meetings in public at least quarterly 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 legislative and regulatory changes introduced during 2022-2023 on the Trust and made the decision not to include a specific risk relating to these requirements recognising that the aim to improve health outcomes by working collaboratively and in a joined up way at a local level, as well as tackling health inequalities, was central to the delivery of the Trust's strategic objectives.

There are nine significant and high potential risks to achieving the Trust's strategic objectives on the BAF at 31 March 2023. 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

- Significant progress made 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; significant development still required
- Developing internal capability and capacity to support transformation, in particular in delivering mental health and community health services around primary care networks, and ensuring smooth and effective intermediate care between hospital and community in order to move to the next stage of improving population health outcomes, and delivering the next stage of NHS Long Term Plan implementation
- Delivery of the community mental health framework transformation, and the Aging Well and Fuller programmes; nationally defined integrated care programmes requiring sustained focus on service model, workforce, system leadership and digital/informatics development
- Ensuring the Trust's response to current system demand pressures is fully developed and integrated with other providers
- 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 anticipate, and proactively respond to, external changes, including factors outside the Trust's control, then the Trust may fail to deliver in its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans

Risk Score: High 8 – no changes during the year; target score maintained

Key Actions and Progress

- Continuing to work purposefully and proactively to be a Trusted system partner in our ICSs and place-based partnerships. Trust Executive have established excellent working relationships in our ICSs and where appropriate have taken on leadership roles for ICS programmes/workstreams
- Different approaches by two ICSs in response to new legislation across each of the place-based systems, due to differences in population needs and assets, patterns of services, relationships, history and politics. Trust is working flexibly in response to these differences whilst also sharing learning where this is applicable and appropriate
- Current strategic issues include the publication of the delegation guidance, and NHS FT provider licence. Detailed design work under way in both systems ensuring the Trust has influence in the same, and the development of provider collaboratives at the heart of ICS development

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: High 12 – no changes during the year

Key Actions and Progress

- New Models of Care (NMC) commissioning programme is a fairly new commissioning experience for the Trust to lead; however, the Trust has been part of the NMC process with partners for the last three years
- CAMHS NMC is a collaborative commissioned by NHSE with the Trust as the lead and is now established. An OD programme across providers in CAMHS has been rolled out to support embedding a culture of partnership across the various parts of the system
- Recognition of the individual authority of organisations who are providing the various CAMHS tier 4 beds and respecting their assurance processes within the construct of the CAMHS NMC while supporting the gradual move to improved quality
- 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 in developing a unified strategy that focuses on outcomes and in ensuring a consistent approach across the patch and across various providers
- Working with the private sector provider to address the clinical pathway and the length of stay of the service users in the pathway

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

- Continued variation across the Trust in the level of patient and wider involvement in the planning and delivery of services. Peer support continues to develop with further recruit to peer support worker roles
- Good progress in developing the approach to people participation across North East London; place-based planning in both ICS footprints includes involvement of wider communities in development of models of care
- Work continues on implementing the Use of Force Act (Seni's Law) which requires changes to practice and governance related to the use of force in mental health wards for NHS and the police
- Service user led accreditation process continues to roll out across the Trust; use of service user experience measures continues to develop
- Work to strengthen the Trust approach to carers being taken forward following the launch of the carers' strategy
- Involvement of young people in work of LGBTQ+ network
- Coproducing new models for commissioning and delivery in the North & Central East London CAMH
- Focused work on suicide and digital/virtual offer

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

- Trust remains vigilant and continues to work with local system partners to ensure resilience and capability to re-establish full incident responses in the event that is warranted
- Continuing to focus on CQC readiness work and support provided to services following unannounced inspections
- Trust-wide large-scale QI programme on optimising flow to support inpatient units and community-based teams in response to the high demand in crisis services and bed occupancy
- Range of work across NEL including leading work to standardise data and to understand causes of delay for patients in EDs; delays remain a challenge resulting in an increased number of 'decision to admit' and 12-hour breaches; focused work on Mental Health Urgent and Emergency Care looking at Psychiatric Liaison Service review; Mental Health Joint Response Cars project with LAS has started; review of the NEL wide acute bed base and enhancing and centralisation of the mental Health crisis line/ NHS 111
- Main focus of CHS has been on ensuring acute providers have the much-needed capacity to support the anticipated increased winter activity; also working closely with system partners and social care to ensure safe flow of patients in safe and timely way
- Primary care services reviewing skill mix and commissioning work in relation to social prescribing and review of telephone services to manage continued high demand in GP services
- Response to recent TV programmes on closed cultures in mental health services include ensuring spaces available to raise concerns and reflective practice being strengthened, linking to the therapeutic engagement work in inpatient units
- Co-designing 'what Leadership at ELFT' is and developing standard work for all leaders at all levels in the Trust; this will support the therapeutic engagement work

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

- Launched the Trust's people plan which is aligned to the NHS People Plan
- Workforce planning and recruitment challenges being addressed by new initiatives being developed, including international recruitment, reviewing Bank pay rates to make these competitive, project on reducing agency recruitment broadened to all staff groups and reviewing new roles to help bridge the workforce gap
- Two QI projects; on experience of new starters; and on reducing the time to hire
- Developing the Trust's leadership offer, career conversations for staff and the apprenticeship offer

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

- Focus on staff well-being and support with various initiatives rolled out during the year including support with the cost of living crisis (e.g. changes to mileage rates, held money management webinars, availability of the hardship fund for staff and service users, loans)
- Range of initiatives to support with recruitment and retention including Bank pay rate review, mileage rate review, recruitment campaigns, international recruitment, creation of new roles, streamlining of recruitment process
- Vitamin D as requested by BAME network again made available to all staff for the third year and take up was positive
- Magazine being designed to showcase equality, diversity and inclusion work at the Trust
- Employment tribunal activity remains low as does the number of whistleblowing cases; employee relations cases remain high
- Trust is progressing to the next phase of becoming an anti-racist organisation

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: Significant 16 – the risk score was increased from High 12 to Significant 16 in Q2 recognising the challenges with achieving the FV target through recurrent measures during challenging financial circumstances; the risk score was maintained for Q3 and Q4

Key Actions and Progress

- Financial Viability (FV) programme is now incorporated into annual planning cycles, to ensure it remains a focus of Trust's work
- Initial re-engagement with FV programme as we emerged from pandemic period, has not delivered the required FV achievement
- 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
- FV targets are now devolved to Directorate budget lines; FV PMO and Exec leads progress and implementation sessions with Directorates, to stimulate ownership and delivery of FV schemes
- The NHS focus on financial control and grip has introduced additional areas for review such as internal audit and agency ceilings
- Challenges include identifying plans to meet a high 2022-2023 target on a recurrent basis

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: Significant 20 – the risk score was reduced from Significant 25 to Significant 20 in Q2 recognising the presence of a CISO, the work being carried out on full site surveys and infrastructure programme, and progress with the digital staff consultation; the risk score was maintained for Q3 and Q4

Key Actions and Progress

- Trust has 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 development and training plan is in place for digital staff to support succession planning and increase the attractiveness of ELFT as a key place to work
- Cyber security risks continued to escalate; significant progress has been made in terms of cyber remediation plan, cloud infrastructure architecture, improvements in digital infrastructure and governance
- Dedicated programmes of work in place to take forward the digital strategy with initial focus on bringing the Trust's digital baseline up to required standards of performance so it can support the 'care delivery in any setting' which is required for true system-wide transformation
- Estates strategy approved and is closely linked to the digital strategy

The Annual Governance Statement includes more information on how we manage risk within the Trust including the detail of key risks that the organisation was exposed to during 2022-2023 and those being considered for 2023-2024.

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 2028-2032) 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, recognising that in order 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 recognise that the climate emergency is a health emergency, acknowledging the threat that climate change and ecological damage poses to the health and well-being of our communities. We acknowledge the unequal distribution of poor outcomes and impacts be it globally or locally, and see climate action aligning 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. The green plan is now in its second year and the objectives and targets have been reset and aligned with the green plan assessment tool
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. Internal governance of the green plan also takes the form of steering groups for each individual workstream and linked to the green plan. Quarterly reporting to the Greener NHS (NHS England) and internal dashboarding to ensure assurance is also in place

	SC18 Sustainable Development	Progress/Comments
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	A carbon footprint for the Trust has now been provided by Greener NHS and the Trust's carbon footprint (albeit based on 2019-2020 data) is listed as 64,255 tonnes and is available to view on the Trust intranet. This will now be provided annually by Greener NHS and internal benchmarking of specific measurable such as energy usage, waste and mileage will continue to provide assurance quarterly on progress
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 2023:	
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	<ul style="list-style-type: none"> • 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 • ELFT is working directly with NEL and BLMK ICSs to improve offerings on low carbon modes of transport. This involves EV install across Trust sites and external to site properties, initiatives to encourage cycling and events to promote active travel • The Trust now only offers ultra-low emission vehicles (ULEV) for fleet purposes and a three-year plan ending in 2025 to ensure only ULEV are available for salary sacrifice is in place
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
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. Progress has been made in terms of the reporting methodology of the staff mileage claims and the dashboarding for this is currently under construction. This coupled with a new travel plan for 2023 will help form the Trust's approach on how staff are rewarded for travel that is more active and less polluting choices on their travel arrangements

	SC18 Sustainable Development	Progress/Comments
18.4.1.4	ensure that any car leasing schemes restrict high-emission vehicles and promote ultra-low emission vehicles;	ELFT now only offers ultra-low emission vehicles (ULEV) for fleet purposes; a three-year staggered plan ending in 2025 to ensure only ULEV are available for salary sacrifice is in place by 2025
18.4.2	climate change, and specifically how it will, by no later than 31 March 2023, 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. ELFT achieved an 18% reduction on its energy usage across all managed sites from 2022 to 2023
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	A climate adaptation plan has been drafted and is just awaiting final approval. This should be approved by August 2023. 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 2023, 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	

	SC18 Sustainable Development	Progress/Comments
	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:	
18.4.3.1	to reduce waste and water usage through best practice efficiency standards and adoption of new innovations	<p>We plan to:</p> <ul style="list-style-type: none"> • Increase recycling provision to 100% of sites over three years • Work with waste carriers to improve efficiencies and reduce waste • Install water saving measures at all sites • Initiate a reuse scheme. <p>These measures are on course to being achieved. We are currently at 85% of recycling provision across all ELFT sites and the company Reyooz has been successfully implemented at three inpatient sites; aim is for this to be across all inpatient sites by the end of 2023-2024. Inefficiencies with our waste carriers have been routinely identified and unnecessary journeys have been targeted and removed. Water saving measures have been installed at four of our sites and we hope to continue this install progress over 2023-2024 but financial constraints have somewhat halted the progress we had hoped for</p>
18.4.3.2	to reduce avoidable use of single use plastic products, including by signing up to and observing the plastics pledge	<p>The Trust currently has two QI projects linked directly to single use plastics, a project at forensics to remove single use catering plastic and also a gloves off campaign. The green team intends to target departments and directorates directly using their consumables data to create further internal departmental QI plans to reduce or eliminate their unnecessary single use plastic where possible and find less carbon alternatives</p>
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	<p>A QI project was successfully set up and is still currently running across all sites that utilise walking aids. The project started in August 2022 and since then, we have recycled 161 aids. This number continues to grow</p>

	SC18 Sustainable Development	Progress/Comments
18.5	The provider must ensure that 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 to bring about the changes needed within the supply chain that will help reduce our carbon footprint and highlight cost savings. Anchor work is now routinely included in directorate and departmental annual planning

Public Interest Disclosures

The Trust strives to be a responsible member of the local community; 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 as well as the Joint Local Negotiation Committee (JLNC), chaired by the Chief Executive. 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 Slavery

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It 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 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. The Chief Digital Officer oversees the Cyber portfolio given the specialist nature of the threat. 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 2022-2023.

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 2022-2023.

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

Equity

The 'Pursuing Equity' QI programme was launched in April with the aim of supporting teams to identify inequities in access, experience, and outcomes for service users and staff and to use quality improvement to generate and test ideas to address this.

The first session was attended by 40 participants, representing 24 teams across the Trust. The teams are working towards improving access and equity in health services for service users and staff from the Black, Asian, and Minority Ethnic (BAME) community, the LGBTQ+ community, women, veterans, and the elderly.

Below are a few examples of the teams that attended and what they are working on:

- Newham mental health services are seeking to improve access to care for children and young people from diverse ethnic communities.
- The Veteran's Alliance is working towards improving accessibility for veterans and their families to IAPT services and have successfully tested staff identifying veterans at the point of referral.

- Forensics are working towards improving equity for female inpatients so that they have access to the same facilities for physical activity as males
- The LGBTQ+ network is working on increasing awareness of the network and improving their reach
- Bedfordshire and Luton services are aiming to increase representation in the eating disorder service.
- Mental health services in Newham and Tower Hamlets are aiming to improve access for those from ethnic minorities
- The Bedfordshire and Luton people participation working together group are working on an anti-racism project
- Primary care is working to improve access to cervical screening and are testing using outreach centres.

Health Inequalities

We use the term “health inequalities” to describe the differences in health outcomes between different groups. Often, we are interested in the impact that characteristics such as ethnicity, sex, poverty or local area deprivation have on our health. Health inequalities are a consequence of inequalities in people’s living circumstances.

The term can also be used to refer to differences that are unfair and avoidable. For example, the differences in employment rates between people with serious mental ill health and the general population, or the impact of Covid-19 on people from minority ethnic communities. The causes of these are complex and interconnected and fundamentally link back to inequity in money, access to resources, power, structural racism and discrimination and life opportunities. These impact on people’s educational attainment, employment opportunities, access to care and overtime over their health.

The mechanisms by which these circumstances affect health are many and varied. Sometimes the mechanism is biological, for example living in damp conditions, or with high exposure to air pollution, causes respiratory health problems. Sometimes the mechanism is social, for example experiencing discrimination when seeking help, or being unable to access services because they are only open during working hours. We know that the stress of living in poverty can contribute to physical as well as mental ill-health.

One of the starkest inequalities which exists is the length of our lives. While average life expectancy in the UK has risen by over twenty years in the last century there are significant differences by gender, ethnicity and deprivation. Length of life is not the only important measure. We often like to include “healthy life expectancy” which represents the length of time people can expect to live in good health, and can show even greater inequalities. For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years.

Equality or Equity?

Equality means treating everyone equally, or the same. But in the case of health, just offering everyone the same thing does not mean people will get the same health benefits. For example, if you do not speak English, offering services without translation will not enable you to access the treatment you need. Instead, we need to think about **equity**, which means shaping our services to support everyone to achieve equally good outcomes. This sometimes means we need to offer different things to different people, according to their needs.

ELFT recognises that inequalities exist for three groups of people: our staff, our service users and our wider population.

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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>

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 related to staff and service users by demographics.

ELFT as an Anchor Organisation

Most people think of NHS Trusts as organisations primarily involved in delivering health services. This is certainly core to what Trusts do but in many places Trusts are also some of the biggest employers and buyers of services in their local areas, making strong contributions to the local economy. Often, they have built relationships over many years within the communities they serve. Trusts also have a long-term presence in their local area. They are sometimes called “Anchor Institutions” because of this.

These features put NHS Trusts in a unique position to contribute to local communities, for example by purchasing goods locally, and by thinking about ways in which they can reduce negative impacts on local environments. ELFT is no different: we are a large organisation with an annual expenditure of over £600m every year.

ELFT is one of six Trusts nationally that have been awarded funding from a national Health Anchors Learning Network programme to develop our role as an Anchor Institution. To help structure our work, we have set out three social value priorities:

1. Ensure organisations we buy services from pay the real living wage
2. Provide equal training and employment opportunities for local people, people with protected characteristics, service users and groups hardest hit by the Covid-19 pandemic
3. Support young workers, school leavers and apprenticeship schemes.

The effects of this work on how ELFT engages with the communities it serves are real and are gathering pace. For example:

- Over the past two years we have recruited over 100 people with mental health conditions
- We have changed the way we procure services so that a greater weighting is given to the likely social impact of a contract
- The proportion of ELFT suppliers who pay the Real Living Wage has increased from 22% in 2020 to 61% in 2023
- Through our community interest company Compass we have disbursed around £4.7m in funding to local voluntary and community organisations in the last year.

In addition, ELFT’s Green Plan for 2022-2025 aims to reduce carbon emissions and for the Trust to become net zero for direct emissions by 2040. The plan also aims to improve the physical and social environments of our sites to enable and promote healthy behaviours.

We recognise that we are not the only organisation in our areas working to improve health and well-being. Although there are many ways that we can act to improve our population’s health, we cannot do this alone. Local authorities, the voluntary and community sector, other NHS organisations, schools and universities, and regional and national governments are all important partners in this work. Under the new arrangements set out in the 2022 Health and Care Act, our Integrated Care Partnerships in North East London and

Bedfordshire, Luton and Milton Keynes bring these organisations together and are responsible for improving the care, health and well-being of their whole populations.

Marmot Trust and How We Enable Change

Focusing on upstream actions to improve the health of our populations

We are working with the UCL Institute of Health Equity to become the first NHS “Marmot Trust” and test the boundaries of what an NHS Trust can and should do to improve the health of the whole population it serves. Our work builds on findings from a landmark report, led by Professor Sir Michael Marmot, which was published in 2010. The report set out a series of eight principles that organisations need to apply to improve the health of their populations.

We have a particular focus on this in Luton and Newham. In Luton, we are taking action to increase access to good quality work and a living wage, and to help support those with mental health conditions into work. In Newham, we are focusing on ensuring every child has the best start in life, and maximising opportunities for children, young people and adults to take control over their lives.

Enabling change for better population health

A commitment to Quality Improvement in everything we do:

We have a long track record of using Quality Improvement (QI) approaches to improve the quality of the services people receive. QI is an approach in which the combined work of everyone involved in healthcare – service users as well as healthcare professionals – is harnessed to make changes that improve care and, in the longer-term, people’s health. Since September 2022, teams have been supported to use QI to tackle equity issues as part of the pursuing equity programme. The programme is designed to bring teams together as a community, and to share learning from their work. Supported by dedicated QI coaches, 15 teams are currently part of the programme tackling a range of inequalities from outcomes for BAME groups, to issues around sexuality and gender.

Building the knowledge and capabilities of ELFT staff to tackle inequalities:

We have introduced a series of activities to support staff skills, knowledge and understanding – including, for example, the ELFT Lead Programme. This is a leadership development course for staff which includes a population health module. The aim of the module is to improve understanding of the communities with which ELFT works and causes of poor health within them. It also helps people taking the course to think about how they can support the teams they work in to improve the health of local populations. We have also produced a range of webinars on how staff can address health inequalities and improve population health.

Monitoring our progress in achieving our population health objectives

To track our progress against our population health objectives, we have developed a population health dashboard which includes measures for all six areas. The dashboard covers measures which ELFT has significant control over, such as greenhouse gas emissions from our work and the number of service users who have been supported into work. It also includes broader measures of population health which our work may contribute to, such as rates of premature mortality in people with serious mental illness. We plan to publish this alongside the population health report each year.

Working For and With Carers

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.

The strategy was launched in 2022 and responsibility for implementation rests with individual directorates. 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. Chaired by the Director of Social Work and meeting bi-monthly, the group is currently also exploring how to improve the identification and recording of carers and their needs on ELFT systems, agreeing a consistent approach to this which will ensure all colleagues will know where to find the details of carers, where and how to record any contact with them. The need for a package of carers awareness training has also been identified; this work is in development.

Working with BLMK ICS

There is a wide range of work underway across BLMK aimed at improving equity in health and health outcomes. The Chief Executive of ELFT chairs the BLMK ICS Inequalities Steering Group which has oversight of all the programmes of work. ELFT staff are involved in a wide range of these programmes of work including the Denny Review which is a review into inequalities across BLMK and 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.

There is also an advancing mental health equality strategy and action plan 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. This work is overseen by the BLMK ICS Mental Health Programme Board which is chaired by the Executive Director of Integrated Care & Deputy CEO for ELFT.

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. A new framework EDS22 was launched in 2022 and the Trust are working towards the next assessment.

Stop Smoking Services

The Trust has been awarded NHS England early implementer site status for two programmes aimed at reducing supporting our service users to stop smoking or to cut down. This is really important work as tobacco use is the single biggest factor in the 20 year life expectancy between people with serious mental illness and the general population. It is estimated that 1 in 3 of all cigarettes smoked in England is by someone with a serious mental illness (SMI).

ELFT has developed a new service model for tobacco control helped by our 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. We have already seen an increase in service users accessing our tobacco control services and through better engagement and support on our clinical wards we have seen a reduction in smoking related incidents as well. We now offer our service users a range of evidence based ways to stop smoking these include Nicotine Replacement Therapy and E Cigarettes as well as psychological support.

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 'good' or 'very good' to the question '*overall, how was your experience of our service?*'

Of the 12,998 responses to the FFT question between 1 April 2022 and 31 March 2023, 7,064 also responded to questions related to demographic information that includes age, ethnicity, gender, sexuality and religion.

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. only six people identified as non-binary.

The data includes the following directorates:

- Bedfordshire and Luton mental health services
- Bedfordshire community health services
- Community health services adults
- City and Hackney

- Forensics
- Newham mental health services
- Primary care
- Specialist services (except CAMHS Community and IAPT whose FFT data is not available via the Envoy system)
- Tower Hamlets mental health services
- Tower Hamlets community health services.

Gender	Female (n=3058)	Male (n=2378)	Non-binary (n=6)	Other (n=1)
% scoring positively	78%	79%	67%	100%

Age	0-15 (n=14)	12-17 (n=28)	16-24 (n=267)	25-34 (n=544)	35-44 (n=605)	45-54 (n=720)	55-64 (n=1003)	65+ (n=2013)
% scoring positively	93%	80%	74%	79%	76%	77%	75%	80%

Ethnicity	Asian/ Asian British (n=734)	Black/African/ Caribbean/Black British (n=665)	Mixed/Multiple Ethnic Groups (n=210)	Other Ethnic Group (n=120)	White (n=3648)
% scoring positively	86%	86%	80%	76%	76%

Sexuality	Bisexual (n=159)	Gay/Lesbian (n=107)	Heterosexual (n=4628)	Other (n=26)
% scoring positively	74%	71%	78%	84%

Religion	Buddhist (n=8)	Christian (n=552)	Hindu (n=25)	Jewish (n=7)	Muslim (n=140)	No religion (n=245)	Other (n=33)	Sikh (n=13)
% scoring positively	67%	82%	96%	54%	85%	78%	60%	93%

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2022-2023*. 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 2023.

Overview

The Trust reported a £1,899k annual surplus (on an adjusted control account basis) as part of the NEL ICS.

The table below summarises our performance for 2022-2023:

Annual Report: I&E Extract	2022-2023 £000	2021-2022 £000
Annual Income and Expenditure Summary		
Operating Income	639,339	588,743
Operating Expenditure	(637,628)	(584,556)
Operating Surplus	1,711	4,187
Finance Costs		
Interest Receivable	3,012	238
PFI and Finance lease interest payment	(3,020)	(2,221)
PDC Dividends payable	(6,151)	(5,289)
Net Finance Cost	(6,159)	(7,272)
Share of (loss)/profit of joint venture	(299)	(704)
Movement in fair value of investment Property	6	7
(Deficit) / Surplus for the year	(4,741)	(3,782)
Add back all I&E impairments/(reversals)	4,755	(157)
Remove capital donations/grants I&E impact	469	84
Remove net impact of consumables donated from other DHSC bodies	129	(82)
IAS19 - Removal of Non cash Pensions on SOFP	264	324
Prior period adjustment	0	2,435
Adjusted financial performance	876	(1,178)
Prior period adjustment 2021-2022	1,023	
Reported Surplus / (Deficit) per NHS accounts	1,899	(1,178)
2021-2022 adjustment to the accounts after NHS		1,023
Reported Surplus / (Deficit) per ELFT annual accounts 2021-2022		(155)

A total of £3.4m worth of revenue costs relating to Covid were recorded by the Trust in 2022-2023 (£20.3m in 2021-2022). 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 £17.8m. The broad categories of spend are upgrades of clinical areas and buildings (£7.7m), plant and machinery / furniture and fittings (£0.4m), and digital and informatics improvements (£9.7m).

Income

The Trust received £639.3m of operating income in 2022-2023 and 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 2022-2023 as reported in the accounts.

Annual Income	2022-2023 £000	2021-2022 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	525,406	475,792
Foundation Trusts	6,174	3,653
Local Authorities	19,017	15,819
NHS Trusts	60,506	55,936
Non-NHS Other	937	3,753
Total Income from Activities	612,040	554,953
Other Operating Income		
Education and Training	15,254	14,808
Research and Development	2,284	2,707
Rental revenue from operating leases	375	438
Other income	5,621	3,862
Covid-19 Reimbursement	3,434	11,428
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for Covid-19 response	331	547
Total Other Operating Income	27,299	33,791
Total Operating Income from Continuing Operations	639,339	588,744

Expenditure

Annual Expenditure	2022-2023	2022-2023	2021-2022	2021-2022
	£000	%	£000	%
Service from NHS Bodies	38,872	6%	40,128	6%
Service from Non-NHS Bodies	19,035	3%	23,091	4%
Staff Costs	453,907	72%	405,189	65%
Establishment	4,778	1%	4,948	1%
Supplies and Services	28,772	5%	26,445	4%
Drugs	5,658	1%	5,900	1%
Premises	27,964	4%	28,479	5%
Other	48,944	8%	40,181	7%
Subtotal	627,930	100%	574,361	92%
Depreciation and Amortisation	24,454		10,354	
Impairments (reversals)	4,755		(157)	
Subtotal	9,698		10,197	
Total Expenditure	637,628		584,558	

Analysis of the operating spend is shown in the table above with comparative figures for 2021-2022. Staff pay costs for 2022-2023 account for 72% 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.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

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, and from 1 April 2023 will include strategic estates and lived carer experience.

The Board considers it is balanced and complete in its composition, and appropriate to the requirements of the Trust, and is in line with the *NHS England's Code of Governance for NHS FTs* and with our standing orders.

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 the Board has a strategy that delivers a service that meets the expectations and requirements of the communities we serve, ensuring 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; 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.

There were a number of changes to Board membership through the year, the details of which can be found in the Remuneration Report. 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.



Eileen Taylor, Trust Chair (from 1 January 2023)

Eileen joined the Trust in November 2018 and was appointed as the Joint Chair across East London NHS Foundation Trust and North East London NHS Foundation Trust with effect from 1 January 2023. She was Acting Chair of ELFT from 4 April 2022 and prior to this was appointed Vice-Chair of London in March 2019 and subsequently of the Trust from October 2020.

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 and is the Chair of the Joint Remuneration Committee and member of the Audit Committee of MUFG Bank London Branch. 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).



Mark Lam, Trust Chair (until 31 December 2022)

Mark joined as Chair at the Trust in June 2020 and stood down on 31 December 2022.

Mark joined the Royal Free London NHS Foundation Trust as Chair on 1 April 2021. He also became Chair at North Middlesex University Hospital Trust on 30 October 2021.

Mark is a business executive and technologist with more than 20 years of board experience at both blue-chip firms and tech start-ups. He is currently Deputy Chair of Broadway Partners, a fibre broadband business, and was formerly Chief Technology and Information Officer of Openreach where he was responsible for the national architecture of the UK's fibre broadband network.

He began his technology career during the dotcom boom of the 1990s, operating at several software and web start-ups before shifting his focus to telecommunications, where he held a variety of global leadership roles at BT Group, Carphone Warehouse and Siemens.

Besides his healthcare and business interests, Mark is a Non-Executive Director on the board of Social Work England, the national regulator for social workers, and has a keen interest in the arts, acting as a Trustee for Hastings International Piano. He is from Singapore originally and studied at Oxford University.



Paul Calaminus, Chief Executive (until 20 August 2023)

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, Vice-Chair (London)

Aamir joined the Trust in November 2018 as a Non-Executive Director and was appointed as Vice-Chair (London) of the Trust with effect from 1 January 2023, having acted up in this role since July 2022.

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. He is currently in training to be a psychotherapist and

working with diverse clients including asylum seekers and survivors of abuse.

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 (until 31 October 2023)

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 Educational 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.



Dr David Bridle, Chief Medical Officer (from 2 May 2023)

David was appointed as Chief Medical Officer from 2 May 2023 having previously carried out the interim role from 1 July 2022.

David joined ELFT in 2006 as a Specialist Registrar. In 2010 he was appointed as Consultant in General Adult Psychiatry, working in a sector general adult Consultant post in Newham where he also served as an Associate Clinical Director for a period of two years.

In 2014 David was appointed as Clinical Director in City & Hackney where he also worked as a Consultant in Primary Care Liaison Psychiatry. In 2018 he was appointed as the Medical Director for ELFT's London Mental Health Services and continued in a limited clinical role in Primary Care Liaison.

In 2022 he was appointed as Responsible Person for the Use of Force Act. His role is to ensure that the organisation complies with the requirements of the Use of Force Act. Clinical Directors are nominated

leads for the Use of Force Act and carry out the Responsible Person's functions that are delegated to them.



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 Managing Director of Colchester Amphora Holdings Ltd.



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 25 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 is also currently the co-Chair of the London HR Directors network on behalf on NHS Employers. In October 2022, Tanya

was recognised in the Health Service Journal (HSJ) Top 50 most influential Black, Asian Minority Ethnic leaders in the NHS in 2022.

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*.



Peter Cornforth, Non-Executive Director (from 1 April 2023)

Peter joined the Trust on 1 April 2023 as a Non-Executive Director.

Peter is an investment and development professional with over 35 years' experience, with the past decade engaged in private equity real estate. He is currently a senior adviser at PineBridge Benson Elliott LLP focusing on UK regeneration projects - homes, commercial, leisure, workspace and healthcare developments; and was previously responsible for the strategic performance of multi-location portfolios for mixed commercial and residential properties.

Peter holds a number of Non-Executive Director appointments that includes being a Governor of the John Whitgift Foundation; Member of the TfL Properties Investment Advisory Group; Non-Executive Director at Barking Enterprise Centres CIC; and a Trustee of Ormiston Trust.



Steven Course, Chief Finance Officer and Deputy CEO (until 30 June 2022)

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 November 2017.

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, MRCGP, 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 RGCP 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 and Deputy CEO

Richard joined the Trust as Director of Integrated Care in June 2015 and joined the Trust Board in 2017. He was appointed as Deputy CEO at the Trust in July 2022.

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.



Samantha Gibbens, Interim Chief Finance Officer (from 1 July 2022)

Samantha was appointed as Interim Chief Finance Officer in July 2022 having joined the Trust in April 2022 as Deputy Director of Finance.

Prior to this Samantha held Assistant Director of Finance roles at Whittington Health NHS Trust and Camden & Islington NHS Foundation Trust for the past eight years. She has over 20 years of valuable experience across various parts of public health finance including at the Department of Health – London Regional Office where she joined the Civil Service.

Samantha worked in previous roles as lead Finance Manager for major service transformations at East & North Hertfordshire NHS Trust, involving A&E and maternity consolidations and service expansion at Mount Vernon Cancer Centre.

Samantha's qualifications include qualifying as an accountant member of the Chartered Institute of Management Accounting (ACMA) and BA (Hons) in Accounting & Finance.



Dr Paul Gilluley, Chief Medical Officer (until 30 June 2022)

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 Digital 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 is 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 was General Secretary and Chief Executive of The Royal College of Nursing (RCN). She was responsible for delivering the RCN's strategic and operational plans and promoting patient and nursing interests on a wide range of issues.

She is a Non-Executive Director at the Royal Free Hospital NHS Foundation Trust; a Board Member of the NHS Race & Observatory and of UCL Partners (health research); and a Trustee at Burdett Trust for Nursing.

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



Sue Lees, Non-Executive Director (from 1 April 2023)

Sue joined the Trust in April 2023 as a Non-Executive Director; she is also currently a Non-Executive Director and chair of the Audit Committee at both Barking, Havering & Redbridge University Hospitals NHS Trust and North East London NHS Foundation Trust.

Sue is a qualified chartered accountant with more than 30 years' experience in both the private and public sectors including a period working within the NHS and local government. She has led large capital programmes including the delivery of a number of new healthcare facilities as well as leading a number of back-office services in local government including ICT.

Sue is the former Chief Executive of Elevate East London, a joint not-for-profit adventure between the London Borough of Barking and Agilysis, an innovation and technology consultancy company. Previously she was Divisional Director of Assets and Commercial Services for London Borough of Barking and Dagenham, and CEO of Barking and Havering LIFTCo, a partnership delivering new build health centres between 2003 and 2008.



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 Nye 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 topics such as mental health equality and workforce well-being. 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 a member of the Health Foundation Q board, a member of the reference group for the Centre for Sustainable Healthcare, a Council member for the Healthcare Costing for Value Institute, and a member of the Scientific Advisory Board at the Institute for Healthcare Improvement. He 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), LLM, MBA and PGCMedEd.



Lorraine Sunduza, Chief Nurse and Deputy CEO (Interim Chief Executive from 21 August 2023)

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

Lorraine is a member of NHS England London People Board including the London EDI Committee. She is a Myers-Briggs Step 2 Administrator, Nye Bevan Health Care Leadership Programme and Race Equality in the work place (WRES Expert).

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



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, Vice-Chair (Bedfordshire & Luton)

Deborah joined the Trust in January 2021 as a Non-Executive Director and was appointed as Vice-Chair (Bedfordshire & Luton) of the Trust with effect from 1 January 2023, having acted up in this role since July 2022.

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.

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.

Chairs' Significant Commitments

Eileen Taylor was appointed as Acting Chair of the Trust with effect from 4 April 2022 whilst Mark Lam was on an agreed sabbatical following his appointment as Chair of North Middlesex University Hospital Trust. Mark stood down as Chair of the Trust on 31 December 2022 following Eileen's appointment as Joint Chair of ELFT and North East London NHS Foundation Trust with effect from 1 January 2023.

During 2022-2022 Eileen Taylor declared an interest in the following:

- Non-Executive Director of MUFU Securities EMEA Ltd
- Chair of the Joint Remuneration Committee and member of the Audit Committee of MUFU Bank London Branch.

During 2022-2023 Mark Lam 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.

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 2022-2023 financial year.

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Aamir Ahmad	Vice-Chair (London) (<i>from 1 January 2023</i>) & Non-Executive Director	7 of 7	6 of 7
Ken Batty	Senior Independent Director & Non-Executive Director	5 of 7	3 of 8
David Bridle	Chief Medical Officer (<i>interim CMO from 1 July 2022; substantive CMO from 2 May 2023</i>)	6 of 6	5 of 6
Paul Calaminus	Chief Executive	7 of 7	7 of 7
Richard Carr	Non-Executive Director	4 of 7	4 of 7
Tanya Carter	Chief People Officer	7 of 7	6 of 7
Anit Chandarana	Non-Executive Director	7 of 7	5 of 7
Steven Course	Chief Finance Officer & Deputy CEO (<i>to 30 June 2022</i>)	1 of 1	1 of 1
Sam Everington	Non-Executive Director	6 of 7	1 of 7

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO (<i>Deputy CEO from 25 July 2022</i>)	7 of 7	5 of 7
Samanthi Gibbens	Interim Chief Finance Officer (<i>from 1 July 2022</i>)	5 of 6	6 of 6
Paul Gilluley	Chief Medical Officer (<i>to 30 June 2022</i>)	7 of 7	1 of 1
Philippa Graves	Chief Digital Officer	7 of 7	6 of 7
Donna Kinnair	Non-Executive Director	5 of 7	6 of 7
Mark Lam	Trust Chair (<i>to 31 December 2022</i>)	1 of 5	1 of 1
Edwin Ndlovu	Chief Operating Officer	7 of 7	7 of 7
Amar Shah	Chief Quality Officer	7 of 7	5 of 7
Lorraine Sunduza	Chief Nurse & Deputy CEO	7 of 7	7 of 7
Eileen Taylor	Trust Chair (<i>Acting Chair from 4 April 2022; substantive Chair from 1 January 2023</i>)	7 of 7	7 of 7
Mohit Venkataram	Executive Director of Commercial Development	7 of 7	4 of 7
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton) (<i>from 1 January 2023</i>) & Non-Executive Director	6 of 7	8 of 8

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. Feedback will also be sought from regional representatives from NHSE and local ICSs
- 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.

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 remains accountable for all of its functions including those delegated to committees of Directors. These functions are clearly set out in the respective committees' terms of reference which are reviewed regularly by the Board. As a unitary Board, all Executive and Non-Executive Directors have joint responsibility for every decision of the Board and share the same liability. This does not impact upon the particular responsibilities of the Chief Executive as Accounting Officer to Parliament, for ensuring that the Trust operates consistently within national policy and public service values. 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 across the whole of the Trust's activities (both clinical and non-clinical) that support the achievement of the Trust's strategic objectives; this includes compliance with law, guidance and regulations governing the NHS. 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 not less than three independent Non-Executive Directors one of whom will be the chair of the committee and at least one will have recent and relevant financial experience.

The table below shows the attendance at committee meetings during the 2022-2023 financial year.

Committee member	Title	Attendance (actual/possible)
Richard Carr	Non-Executive Director	5/9
Anit Chandarana	Non-Executive Director, chair of committee	8/9
Deborah Wheeler	Vice-Chair & Non-Executive Director	9/9

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 and for the past two years the approach has been to do this review via a facilitated discussion focusing on the following questions:

- Are we effective as a Committee and how would we know?
- Does the Committee receive appropriate assurance on effective systems of internal control, if not what are the gaps?
- Does the Committee communicate its work effectively?
- How does the Committee ensure a continuous improvement approach?
- How effective is the Chair of the Committee?

This format provides an opportunity for reflection on the key headings from the HFMA *Audit and Risk Committee Handbook* questionnaire namely creating an effective Audit Committee, running an effective Audit Committee, having scope for professional development of Committee members, overseeing financial reporting and overseeing risk management. Following the review an action plan is developed to take forward any issues raised or areas identified for strengthening.

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

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.

From 1 August 2020 to 31 December 2022 BDO LLP were the Trust's external auditors. The value of the external audit contract and additional agreed fees with BDO for 2022-2023 totalled £119,500 (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 2022-2023.

Following a tender process under the Crown Commercial Services (CCS) Audit and Assurance Services (A&AS) framework, Mazars LLP was appointed as the Trust's external auditors with effect from 1 January 2023 for a period of three years with the option of two extensions for up to one year each. The tender process included representation and involvement from three Governors, and was approved by the Council of Governors at its meeting on 10 November 2022 noting Mazars commitment to being involved in Audit Committee meetings, their innovations offer and contributing to the Trust's social value and corporate responsibility, and of their understanding of the current issues faced by the Trust. The value of the external audit contract is £139,150 (excluding VAT) per annum.

External Auditor's Reporting Responsibilities

Mazars' 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 2022-2023 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
- Regularly monitored the progress of the Trust's response to strengthen the Trust's internal control and decision making process following the identification of some areas of weakness around exit payments during last year's external audit of the Trust's annual report and accounts
- Received regular updates on the status of the Trust's cyber security and preparedness
- Received regular updates on the progress with the Trust's internal audit plan and also reviewing the next year's plan for recommendation to the Board
- Was informed by assurance work undertaken by other Board committees through joint memberships and escalations to the Board, and regularly received the minutes from the Quality Assurance Committee together with a verbal report from the Non-Executive Director who is a member of both committees.

Appointments & Remuneration Committee

Chaired by a Non-Executive Director, this committee comprises of all Non-Executive Directors including the Chair. The committee has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director (including the CEO) positions on the Board including determining their remuneration, allowances and other conditions of service including pension rights and any compensation payments, ensuring compliance

with any mandatory guidance and relevant statutory requirements. It is also responsible for reviewing the annual performance of Executive Directors as well as succession planning and reviewing Board structure, size and composition.

Further details can be found in the Remuneration Report.

Charitable Funds 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. The committee carries out the functions delegated to it by the Board which is the Corporate Trustee of ELFT Charity (Registered Charity No: 1198337).

Finance, Business and Investment Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors one of whom will be a member of the Quality Assurance Committee, the Chief Executive, the Chief Finance Officer, Chief Operating Officer and the Executive Director of Commercial Development. The overall purpose of the committee is to provide oversight and assurance to the Board on the integrity and deliverability of the Trust's financial, efficiency and infrastructure plans, and in particular to:

- Provide an objective view of the current financial performance and future financial plans of the Trust
- Review financial and business risks
- Review arrangements for procurement and efficiency within the Trust including plans to deliver savings and transformation
- Monitor that decisions involving finance are properly made
- Promote good financial practice throughout the Trust
- Review cash management and investment of surplus cash.

The committee is also the lead committee for risks relating to the improving value strategic objective 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 (improving patient experience of care including quality and satisfaction, improving the health of populations, and reducing the per capita cost of health care)
- 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 risks relating to the improving population health strategic objective on the Board Assurance Framework.

People & Culture Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors and three Executive Directors, including the Chief People Officer. The Committee was established in March 2023 so that the Appointments & Remuneration Committee could focus on its regulatory responsibilities. The purpose of the committee is to provide assurance to the Board on the delivery of the Trust's strategic objective relating to people and the management of risks pertaining to this and includes oversight of and assurance on the achievement of the Trust's people plan, formerly undertaken by the Appointment & Remuneration Committee. The committee is also the lead committee for risks relating to improving staff experience strategic objective on the Board Assurance Framework.

People Participation Committee

Chaired by a Non-Executive Director, this committee has a wide representative membership including one other Non-Executive Director, the Trust Chair, the Director of People Participation, service user and carer representatives from across the Trust, Governors and members of the Trust's Executive team including the Chief Executive demonstrating the Trust's commitment to public involvement. This committee provides assurance on the Trust's overall approach to people participation and ensures that there is a culture of continuous, positive improvement driven by engagement and co-production with people with lived experience in the communities we serve. The committee is also the lead committee for a risk relating to the improving patient experience strategic objective 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 as well as the Head of Internal Audit. The committee provides assurance to the Board on and oversees:

- Effective delivery of safe and quality care
- Positive experience and outcomes for service users and carers, and equality and inclusion
- Quality assurance and quality improvement underpins all we do
- Effective control and management of quality and safety related risk within the Trust.

The committee is also the lead committee for a risk relating to improving patient experience strategic priority on the Board Assurance Framework.

NHS England's Well-Led Framework

Overview

NHS England'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.

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 2022-2023.

The Trust received an inspection of four acute working age mental health wards during February 2023. The inspections looked into serious incidents of suicides and self-harm, ligatures, observations and learning in inpatient wards. The wards inspected were:

- Willow ward (Bedfordshire)
- Coral ward (Luton)
- Gardner ward (City and Hackney)
- Roman ward (Tower Hamlets)

The formal written report from CQC is expected in late May 2023. In the meantime, we have received verbal feedback during the engagement meeting in February, which highlighted the following:

- Positive practice:
 - Staff had good level of awareness around serious incidents that occurred across the Trust, and the learning from them
 - Action plans from incidents were being implemented
 - Wards had embedded learning into day to day practice
 - Patient feedback was largely positive
 - Staff feedback was positive and reflected a supportive work culture
- Areas for improvement identified:
 - Staff vacancies were noted across inpatient services
 - Variation in standard of documentation in patient record, particularly care plans and Dialog+
 - Capacity and best interests assessments were not recorded in the notes in sufficient detail (an observation repeated during MHA visits)

- Monitoring process for statutory and mandatory training was not working, requiring workarounds and introducing risk.

The Trust has not participated in any special reviews during 2022-2023.

Comprehensive inspections have been undertaken at the Trust in 2016, 2018 and 2021 with the Trust maintaining its 'outstanding' rating for three consecutive times.

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 Trust continues to meet regularly with the CQC. In addition to strengthening assurance in relation to regulatory compliance and inspection readiness to 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.

Safer Services

ELFT Patient Safety Plan

The Director of Patient Safety started in this newly created post during 2022. She has been working with the Chief Medical Officer and others to develop an ambitious long-term Patient Safety Plan for ELFT. The plan is aligned with the NHS Patient Safety Strategy and the Trust strategy, and incorporates recommendations from the ELFT Patient Safety Review (2019), as well as learning from the national and international evidence base, patients, staff and other stakeholders.

The safety vision is for ELFT to become an organisation which provides the safest possible care for all our people, with a positive and equitable safety culture and where safety is everyone's primary concern, underpinned by strong leadership, people participation and proactive learning, monitoring and improvement. The working mission is for the Trust to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve. We see these three factors as intrinsically interlinked and mutually dependent. There are a range of key change ideas which have been developed to achieve this for each of the primary drivers. The primary drivers are set out as:

- Culture, leadership and governance
- Continuous learning, insight and improvement
- Involvement of patients, carers and families
- Workforce safety and well-being
- Equity
- Safer communities.

Work has already started on the three priority areas which are the focus for 2023-2024:

- Developing our safety insight, involvement and improvement by transitioning to the new Patient Safety Incident Response Framework (PSIRF)
- Engaging in national learning from Safety systems via transition to Learn From Patient Safety Events (LFPSE)
- Embedding of the NHS Patient Safety Syllabus.

Transition to the new Patient Safety Incident Response Framework (PSIRF)

PSIRF is the new NHS approach to responding to patient safety incidents, for the purpose of learning and improving patient safety. It was published in 2022 and replaces the Serious Incident (SI) Framework and makes no distinction between “patients’ safety incidents” and “serious incidents”. Secondary care NHS services are mandated to transition to PSIRF. PSIRF is a significant transformation towards a data-driven and coordinated approach to patient safety. It advocates for compassionate engagement with those affected and also embedding incident response within a systems and improvement focussed approach.

The Trust is making good progress towards this transition away from the SI Framework to PSIRF, in line with implementation plans recommended by NHSE. Transition is planned for November 2023. This work has included:

- Establishing a Senior Responsible Officer, an implementation team and appointing a dedicated PSIRF lead to support development of our PSIRF priorities, plan and new operational processes
- Connections established with both local ICBs and other local NHS provider partners to share learning, coordinate approach and gain support for discovery phase and beyond; engagement with local coroners and internal communications commenced in the Trust
- Delivery of the first session of PSIRF systems approach training (for first year training of key staff, SI reviewers, co-reviewers, directorate leads and involved service users) and delivery of after action review conductor training package
- Sub-group work commenced on key areas including “knowing our safety profile”, “compassionate engagement of people affected by safety”, “learning and improvement for safety” and “developing our restorative just culture”
- Process mapping is planned to identify areas for redesign and improvement in the incident review pathway
- Review of safety data and use of whole Trust safety priority survey to inform choice of safety priorities and to identify ways to strengthen the contribution of our QI methodology to our safety review approach.

Sharing Learning for Safety

As part of our Safety Plan, a Trust-wide quality improvement project has been launched. The aim is to improve sharing of accessible learning from safety incidents. Initiatives which are being tested include:

- Development and cascade of 7-minute Safety Learning Briefing based on themes from SI committees
- Establishment of safety learning resource library on ELFT intranet which supplements wide cascade of safety briefings and high engagement with safety newsletter (approx. 4,000 views)
- Raising awareness of the Trust learning lessons seminars and improving their design and leadership support – leading to increase in attendance
- Training in, raising awareness of and piloting of new learning methods – after action reviews, swarm huddles.

An in-person Safety Learning and Improvement Event was attended by over 100 staff and service users and included a service user and safety expert speaker, updates on our Safety Plan and PSIRF journey plus safety culture SWOT analysis work, safety improvement work world cafe. There was also an exercise to generate and co-define our safety improvement priorities. Outputs and resources were shared with the wider Trust via ELFT communications.

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.

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.

People Participation Priorities 2022-2025



Key highlights during 2022-2023 include:

- ELFT people participation is supporting Barts (Newham University Hospital) with their people participation. We have two embedded People Participation Leads
- We are providing support and staff to support co-production and people participation in both NEL ICS and BLMK ICS in our partnership collaboratives
- We have recruited new People Participation Leads in Autism, drug and alcohol, allied health professionals and corporate
- There is also an increased number of People Participation Workers
- Our befriending service now has 50 plus befrienders (all service users and carers) who are supporting over 200 people a week
- Volunteering is going from strength to strength; developing new and exciting roles with teams from all areas. An example is Tower Hamlets Centre for Mental Health with 30 volunteers
- We have successfully set up our Academy for Lived Experience, which is already bringing lived experience into teaching for Doctors, Nurses, Psychology and Allied Health Professionals (AHPs).

Stakeholder Relations

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.

The Trust's vision is to work with our partners to deliver person-centred coordinated mental and physical healthcare and to improve the health and well-being of the

communities we serve. We are involved, committed and trusted partners in the two Integrated Care Systems (ICSs) in which we work – Bedfordshire, Luton & Milton Keynes (BLMK) and North East London (NEL) – and in our place-based partnerships in Bedford, Central Bedfordshire, Luton, City & Hackney, Newham and Tower Hamlets. We work closely with our specialised commissioning collaboratives in North London and East of England, and are the lead provider for a CAMHS collaborative in London.

In NEL we work increasingly closely with North East London NHS FT (NELFT) and NEL Integrated Care Board (ICB) in the development of our North East London Mental Health Learning Disability & Autism Collaborative (MHLDA), which is one of the nine national provider collaborative innovators, and which has had a major role in developing and mobilising our NEL-wide plans for mental health as part of operational planning for 2023-2024, and through our developing Community Health Services Collaborative, with NELFT, the Homerton Hospital NHS FT and Barts Health NHS Trust as well as with other partners. In BLMK we are working with Central and North West London NHS FT (CNWL) and the BLMK ICB and other partners to accelerate the positive improvements we have made to our mental health programme through deeper collaboration. Our approach is to ensure that our clinical and care professional leaders are driving improvement in our place-based partnerships and improvement networks across them. The Board has formed a committee of the Board – the Integrated Care & Commissioning Committee – specifically to oversee the development of our partnerships and the implementation of our strategy as it impacts or relies upon them.

People participation is at the heart of everything we do. We aim to ensure there is a culture of continuous positive improvement with people with lived experience fully involved. The Board's People Participation Committee demonstrates the Trust's commitment to people participation by bringing people with lived experience together with Non-Executive Directors, members of the Executive team and Governors together to oversee our people participation work. In addition there are service user and carer representatives on various groups at the Trust including in co-production of services, quality improvement initiatives and the service user led accreditation of services programme. We are also developing our collaboratives with people participation to the fore, for example in the recruitment of four people with lived experience to the MHLDA Committee of the ICB which oversees the NEL MHLDA Collaborative.

The Council of Governors represents the interests of members (both public and staff) and the wider public as well as appointing organisations such as local authorities and has a role to hold the Non-Executive Directors both individually and collectively to account for the performance of the Board.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

Remuneration Report

I am pleased to present the Remuneration Report for the financial year 2022-2023 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 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 2022-2023

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

- Appoint Eileen Taylor as Joint Chair of the Trust and North East London NHS Foundation Trust with a time commitment of an average of three days per week and remuneration of £85,000 per annum across both Trusts
- Appoint Aamir Ahmad as Acting Vice-Chair (London) with effect from 1 July 2022; his 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
- Appoint Deborah Wheeler as Acting Vice-Chair (Bedfordshire & Luton) with effect from 1 July 2022; 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
- Reappoint Ken Batty as a Non-Executive Director and Senior Independent Director for a further year; his time commitment would include an additional day per calendar month at the Non-Executive Director daily rate to reflect the additional responsibilities as Senior Independent Director
- Appoint Aamir Ahmad as Vice-Chair (London) with effect from 1 January 2023; his 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
- Appoint Deborah Wheeler as Acting Vice-Chair (Bedfordshire & Luton) with effect from 1 January 2023; 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.

Board of Directors 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 2022-2023

During the year, the committee:

- Agreed a flat consolidated pay increase to be awarded to VSM staff in line with NHS England's guidance
- Agreed the appointment of the Chief Finance Officer and Chief Medical Officer, including remuneration and terms and conditions of office
- Received confirmation that there is no requirement for HM Treasury approval where existing Trust VSMs/staff exceed a salary of £150,000; however, approval will be required for new Executive appointments whose remuneration is above this threshold.

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 skills 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

Equality diversity and inclusion are embedded in everything that the Trust does. We are committed to the principles of equality, diversity and inclusion and we recognise the importance of having a Board that reflects the diversity of our staff and the populations that we serve.

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 were previously monitored by the Appointments & Remuneration Committee (and by the People & Culture Committee going forward) 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'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, 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 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 five times. Attendance requirements varied based on the business discussed. The attendance record of committee meetings for the year ended 31 March 2023 is as follows:

Committee member	Role	Attendance (actual/possible)
Zulfiqar Ali (<i>to 13 June 2022</i>)	Appointed Governor	0/0
Ken Batty	Senior Independent Director	1/1
John Bennett	Public Governor	3/5
Caroline Diehl	Public Governor	1/5
Mark Dunne	Staff Governor	3/5
Susan Fajana Thomas	Appointed Governor	4/5
Caroline Ogunsola	Staff & Lead Governor	4/5
Jamu Patel	Public Governor	4/5
Eileen Taylor	Trust Chair (<i>from 1 Jan 2023</i>) Acting Chair (<i>from 4 April 2022</i>)	5/5
Hazel Thomas (<i>from 1 Oct 2022</i>)	Public Governor	3/4

Decisions Made During 2022-2023

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:

- Appointed Eileen Taylor as Joint Chair of ELFT and NELFT
- Approved the Chair's joint objectives for the first six months (January to June 2023) and the process for performance evaluation
- Appointed Aamir Ahmad and Deborah Wheeler as Acting Vice-Chairs for London, and Bedfordshire & Luton respectively from 1 July to 31 December 2022, and increased their time commitment by one day to four days per calendar month at the usual Non-Executive Director rate. This decision was extended to substantive positions from 1 January 2023 to the end of their respective terms of office
- Reappointed Ken Batty as a Non-Executive Director and the Senior Independent Director for a year (first year of a third term of office) from 1 November 2022 to 31 October 2023
- Reappointed Professor Sir Sam Everington as a Non-Executive Director for a second term of office for three years from 1 January 2023
- Agreed a short-term sabbatical for Deborah Wheeler
- Approved an increase in the number of Non-Executive Directors on the ELFT Board from nine to ten to reflect the increased workload of Non-Executive Directors due to increased complexity of the Trust and the demands of system working
- Agreed the process for the recruitment of two Non-Executive Directors (one to fill the vacancy left by Eileen Taylor following her appointment as Joint Chair as well as the agreed additional Non-Executive Director position)
- Approved the process for determining Council committee membership

- Agreed proposals to revert to face to face Council meetings.

Joint Nominations Committee

As reported last year, in November 2021 following an options appraisal the Council agreed to commence a process to appoint a Joint Chair to chair the Boards at ELFT and NELFT to strengthen the Trusts' partnership and collaborative ways of working, to improve service user outcomes, and to strengthen our mental health and community health voice.

Both the ELFT and NELFT Councils agreed to establish a Joint Nominations Committee with each other whose principal purpose was to establish and oversee the recruitment process for a Joint Chair of ELFT and NELFT including making a recommendation for appointment to both Councils. The membership of the Joint Nominations Committee comprised all constituent Governor members of both Trust's Nominations Committees, the Senior Independent Directors from both Trusts (non-voting and alternate chair of meetings) and the Chief Executives from both Trusts (non-voting).

Recruitment to the Joint Chair vacancy originally commenced in the spring of 2022 and was paused due to insufficient number of suitable applicants. The recruitment process recommenced in September 2022 and following a robust, open and transparent process which included both the formal interviews and stakeholder sessions, both Councils at separate extraordinary meetings on 25 November 2022 agreed the appointment of Eileen Taylor as the Joint Chair of both Trusts with effect from 1 January 2023.

Under its terms of reference, the Joint Nominations Committee appointed GatenbySanderson as external advisers to facilitate the search for suitable candidates.

The work undertaken to ensure our Council remained informed, engaged and assured through the lengthy recruitment process has been recognised as a showcase of good practice for the 2023 NHS Providers Conference.

Attendance at meetings during 2022-2023 by ELFT Governors as committee members of the Joint Nominations Committee is as follows:

Committee member	Role	Attendance (actual/possible)
Zulfiqar Ali <i>(to 13 May 2022)</i>	Appointed Governor	0/1
Ken Batty*	Senior Independent Director (joint chair of committee)	4/7
John Bennett	Public Governor	3/5
Paul Calaminus**	Chief Executive	0/5
Caroline Diehl	Public Governor	3/5
Mark Dunne	Staff Governor	4/5
Susan Fajana Thomas	Appointed Governor, Hackney	3/5
Caroline Ogunsola	Staff & Lead Governor	7/7
Jamu Patel	Public & Deputy Lead Governor	7/7
Hazel Thomas <i>(from 1 Oct 2022)</i>	Public Governor	1/1

* Non-voting member

** Non-voting member; attendance was not required

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 and agree the Executive Directors' remuneration levels and terms and conditions
- Review the Trust's talent management, workforce and succession planning strategies (until March 2023 when the People & Culture Committee was established).

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.

Attendance by committee members at committee meetings during 2022-2023 is as follows:

Committee member	Role	Attendance (actual/possible)
Aamir Ahmad	Vice-Chair (London) & Non-Executive Director	5/5
Ken Batty	Senior Independent Director & Non-Executive Director (chair of committee)	4/5
Paul Calaminus	Chief Executive	5/5
Mark Lam	Trust Chair (to 31 Dec 2022)	1/1
Eileen Taylor	Trust Chair (from 1 Jan 2023) Acting Chair (from 4 April 2022)	3/5
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton) & Non-Executive Director	5/5

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 2022-2023

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

- Appointed Richard Fradgley as a Deputy CEO from 25 July 2022
- Appointed David Bridle as Interim Chief Medical Officer from 1 July 2022
- Appointed Samantha Gibbens as Interim Chief Finance Officer from 1 July 2022
- Received satisfactory appraisals for all Executive Directors including the Chief Executive and assurance that all remained of 'good character' and continue to meet the Fit and Proper Persons Regulation requirements

- As part of the approach to collective leadership, approved team objectives as well as individual and personal objectives for the Executive Directors
- Approved a 'stop gap' policy in respect of pension recycling.

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 2028	31 October 2024
Ken Batty	Non-Executive Director	3 rd term*	1 November 2016	31 October 2023
Richard Carr	Non-Executive Director	1 st term	1 December 2020	30 November 2023
Anit Chandarana	Non-Executive Director	2 nd term	1 November 2028	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	Trust Chair	1 st term	1 June 2020	31 May 2023**
Eileen Taylor	Acting Chair	2 nd term	1 November 2028	31 October 2024***
	Trust Chair	1 st term	1 January 2023	31 October 2024***
Deborah Wheeler	Non-Executive Director	1 st term	1 January 2021	31 December 2023

* 1st year of 3rd term of office

** Stood down 31 December 2022

*** Appointed as Joint Chair with NELFT for 21 month period

Service Contracts: Executive Directors

Name	Executive Director Post	Appointment Date	Notice Period
David Bridle	Interim Chief Medical Officer	1 July 2022	6 months
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
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	19 October 2017	6 months
Samanthi Gibbens	Interim Chief Finance Officer	1 July 2022	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
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

* To 30 June 2022

** Non-voting

Board Directors Remuneration

Senior Managers Pay 2022-2023 (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	Vice-Chair (London) & Non-Executive Director	15-20	0	0	15-20
Ken Batty	Senior Independent Director & 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 (to 31 Dec 2022)	0-5	0	0	0-5
Donna Kinnair	Non-Executive Director	15-20	0	0	15-20
Eileen Taylor	Chair (from 1 Jan 2023); Acting Chair (to 31 Dec 2022)	60-65	0	0	60-65
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton) & Non-Executive Director	15-20	0	0	15-20
Paul Calaminus	Chief Executive	180-185	0	40-42.5	220-225
Tanya Carter	Chief People Officer	145-150	0	40-42.5	185-190
Steven Course	Chief Finance Officer (to 30 June 2022)	35-40	0	25-27.5	65-70
Samanthi Gibbens	Interim Chief Finance Officer (from 01 July 2022)	95-100	0	140-142.5	235-240
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	155-160	0	60-62.5	215-220
Paul Gilluley*	Chief Medical Officer (to 30 June 2022)	40-45	0-5	27.5-30	75-80
David Bridle*	Interim Chief Medical Officer (from 01 July 2022)	110-115	15-20	125-127.5	255-260
Philippa Graves	Chief Digital Officer	150-155	0	60-62.5	210-215
Edwin Ndlovu	Chief Operating Officer	140-145	0	77.5-80	220-225
Amar Shah*	Chief Quality Officer	160-165	35-40	247.5-250	445-450**
Lorraine Sunduza	Chief Nurse & Deputy CEO	155-160	0	30-32.5	185-190
Mohit Venkataram	Executive Director of Commercial Development	165-170	0	27.5-30	195-200

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

** Salary retrospectively amended following identification of previous years' underpayments; ongoing queries are being reviewed

Senior Managers Pay 2021-2022

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 & 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 <i>(from June 2021)</i>	165-170	0	62.5-65	230-235
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	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 <i>(from 21 June 2021)</i>	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 <i>(from June 2021)</i>	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.

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2022-2023 (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 31.03.2023 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2023 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2023 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2023 £000	Employers Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
David Bridle, Interim Chief Medical Officer (<i>from 1 July 2022</i>)	5.0-7.5	7.5-10	45-50	80-85	648	91	794	0	125
Paul Calaminus, Chief Executive	2.5-5.0	£0	60-65	120-125	990	35	1,082	0	40
Tanya Carter, Chief People Officer	2.5-5.0	0	10-15	0-5	149	14	188	0	42
Steven Course, Chief Finance Officer (<i>to 30 June 2022</i>)	0-2.5	0-2.5	55-60	100-105	784	19	916	0	27
Richard Fradgley, Executive Director of Integrated Care & Deputy CEO	2.5-5.0	2.5-5.0	40-45	65-70	663	52	758	0	62
Paul Gilluley, Chief Medical Officer (<i>to 30 June 2022</i>)	0-2.5	0-2.5	80-85	160-165	1,392	31	1,583	0	29
Samanthi Gibbens, Interim Chief Finance Officer (<i>from 1 July 2022</i>)	5.0-7.5	15-17.5	35-40	65-70	368	100	518	0	141
Philippa Graves, Chief Digital Officer	2.5-5.0	2.5-5.0	65-70	170-175	1,448	82	1,596	0	61
Edwin Ndlovu, Chief Operating Officer	2.5-5.0	2.5-5.0	40-45	75-80	577	58	673	0	78
Amar Shah, Chief Quality Officer	12.5-15	20-22.5	50-55	85-90	534	165	741	0	249
Lorraine Sunduza, Chief Nurse & Deputy CEO	2.5-5.0	£0	45-50	85-90	695	24	762	0	31
Mohit Venkataram, Executive Director of Commercial Development	2.5-5.0	£0	50-55	85-90	834	25	909	0	29

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2021-2022

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

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

There was no compensation paid to any past or current members of the Trust Board during 2022-2023.

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 2022/23 was £195,000-£200,000 (2021/22, £190,000-£195,000). This is a change between years of 3.1%, split as follows:

- Salary and allowances of £160,000 - £165,000 (2021/22, £175,000 - £180,000). This is a change between years of -7.7%
- Performance pay and bonuses (Clinical Excellence Awards) of £35,000 - £40,000 (2021/22, £15,000 - £20,000). This is a change between years of 117.6%.

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 2022-2023 was from £13,891 to £219,830 (2021/22, £11,361 to £231,400). 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 6.0%, split as follows:

- Salary and allowances average per WTE £48,307 (2021-22, £45,547). This is a change between years of 6.1%
- Performance pay and bonuses (Clinical Excellence Awards) average per WTE £9,191 (2021/22, £8,990). This is a change between years of 2.2%.

Five employees received remuneration in excess of the highest-paid director in 2022-2023.

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.

2022-2023

	25th percentile	Median	75th percentile
Total pay and benefits, excluding pension benefits	£30,717	£42,471	£56,024
Salary component of total remuneration	£27,347	£36,018	£49,975
Pay and benefits excluding pension: pay ratio for highest paid director	6.4:1 (£197,500 being the mid-point of highest paid director/ £30,717 being 25th percentile of employee remuneration)	4.7:1 (£197,500 being the mid-point of highest paid director/ £42,471 being median employee remuneration)	3.5:1 (£197,500 being the mid-point of highest paid director/ £56,024 being 75th percentile of employee remuneration)

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)

Director Expenses

There was a total of £1,973.32 of non-taxable expenses claimed for 2022-2023 financial year by eight out of a total of 21 Directors (£258.42 claimed for 2021-2022 by four 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

£30 was claimed by one Governor during 2022-2023 out of 53 in office during that period (no expenses were claimed by Governors in 2021-2022). All expense claims are made and processed in line with Trust policy.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

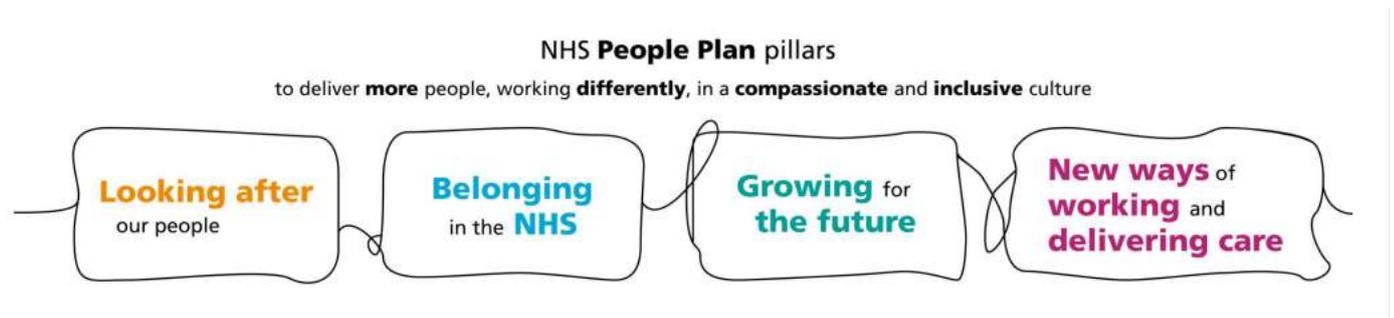
Staff Report

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 revised people plan is in its second year and continues to support the delivery of the 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. Progress of the delivery of the plan was monitored by the Appointment and Remuneration Committee and the Trust board.



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 policies, 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 Well-being

The Trust has continued to develop its well-being offering to staff throughout 2022-2023. This offer has continued to address the needs of staff and continues to include positive emotional, physical and social well-being. We are actively supporting staff well-being to ensure that their experience in the workplace is a positive one. Below is a snap shot of some of the well-being initiatives that have been implemented:



- Winter incentive payments for Bank staff
- Ongoing occupational health support and (OH) provider and employee assistance programme (EAP)
- Funded physiotherapy for staff via our OH provider
- Continued to provide support linked to the *well-being wheel* which pulls together physical, financial, social and emotional well-being support available to our staff
- Ongoing support for teams post serious incidents
- Well-being forum to support and drive the Trust's well-being support for staff.

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. Vitamin D was offered in 2022, for a third year and was taken up by 28% of the Trust.

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 sixth cohort in spring 2023.

Health and Safety at Work

The Chief Nurse & 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 8.2% in April 2022 and was 8.7% in March 2023 Trust-wide. The vacancy factor ranges between 4% in Tower Hamlets and 19.8% in Luton and Bedfordshire. Throughout the year we have seen progress in some areas such as CAMHS, primary care and community health services.

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. 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. This work is developing.

The Trust has agreed to be the lead employer for mass vaccination centres in North East London for a further 12 months, and we are reviewing how to retain the workforce and how to transition people into healthcare support roles.

Staff turnover has increased from 17.27% against a target of 16% to 18.2% 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 well-being throughout the pandemic. We are seeing significant challenges for our staff in terms of the cost of living increases. There is a regular staff well-being 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](#).

Equality, Diversity and Inclusion

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 recognise collective efforts through the *Team of Month Award*. The winners between 1 April 2022 to 31 March 2023 included over 13 Team of the Month awards winners and over 69 awards to Employee of Month winners, both being a slight decrease from the previous year. In addition, around 100 colleagues received long service awards for 20, 30 and 40 years' service.

In October 2022, the annual staff award ceremony took place at the Troxy in Limehouse, East London. The ceremony was deemed a huge success. Over 1,500 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.

The next annual award ceremony is scheduled for 19 October 2023 and will take place once again at the Troxy in Limehouse, East London. The nomination process is now open until 30 June 2023, and we again hope this will be considered a huge success.

Learning and Development

The ELFT Learning Academy (ELA) has been in use for over a year and is developing to be the platform for all of the Trusts learning and development activity and processes with a scope much wider than that of its predecessor OLM which only catered for statutory and mandatory training.

Appraisal

In 2022 the appraisal process for non-medical staff was completely redesigned to shift the conversation to a more coaching style – with just four simple sections: *How did last year go? Let's think about next year? What personal development do you need? How can I better support you as a manager?*

This shift of emphasis and style was warmly received by managers and appraisees due to the simplicity of the process, the openness of the questions and the training and support.

Appraisal was the first development process moved online and hosted within ELA and a dedicated page was created where staff could access the classroom or on-demand training and find their forms, or the forms of their teams if they are a manager.

In addition to the accessibility for users, it allowed for real time reporting on progress with an automated process replacing manual submissions and uploads. The Trust achieved a 68.6% completion rate which was positive in the first cycle, and plans are in place to improve completion rates in 2023.

Statutory and Mandatory Training

The move to ELA has brought challenge and opportunity for the Trust to consider targeting compliance training in a more accurate way. Under the previous system training was allocated to staff via their position number which over time became imprecise. With the transition to ELA, the learning & development team, in partnership with the course subject matter experts, redesigned the approach by utilising role characteristics instead, for example a nurse in Newham.

This approach reduces the need to map any new roles as the characteristics of an individual drive the training they received and will result in a more accurate deployment of training.

Following a six-month programme the changes were implemented in February 2023. These changes resulted in some staff being allocated less training and some more which impacted on compliance. At the same time the Trust chose to add courses that had not previously included in compliance reporting as well as some new

courses that were added at this time. The changes resulted in Trust compliance reducing to 76% (as of 1st May 2023) and whilst this has moved us to below the Trust target of 90% it is recognised that the data is more accurate and the targeting correct.

Plans are in place to support individuals and departments to improve their compliance on the courses they need to complete, with a focus on enhanced reporting and offering courses in each locality to support their local needs and priorities.

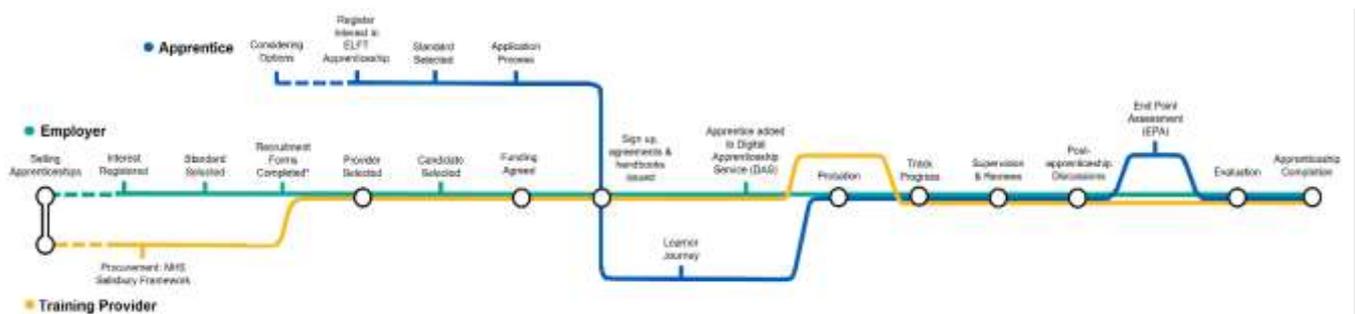
Apprenticeships

We have 165 apprentices on the programme, 35 of whom were recruited directly into their apprentice role and 130 existing staff who are completing an apprenticeship as part of their personal development and growth.

35 apprentices have completed their course in the last year coming from a range of programmes, including the new level 5 coaching route which was run for the first time.

We support clinical and non-clinical apprenticeships covering all levels from level 2 NHS customer services practitioners through to level 7 senior leadership masters and the range of programmes offered has increased following demand from services.

The learner journey has been at the heart of our improvement activity and the apprenticeship team have mapped this journey for all ELFT apprentices to ensure clarity of expectation and process.



Support for line managers has also been enhanced through detailed process mapping and support materials which ensure that all apprenticeships are shaped and delivered to maximise the learning for the apprentice and outcomes for the team they are working in.

The improvement work continues with enhancements to the governance processes to ensure consistency across all the programmes the Trust offers so that the learner and the supplier have an equally positive experience through their entry, completion and exit of the programme, and ensuring that the funding and contracting rules are complied with.

We have changed the way that apprentices start their programmes, moving from an ad hoc approach to creating cohorts who start at the same time. This is creating connection between learners who were previously working alone, providing opportunities for them to work together and increasing the quality of the learner experience.

In addition to the internal apprenticeships, the Trust has supported apprenticeships working across our local systems as part of our role as an anchor organisation. It has done this by transferring a percentage of the apprenticeship levy to partner organisations to allow them to employ and fund apprentices. In the last year ELFT has provided £163,507 in support of this activity.

Leadership Activity

The delivery of leadership courses increased throughout 2022 with new courses coming on stream to cater for leaders with differing needs.

‘Stepping into leadership’ was launched for staff who are not yet in a leadership role but aspired to progress into one, helping them to explore more about leadership and their skills and knowledge they can develop to ready themselves to progress.

The ELFT leadership programme continues and has been improved over the last year with additional modules being added utilising internal speakers such as the public health team. Three cohorts have been delivered in the past year with four more planned for 2023

The Trust has run the senior clinical leaders programme for a number of years and a cohort was delivered in 2022. There was a gap in our leadership offer for non-clinicians and the Trust has now closed this with the introduction of the senior leaders programme aimed at staff Band 8a and above who aspire towards more senior roles in the next 12 to 18 months. The programme is based on the model used in senior clinical leaders programme but has been amended slightly to provide different speakers.

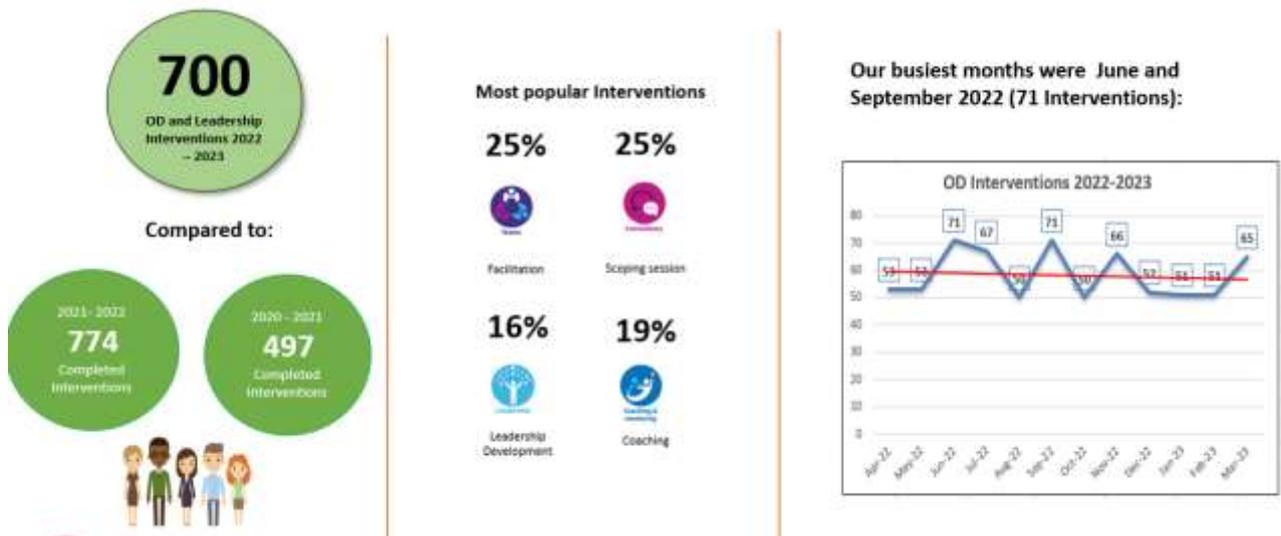
In addition to these programmes the team is developing a series of webinar masterclasses available for all staff across the Trust, the first of which was on ‘imposter syndrome’. A schedule is in development and will be rolled out across 2023.

Organisational Development (OD)

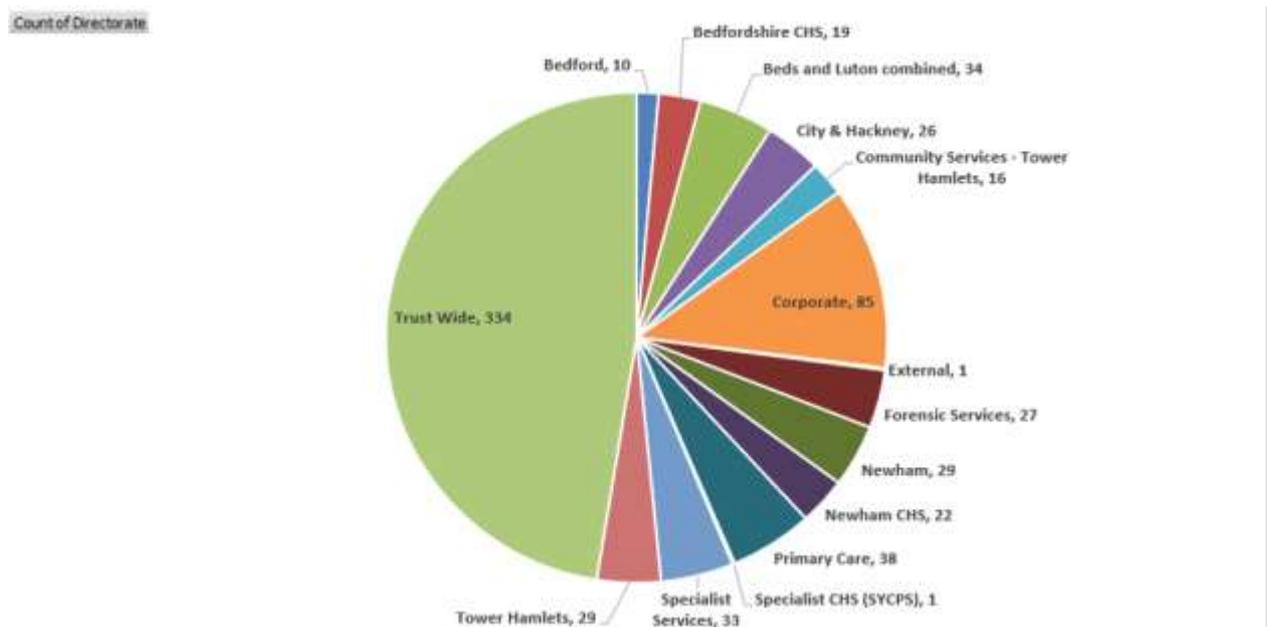
The total number of interventions delivered by the OD team in 2022-2023 was 700, compared to 774 in 2021-2022. This was a slight decrease of 10% on the previous year. Most interventions were facilitated Trust-wide (334 interventions), the least in specialist children and young people’s service (SCYPS).

The most popular intervention was facilitation (making up 25% of the total) and scoping sessions (25%) where the OD consultant contracts with the client team and develops the plan and outcomes for bespoke interventions.

133 people or teams have benefited from coaching (19%) and 113 people or teams received bespoke leadership development programmes across all ELFT directorates (16%).



Below is a summary of where the Trust's OD activity has taken place.



People Relations

People relations case-load has remained high throughout 2022-2023 increasing towards the end of the year with the number of dignity at work cases doubling over the year.

The fair treatment process (FTP) implemented in 2019 has now been embedded into practice and continues to see a sustained reduction in the number of staff suspended, the majority being placed on restricted duties/redeployed as an alternative. However, during the year we have seen an increase in the likelihood of

staff with a black ethnicity going through a formal disciplinary process whereas we have seen a reduction in the likelihood of other ethnic minority groups going through these process.

A similar approach is now being implemented for our capability process with the aim of reducing the number of disabled staff entering the formal capability process. This will be monitored over the next year to gauge its success.

The pastoral role implemented in 2020-2021 continues to support staff going through a formal process. During 2023-2024 the activity will be recorded to enable greater monitoring of its success and an expansion of the role.

During the second half of 2022-2023, a new three-day course on HR skills for managers was piloted and rolled out, aimed at providing managers with the tools to manage their staff in line with our Trust policies. Feedback so far has been extremely positive with each course being fully booked.

We continue to roll out the respectful resolution pathway to support the informal resolution of difficulties and have now incorporated this within the HR skills for managers (dignity at work) training. With the continued roll out of the tool through training and a current review of the dignity at work policy to incorporate the tool it is anticipated that we will be able to reduce the number of formal dignity at work cases being undertaken.

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 Joint Local Negotiating Committees (JLNC). All organisational change proposals that affect over five 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 can raise concerns. There are various ways in which concerns can be raised and the Freedom to Speak Up Guardian (FTSUG) offers a confidential route to raise concern. The Trust appointed to the FTSUG role in October 2017 and has implemented the 'standard integrated policy', which had been adopted in line with recommendations of the review by Sir Robert Francis into whistleblowing in the NHS.

FTSU received 172 concerns from 1 April 2022 to 31 March 2023. This is an increase of 53.6% on the previous reporting year. The broad categories (reported to the National Guardian's Office (NGO)) under which these cases fall are:

- Number of cases raised anonymously
- Patient safety/quality of care

- Worker safety and/or worker well-being
- Bullying or harassment
- Inappropriate attitudes or behaviours
- Number of cases where disadvantageous and/or demeaning treatment as a result of
- speaking up is indicated

The NGO also requests data on the numbers of cases brought by professional groups.

The highest number of cases fall under *processes/organisational structure/other*, with such examples being concerns around work areas, HR processes, training/professional development, fraud, service policy, recruitment, disability and impact and on site security.

The second highest number of cases falls under *worker safety and/or worker well-being*, with such examples being working environment, staffing levels, unresolved issues with staff, management behaviours and impact on staff, safety at work, financial stress, undermining and victimisation.

The highest number of cases from professional groups were Nursing and Midwifery registered (47 cases) and Administrative and Clerical (46 cases).

The Speaking Up & Whistleblowing policy was reviewed and updated to reflect the revised national FTSU policy released in 2022 by NHS England in conjunction with NGO. The updated policy is designed to support staff by showing them the many ways in which concerns can be raised and escalated, and support resolution of concerns by managers wherever possible. The policy was ratified by the Joint Staff Committee November 2022.

A document titled '*Signposting – Where to bring your concern or complaint in ELFT*' was created and shared with staff to highlight the many ways in which we can raise/escalate concerns, signposting key contacts and policies as well as the clear parameters of FTSU and people and culture processes.

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.

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.

2022 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 2021, the themes identified in the national staff survey were:

- Equality, diversity, and inclusion
- Safe environment
- Staff well-being.

The overarching themes for the 2022 national staff survey are:

- Equality, diversity and inclusion
- Retention and morale
- Staff well-being.

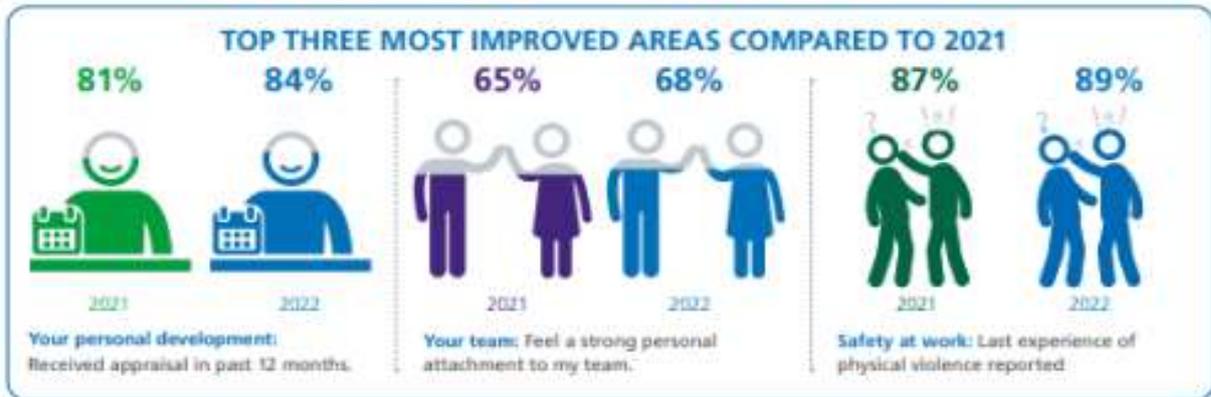
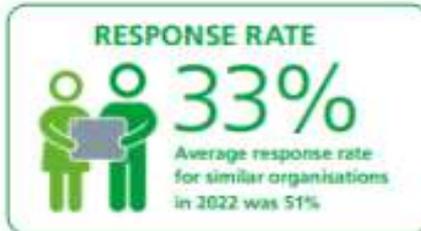
Summary of Performance

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.

EAST LONDON NHS FOUNDATION TRUST

National Staff Survey 2022

The NHS Staff Survey takes place annually across the country and is a significant benchmarking tool for our Trust. The feedback received is extremely important in shaping the actions we take in order to create a work environment that is not only productive but rewarding for all our staff.



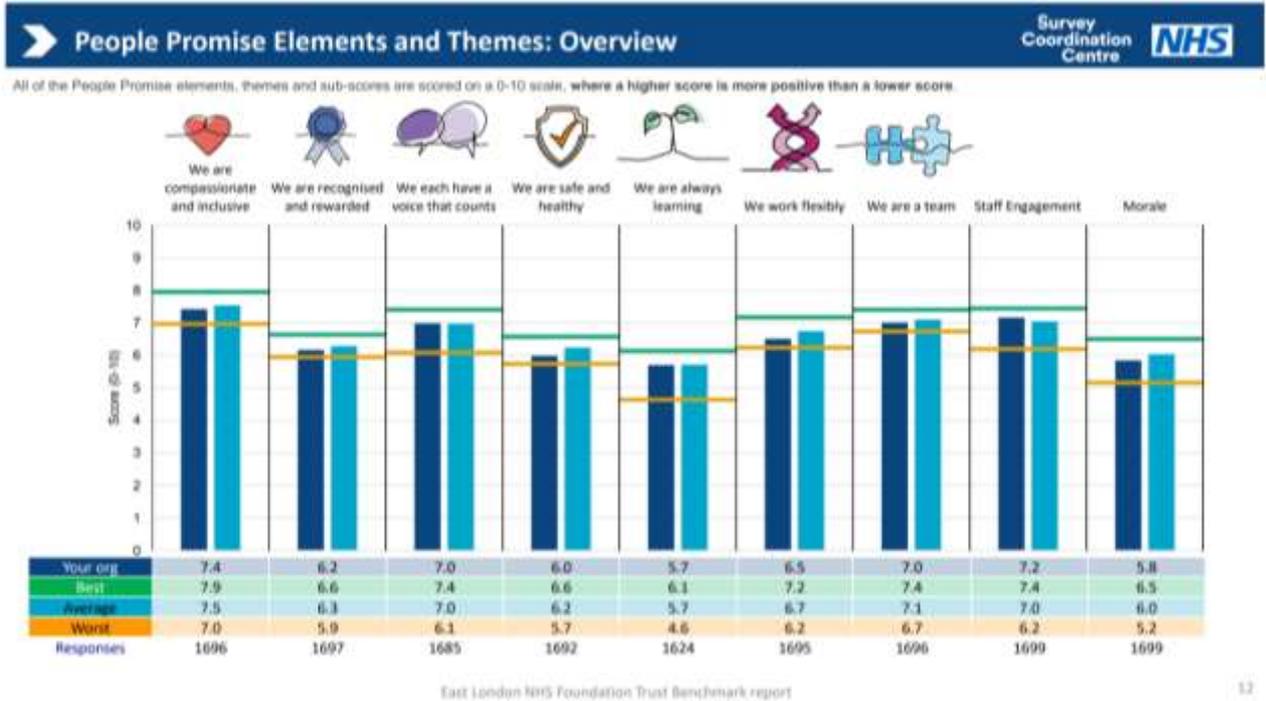
In partnership with
Picker

NHS
East London
NHS Foundation Trust

Contact us
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 020 7655 4000
eft.communications@nhs.net



In 2022, Picker did not produce a trend analysis 2017-2022. The results for 2022 for the People Promise elements can be found below:



The 2022 national staff survey response rate was 33%, 9% lower than the previous year although the Trust headcount is significantly higher than the previous year. In 2022, 63 questions had no significant difference, compared to the previous year; two questions were significantly better than the previous year and 27 question responses were significantly worse.

The table below summarises the findings from the core NHS Staff Survey 2022* carried out by Picker, on behalf of ELFT. Picker was commissioned by 25 Mental Health and Mental Health Community Trusts organisations to run their survey – this report presents the Trust’s results in comparison to those organisations.

5143 Invited to complete the survey	5143 Eligible at the end of survey	33% Completed the survey (1699)	51% Average response rate for similar organisations	42% Your previous response rate
66% q23c. Would recommend organisation as place to work	64% q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	81% q23a. Care of patients/service users is organisation's top priority	<p>Comparison to 2021**</p> <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 	<p>Comparison with average**</p> <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference

*Bank worker survey results are presented via separate reports for those organisations who took part
**Chart shows the number of questions that are better, worse, or show no significant difference

A total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021 and 97 can be positively scored. The results include every question where ELFT received at least 11 responses (the minimum required).

Using a summary table provided by Picker, below are the five top five scores and bottom five scores when compared to the average Trusts using Picker for 2022.

Top 5 scores vs Organisation Average	Org	Picker Avg	Bottom 5 scores vs Organisation Average	Org	Picker Avg
q23c. Would recommend organisation as place to work	66%	61%	q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	71%	78%
q23b. Organisation acts on concerns raised by patients/service users	78%	74%	q12g. Never/rarely lack energy for family and friends	31%	37%
q21c. Appraisal helped me agree clear objectives for my work	38%	34%	q12f. Never/rarely feel every working hour is busy	50%	56%
q3f. Able to make improvements happen in my area of work	65%	60%	q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	32%	37%
q3e. Involved in deciding changes that affect work	59%	55%	q24c. I am not planning on leaving this organisation	54%	59%

Again, using the summary table provided by Picker, the below are the five questions that were most improved and most declined when compared with ELFT scores from the previous year.

Most improved scores	Org 2022	Org 2021	Most declined scores	Org 2022	Org 2021
q21a. Received appraisal in the past 12 months	84%	81%	q14d. Last experience of harassment/bullying/abuse reported	55%	61%
q7f. Feel a strong personal attachment to my team	68%	65%	q30b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	71%	78%
q13d. Last experience of physical violence reported	88%	86%	q19b. Would feel confident that organisation would address concerns about unsafe clinical practice	62%	67%
q12a. Never/rarely find work emotionally exhausting	16%	15%	q8a. Teams within the organisation work well together to achieve objectives	54%	59%
q15. Organisation acts fairly: career progression	57%	56%	q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	43%	48%

The 2022 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.

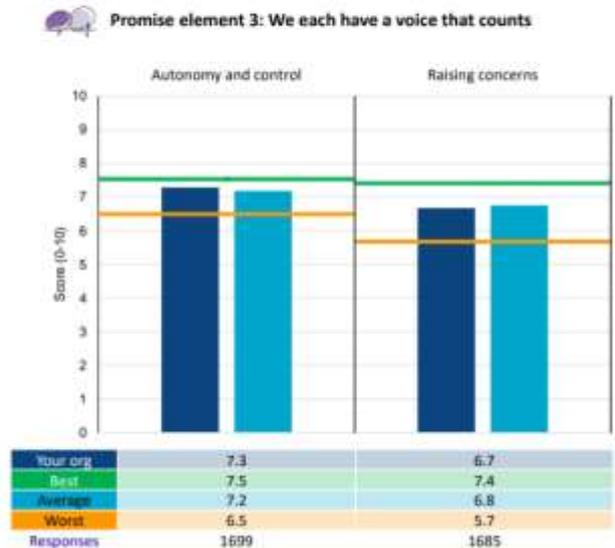
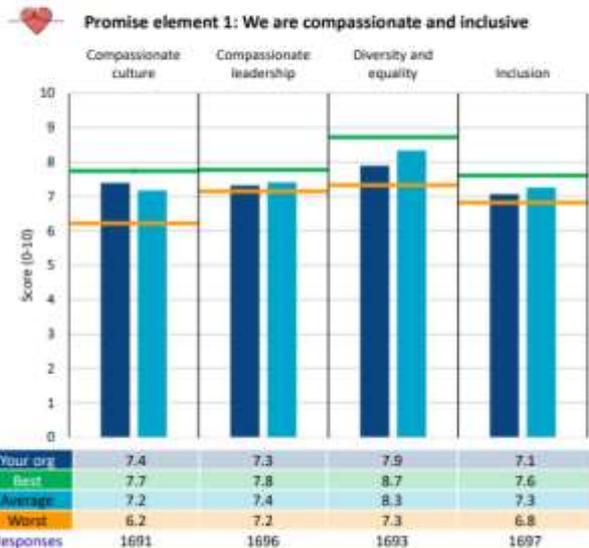
Across the NHS People Promise themes, some of the Trust’s responses are the same as the national average; however, a number of indicators are better than the national average including:

- We are compassionate and inclusive
- Having a compassionate culture and compassionate leadership
- We have a voice that counts staff engagement/Involvement/advocacy.

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

People Promise Elements, Themes and Sub-scores: Sub-score Overview Survey Coordination Centre

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

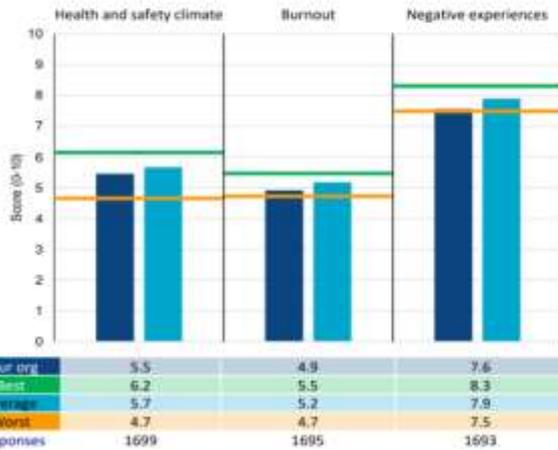


People Promise Elements, Themes and Sub-scores: Sub-score Overview

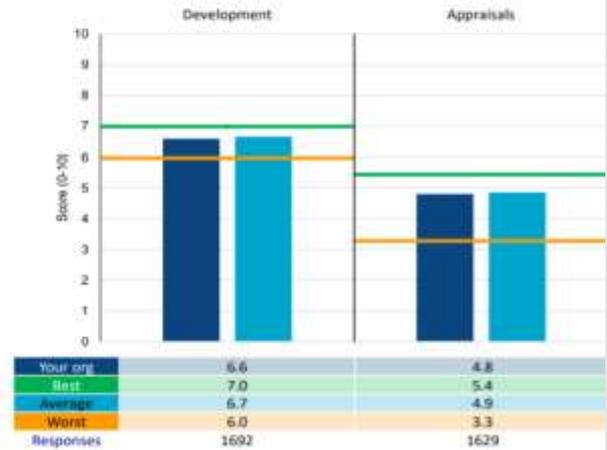
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning

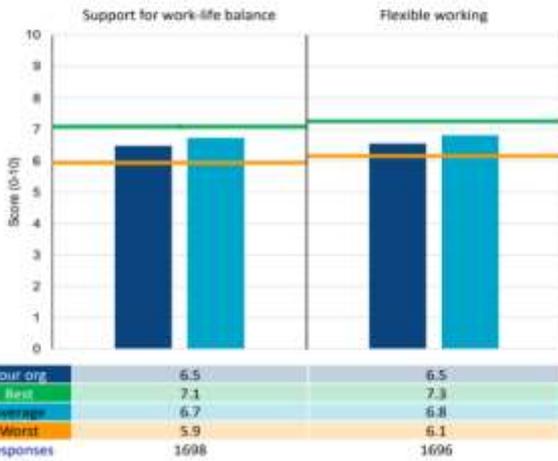


People Promise Elements, Themes and Sub-scores: Sub-score Overview

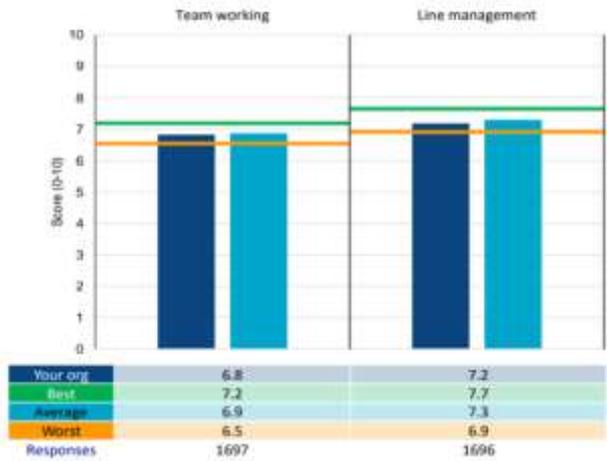
All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



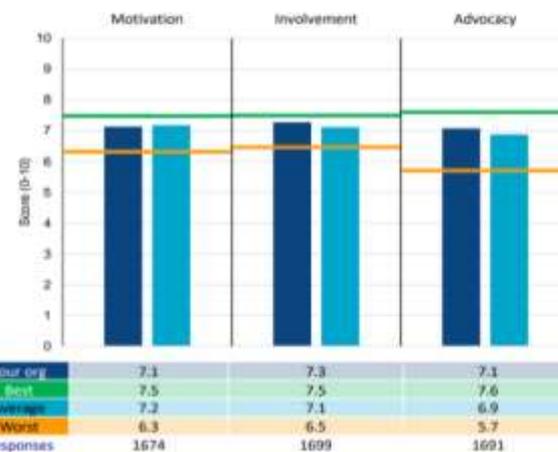
Promise element 7: We are a team



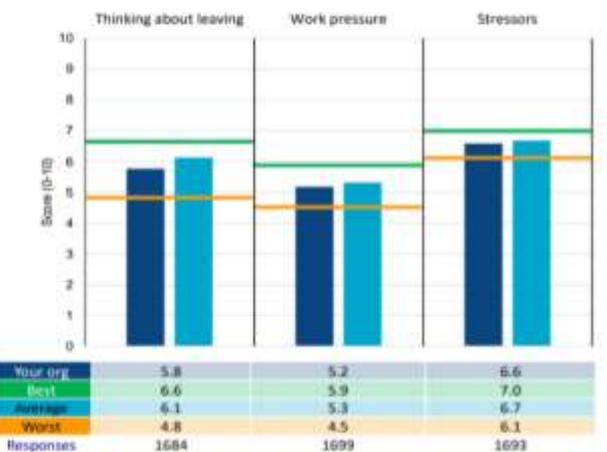
People Promise Elements, Themes and Sub-scores: Sub-score Overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Theme: Staff engagement



Theme: Morale



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 well-being and engagement team have explored the Trust-wide results and the business partners have reviewed local response rates. The Trust-wide themes are 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 National Quarterly Pulse Survey for Quarter 3 (2022-2023) has been completed. The Trust received a response rate of 9% (2% lower than that of the previous quarter) and significantly lower than that of the Picker average response rate of 20%.

However, The Trust's NQPS staff engagement score was 7.12, which was higher than the Picker average engagement score of 6.72.



The Trust response (9% response rate), consisting of 944 completed surveys, yielded positive scores of 65% or higher on 7 of the 9 core questions. The scores for the two staff friends and family questions were:

- 69.1% of staff would recommend the Trust as a place to work.
- 65.5% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.



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 have created a three-year plan to build 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 2023 onwards with the well-being of our people remaining a significant focus.

Our targets are monitored by the People Plan Delivery Board, the People & Culture Committee going forwards (prior to the establishment of the Committee, was by the Appointments & Remuneration Committee) and the Trust Board through regular people plan updates.

Going Forward

In 2023-2024, the Trust's people plan will continue to aim to achieve the following:

- Continue the roll out of the ELFT Learning Academy, delivering supervision using the LMS and the Dialog methodology, and foster a culture of continuous personal and professional development
- Work alongside other corporate services, i.e. 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
- Continue to 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.
- Deliver the leadership and culture work across the Trust

- 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 aligned to directorate and service user 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.
- Launch a Men's Network
- More health promotion events for staff.

Equality, Diversity and Inclusion: Staff

ELFT is a truly diverse Trust. Here is a summary of all of the countries in the world that are represented at the Trust, either because of the place of birth and/or nationality.



Workforce Race Equality Standard (WRES)

WRES 2022 Insights

In summary, in 2022 reporting, there is still an over representation of BAME staff in Bands 3-6, specifically in clinical roles. However, in the clinical roles, there has been improved BAME representation in all Bands, excluding Band 4 and in consultant roles where percentages have been consistent since last reported.

Similarly, there have been further positive developments of BAME representation in non-clinical roles Band 4, 7, 8B and 8C. However, BAME representation in non-clinical roles, Bands 8A and 8D, appear to have deteriorated; this could be due to promotion of individuals. In the clinical roles, Bands 8C, 8D and 9 have seen a slight decrease in BAME representation.

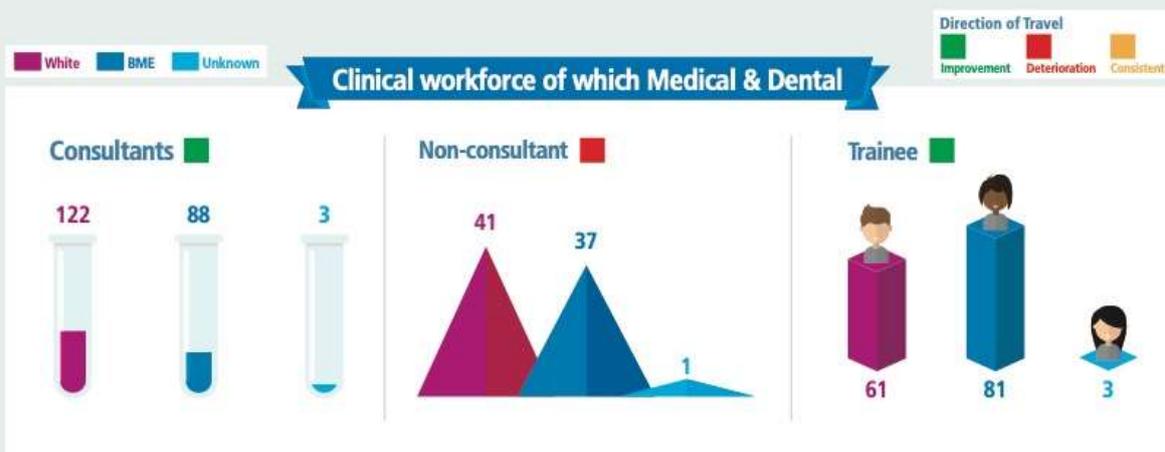
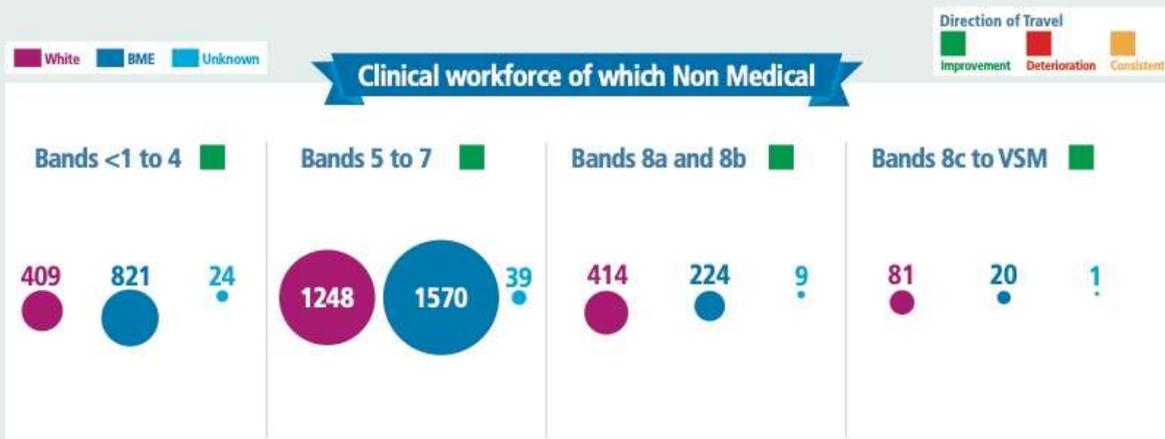
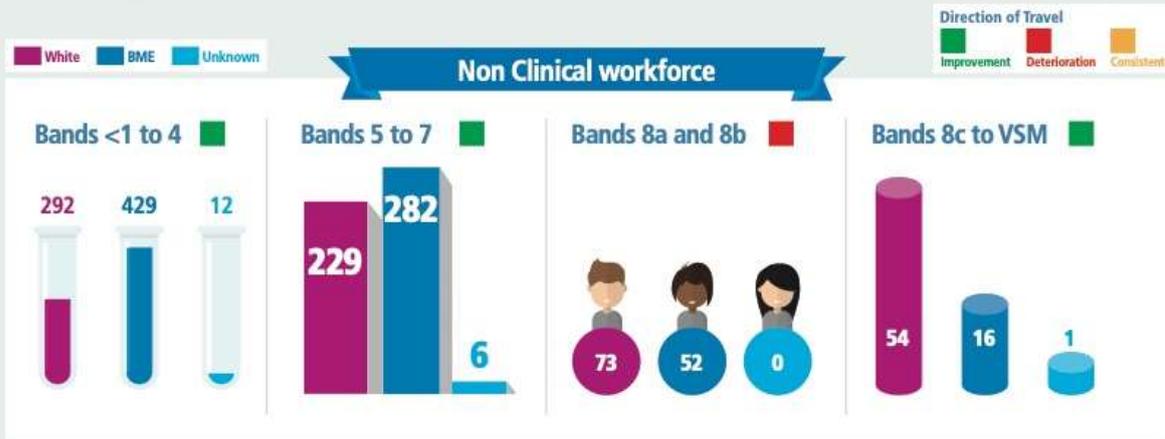
There has been an increase in the number of BAME staff that have been appointed from shortlisting from 620 candidates in 2021 to 1,006 candidates in 2022, compared to white staff with 508 appointments in 2021 to 707 appointments in 2022.

In 2021, white staff were 1.22 times more likely than BAME staff to be appointed from shortlisting. This likelihood has increased slightly to 1.23 in 2022; this means that white staff are still 1.23 times more likely of being appointed from shortlisting than their BAME colleagues.

The overall number of disciplinary cases has reduced for both white and BAME staff in the latest report. However, the number of BAME disciplinary cases is still higher than white staff. The likelihood has decreased from 1.95 in 2021 to 1.45 in 2022 which means that BAME staff are 1.45 more likely to enter the formal disciplinary process when compared their white colleagues.

2022 NHS Workforce Race Equality Standard (WRES) Infographic

2022 NHS Workforce Race Equality Standard (WRES)





2022 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Likelihood of staff being appointed from shortlisting across all posts

Direction of Travel
Improvement Deterioration Consistent

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 Consistent

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



Improvement
The gap in likelihood has narrowed from 2020 - 2021

White BME Unknown

Relative likelihood of staff accessing non-mandatory training and CPD

Direction of Travel
Improvement Deterioration Consistent

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



Improvement
The gap in likelihood has narrowed from 2020 - 2021

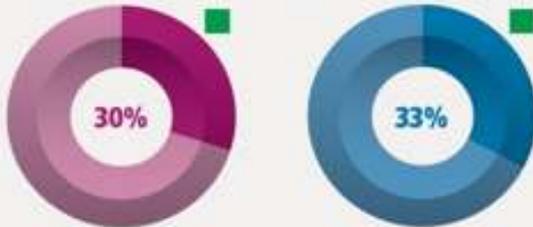


2022 NHS Workforce Race Equality Standard (WRES)

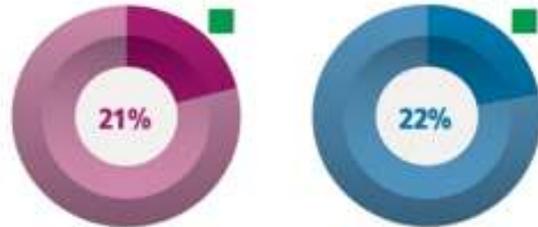
White BME Unknown

Direction of Travel
Improvement Detraction Concern

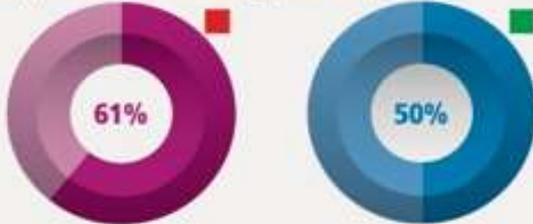
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



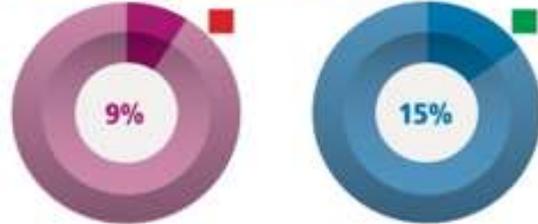
% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% staff believing that trust provides equal opportunities for career progression or promotion



% staff personally experienced discrimination at work from Manager/team leader or other colleague



*Data lifted from the 2021 Staff Survey

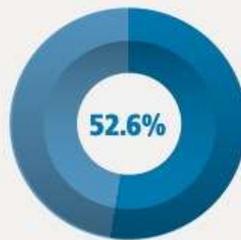
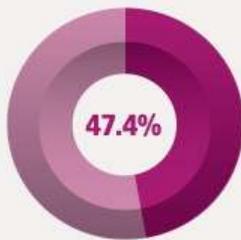


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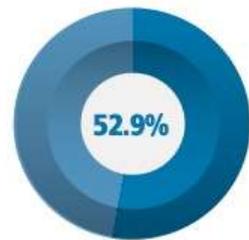
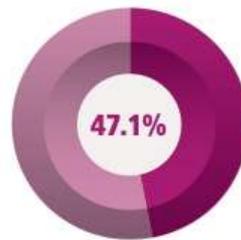
White BME Unknown

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

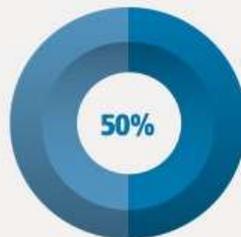
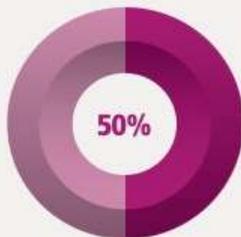
Total Board members - % by Ethnicity



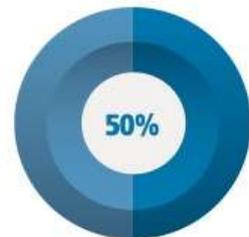
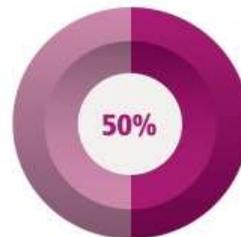
Voting Board members - % by Ethnicity



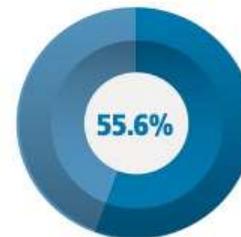
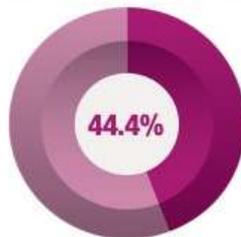
Non Voting Board members - % by Ethnicity



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.

Workforce Disability Equality Standard (WDES)

WDES 2022 Insights

In summary, in 2022 reporting there is a deterioration of disabled staff in Bands 8C-VSM and medical/dental trainee roles. However, there has been improved representation in Bands 1-8B and both medical/dental consultants and non-consultants since 2021 reporting.

In 2022 disabled staff were 1.11 times more likely than non-disabled staff to be appointed from shortlisting. This likelihood has narrowed since 2021 reporting.

The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is 8.12. This is an area that requires significant improvement and has been captured in EDI action planning.

We have identified that there is an under representation of staff declaring a disability; we plan to carry out a data cleansing exercise by creating Trust-wide communications jointly with staffside, ELFT Ability and people and culture to encourage staff to declare their disability.

An in-depth analysis of the NHS Staff Survey results has been undertaken to consider the experience of disabled staff and how this has changed over a five-year period. This analysis will be used to support the development of an integrated and ambitious three-year WDES action plan for 2023 to 2026.

2022 NHS Workforce Disability Equality Standard (WDES) infographic

WORKFORCE DISABILITY EQUALITY STANDARD

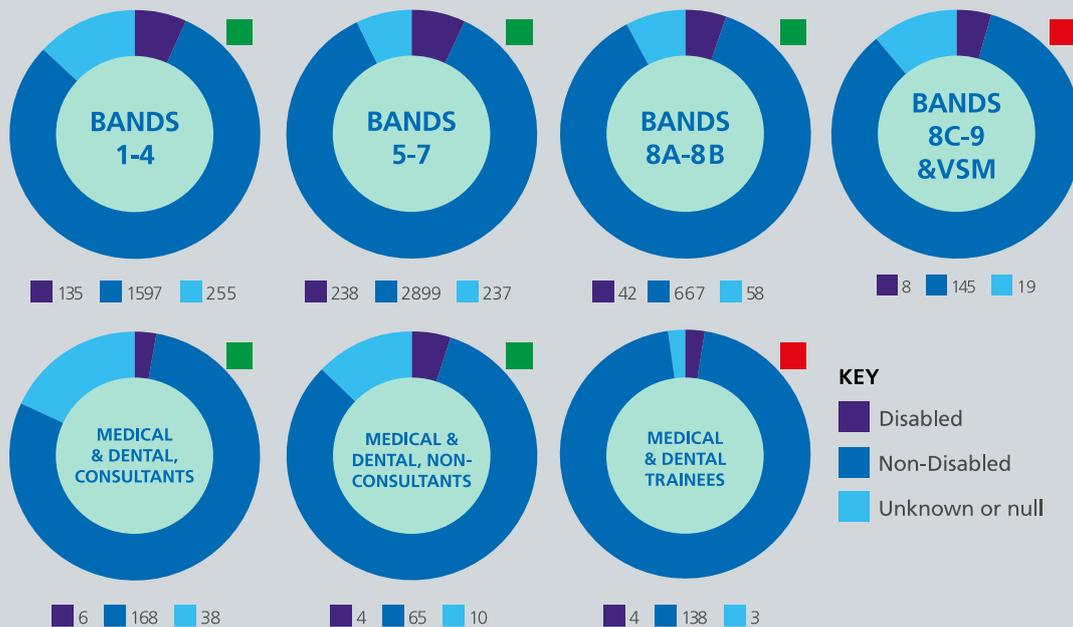


East London
NHS Foundation Trust

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. East London Foundation Trust will use the Metrics data and local data to develop an action plan that will enable us to demonstrate progress against the indicators of disability equality.



Paybands – number of people per pay range compared with the overall workforce

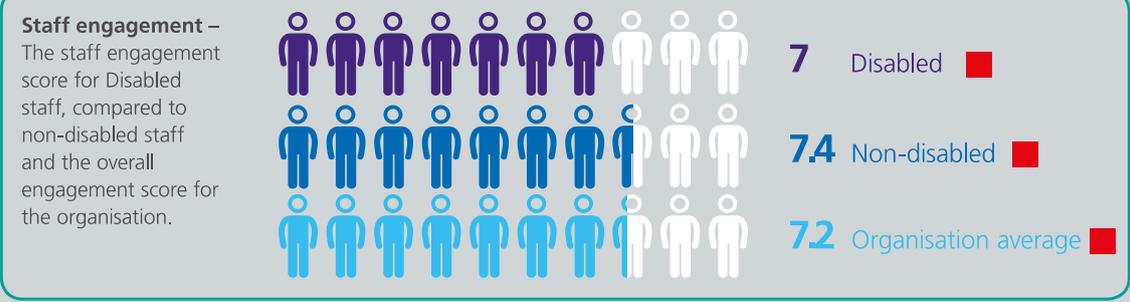
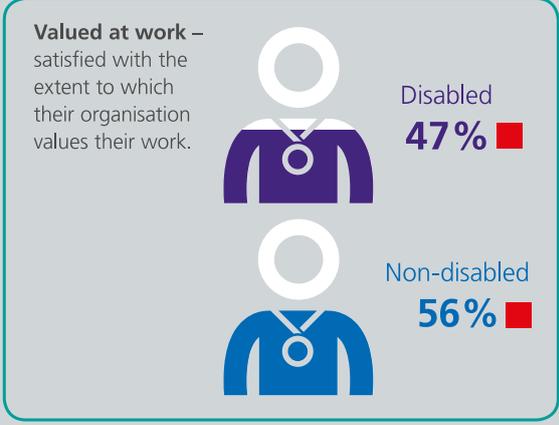
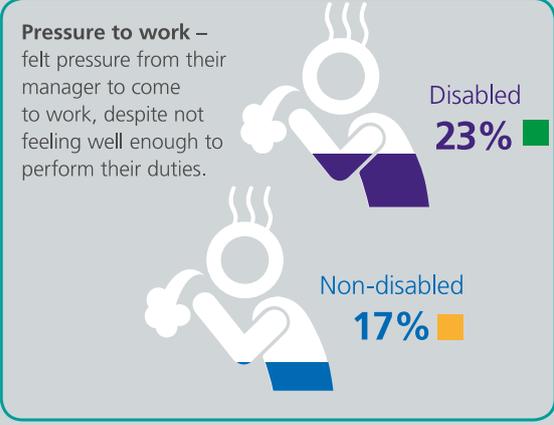
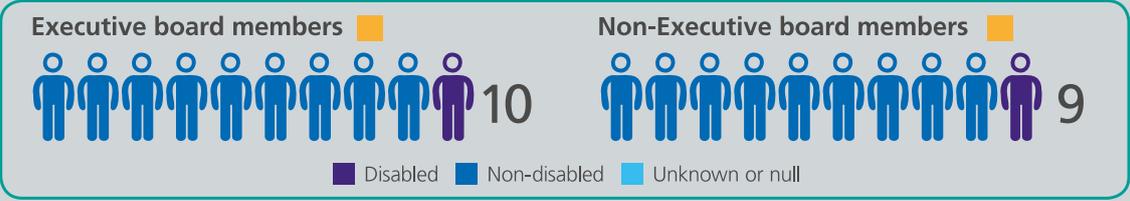


Appointments – relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

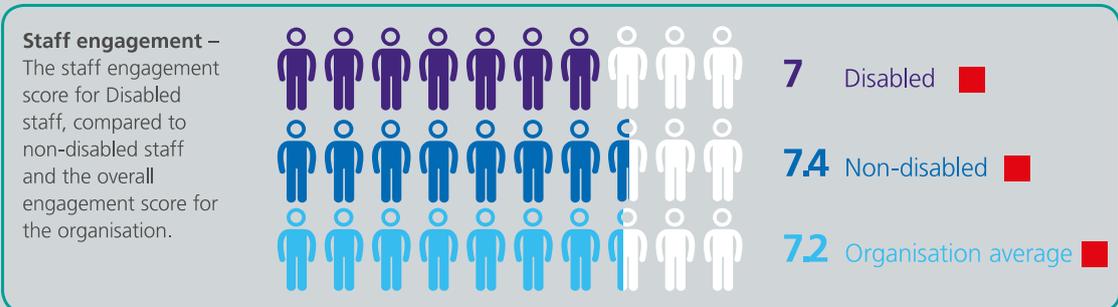
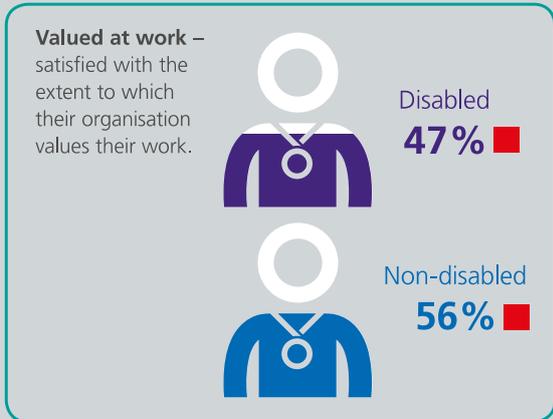
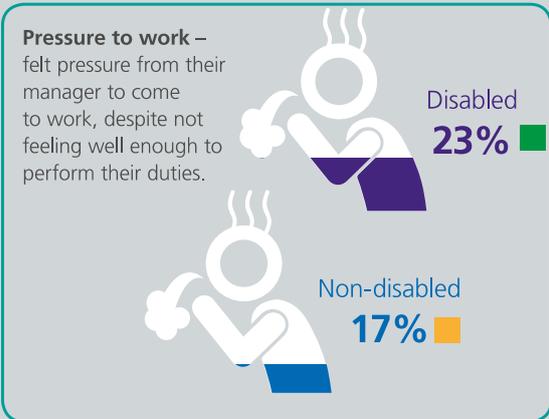


Formal capability – relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.





*Data lifted from 2021 staff survey



*Data lifted from 2021 staff survey

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. 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.

Staff Equality Networks

There are five staff equality networks at ELFT: ELFT Ability Network; Intergenerational Network; LGBTQ+ Network; RaCE Network; and the Women’s Network. Each network fulfils various functions including providing opportunities for social interaction, peer support, and personal development. Staff equalities networks also contribute to the development of Trust policies and practices and have a pivotal role in channelling staff voices, building actions plans for organisational development, and improving the working conditions of our workforce.

The networks work collaboratively across the Trust to:

- Provide a voice for change
- Increase workforce engagement
- Develop the quality of information (internal and external)
- Develop and promote Trust-wide equality campaign
- Raise awareness of equality at ELFT.

The Trust’s staff equality networks 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 and training sessions, as well as celebratory and social activities that contribute to education, awareness, engagement and reductions in variation of experience for staff with protected characteristics. During the pandemic, the networks managed to keep connected via the virtual platform, as individual networks or as the networks leads supporting each other.

Network Maturity Model

Network Maturity Model	
1	Annual Celebrations
	Social events
2	Generate interest
	Identifying common interests
	Creation connections
3	Developing safe spaces
	Shared sense of purpose
	Identifying roles and structures
4	Sense of belonging
	Building Trust
	Agreed Terms of Reference and Strategy
	Resources
	Communications plan
5	Voice for Change
	Supporting leadership & decision making
	Robust governance arrangements

Networks go through stages of maturity. There are actions that staff equality networks can take, supported by their organisations, that will accelerate development and build their power, agency (ability to make things happen), impact and agility. This toolkit is about ways of doing that. A five-stage model is being used to gauge the level of maturity of our networks and their ability to support leadership and decision making across the organisation.



Lesbian, Gay, Bi-Sexual, Trans and Queer Plus (LGBTQ+) Network

The Lesbian, Gay, Bi-Sexual, Trans and Queer Plus (LGBTQ+) staff network provides support to staff, organises events and advises the Trust on the development of services and policies in order to address inequalities that affect the LGBTQ+ community.

The network also provides an opportunity for LGBTQ colleagues to support each other, express concerns they may have, and spend time around people who understand their experiences.

The network promotes a better understanding of LGBTQ+ inclusion and makes LGBTQ+ experiences more visible in the wider Trust. We also want to empower all staff to step up as LGBTQ+ allies and improve the workplace culture for everyone within the Trust.

The network also has an opportunity to scrutinise the Trust's policies and processes, feeding back any concerns, and suggesting how these can be improved. This in turn gives LGBTQ+ colleagues a critical voice and helps ensure that LGBTQ+ inclusion is embedded across the Trust.

Activities during the year included:

- Annual London PRIDE celebration: planning and organising London PRIDE
- Launch of LGBTQ+ awareness questionnaire
- BAME/LGBTQ+ survey and focus group
- Ask Me my Pronouns! campaign for International Pronouns Day
- LGBTQ+ and identity course and awareness training young adults at Tower Hamlets Recovery College
- Equalities training at West Ferry Ward away day
- Stonewall webinar 'Becoming an advocate for allyship and inclusive leadership'
- LGBTQ+ history month events and awareness raising [in February 2023](#)
- Annual LGBTQ+ conference: Standing PROUD with ELFT LGBTQ+ Network;
- Coffee connection: a random process to encourage each one of the LGBTQ+ Network to get to know each other in pairs to share stories and challenges; to improve communication, collaboration and share knowledge and ideas; and to build community. A four weekly conversation challenge
- Allies training Beyond the Rainbow Virtual event 15 October 2022: rolling out of Trust allies training
- Black Trans mental health and intersectionality Black history month event on 20 November 2022
- Designed and printed ELFT LGBTQ+ allies card to attach to lanyards for all ELFT allies in collaboration with ELFT Ability Network inputting advice around font colours, size and layout for accessibility.

ELFT LGBTQ+ Staff Network Allies

Undergoing the allies training enables colleagues to get an idea of what it means to be LGBTQ+. It provides the opportunity to the attendees to develop insight, and awareness around LGBTQ+ people and develop skills on how to treat those individuals with more respect, offering a safer and better place to work or receive care. LGBTQ+ staff and service users face inequalities in their experience of NHS healthcare. Hate crime is on the

increase. Despite the progress made toward LGBTQ+ equality in recent years, many people still face significant barriers to leading healthy, happy, and fulfilling lives.

London Pride

The Trust's LGBTQ+ staff network brought an eruption of colour to the streets of central London on Saturday 2 July 2022 for the annual Pride parade. The march started in Marble Arch at noon and ended in Trafalgar Square in the evening. The parade was attended by over a million LGBTQ+ people and allies, and was the first since the pandemic. It marked the 50th anniversary of the first ever Pride organised by the Gay Liberation Front in 1972. Staff gave out thousands of flags with a QR code linking to resources on the ELFT website.



This was our first Pride since 2019 as two had been cancelled which was a huge disappointment, so it meant a great deal to be there, to share who we are and to be visible on the day. Lockdown and Covid meant that it was very difficult for people to celebrate and to mark these very important occasions to celebrate our community and who we are. So being able to follow the same route of the first Pride march 50 years ago in many ways shows us how far we have come but also shows us that is still a long way to go.



ELFT Ability Network

A network of staff working together to take the 'dis' out of disability at work. By bringing disabled staff and those with long term health conditions together, we can offer mutual support and ensure the Trust has a positive and fair approach to disability in the workplace.

2022 activities included the following:

- Regular Newsletters
- Hosted ELFT Ability suicide awareness staff session on 6 September 2022
- Represented ELFT Ability at BAME conference with a network stall on 30 September 2022
- Supporting managers with enquiries

- Supporting staff with adjustment needs, working with managers and HR for changes to be made
- ELFT Ability monthly network meetings
- In person workshops for funding applications
- Supporting sub-network groups such as the Forensic ELFT Ability network meeting
- Supporting the analysis and action plan for the 2022 Workforce Disability Equality Standard.

Annual Conference

ELFT Ability conference was held on 4 November 2022. The event was informative, interesting and, at times, very moving. A range of speakers provided food for thought with Trust leads sharing their own stories of adjustment and adaptation. Outside of the conference there were a variety of stalls, from Freedom to Speak Up to Back on Track.

- **The importance of the ELFT Ability staff network:** Claire McKenna and Laura Pisaneschi, ELFT Ability Staff Network Leads, talked about why ELFT Ability was so important to them personally and how it was a forum for staff to come to and share issues and find solutions. They spoke about how the network addresses members' queries and is influencing Trust policy
- Keynote speaker, Ruth May, Chief Nurse for NHSE, shared her story. Only three years ago, Ruth discovered that she was dyslexic although she had long held a suspicion that something was not quite right, finding large amounts of reading and blocks of text quite daunting. She said many experience denial, embarrassment and even shame. She was no different but she now thinks that other qualities and strengths are stronger in people with dyslexia such as reasoning, problem solving, emotional intelligence, and creativity: strong visual, verbal and creative skills make people with dyslexia good listeners and questioners
- Karen Snuggs from the Business Disability Forum shared how her organisation can support businesses and organisations with **disability inclusion**. They have extensive experience working with business, government and disabled people to improve the life experiences of disabled employees and consumers, by removing barriers to inclusion. They can problem-solve and find creative solutions
- Jack Mannings from the Spinal Injury Association sustained a spinal injury following a road traffic accident. In his inspiring talk he shared the learning from his journey as he learned to navigate the world in a wheelchair
- **A personal story of adjustment and acceptance:** in a very moving and emotive film Stephanie Benjamin, service lead for podiatry in Tower Hamlets, talked about adjustment and acceptance of a change in health, and the importance of demonstrating and believing that your skills still have a place in service provision
- Kanja Sandy (Trust temporary staffing manager) spoke about the Trust bank and a flexible approach for disabled staff
- **Deaf Aware - Read My Lips:** Simon Houghton from Deaf Aware spoke about how mask-wearing during the Covid pandemic had a major impact on people who lip read (hearing impairment was a legal exemption to compulsory mask-wearing.) He gave an entertaining presentation which involved him turning off his audio at one point and getting the audience to lip read him - definitely putting everyone in the shoes of a hearing impaired person
- **Your inner genius:** Donna Willis, Associate Director of People & Culture, talked about accompanying skills, talents and techniques that people bring to the workplace and to their friends and families. Her practical session, 'My Inner Genius,' saw people working with crafts and materials at their tables to create small artworks, discovering skills and know-how long forgotten

- **Directors Panel:** Executive Director of Commercial Development, Dr Mohit Venkataram, sponsor of the ELFT Ability staff network quizzed Chief Operating Officer, Edwin Ndlovu, and Chief People Officer, Tanya Carter, on their vision for supporting people with a disability in ELFT. Tanya noted that compassion was a key leadership quality. Edwin stressed that it was important to be curious, not assume colleagues were OK and to notice struggle. Chief Nurse & Deputy CEO Lorraine Sunduza said words were important, but that actions were too.



Black, Asian and Minoritised Ethnicities (BAME) Network

Formerly known as the BAME Network, the Race and Culture Equity (RaCE) Network is an important forum that provides support to staff and advises the Trust on the development of services and policies in order to address inequalities and advance race equality. Members of the network voted to change the name to the Race and

Culture Equity (RaCE) Network and a new logo and branding is being developed.

Easter Webinar 2022

The RaCE Network held a celebratory Easter webinar hosted by one of our Spiritual Care Coordinators, Reverend Stephen Chandler, providing an opportunity for us to learn about the history and significance of Easter and its wonderful traditions, and to share our experiences.

Ramadan Event

In April 2022, the network invited all staff to a series of webinars celebrating Ramadan and upcoming Eid celebrations, where they wished to raise greater awareness and understanding of this auspicious month. The first webinar was held in conversation with Dr Mohammad Alramahi, who is part of the REN Network at the University of Bedfordshire. He spoke about the background and history of Ramadan, as well as how employers such as the Trust can help support their employees as they observe fasts for the blessed month.

South Asian Heritage Month

South Asian Heritage Month (SAHM) runs from 18 July to 17 August every year and started in 2020. It aims to raise the profile of British South Asian heritage and history in the UK with the goal of helping people to better understand the diversity of present-day Britain and improve social cohesion across the country. The 18 July is the date that the Indian Independence Act 1947 gained royal assent from King George VI and the 17 August, the date that the Radcliffe Line was published in 1947, which set out the borders between India, West Pakistan and East Pakistan (now Bangladesh). This period also includes several independence days connected to South Asian countries.

The RaCE Network celebrated South Asian Heritage Month with this year's theme being Journeys of Empire. From Empires such as the Mughal, the Duranni, the Vijayangar and the British, from indentured labourers forced to travel to the Caribbean and East Asia, other migrants who travelled by choice to Africa and beyond, to the journeys that families made to the UK with just £3 in their pockets, we have all been affected by the journeys of empire.

The theme also reflected two major anniversaries taking place in 2022:

- 75th anniversary of the independence of India, Partition, and the creation of Pakistan (later known as East and West Pakistan);
- 50th anniversary of the expulsion of Ugandan Asians by Idi Amin.

RaCE Network Annual Conference

The Trust celebrated their annual RaCE Staff Network conference on Friday 30 September 2022 .and for the first time since the pandemic, the conference was hosted in person with over 150 colleagues coming together to listen and learn about equality, inclusion and diversity in the NHS. The theme of the event was ‘Celebrating Us.’

Caroline Ogunsola, Professional Development Lead Nurse and Staff Governor, hosted and opened the conference with a traditional ‘Buga’ dance, which included many cheerful staff dancing and on their feet. The morning also included a one-minute silence dedicated to our colleagues who lost their lives due to Covid-19.



The event comprised of a series of speakers that have trail-blazed the BAME agenda within the NHS including:

- Dr Nazia Khanum OBE, Director of Equality & Diversity
- Chelle Verity, Author, Empowerment Coach and TED Speaker
- Owen Chinembiri, Senior Implementation Lead for NHS Race and Health Observatory
- Linda Chibuzor, Director of Nursing at Northamptonshire Healthcare NHS Foundation Trust.

A Q&A session was facilitated by Chief Nurse & Deputy CEO, Lorraine Sunduza, Chief Operating Officer and Executive Sponsor for the BAME Network, Edwin Ndlovu, and Head of Equality, Diversity & Inclusion, Juliana Ansah and there was an inspiring discussion as they spoke on ELFT’s equality agenda and supporting the Trust’s strategy in tackling race inequalities.



As the event ended, colleagues were entertained by the cultural fashion show that saw many colleagues dressed and celebrating their traditional clothing. As part of his closing address, Edwin highlighted his aspirations for the future of the RaCE Network as he hopes it will continue to grow and contribute to shaping the Trust’s strategy and the way we deliver services across the vast communities we serve.



Intergenerational Network

This newly established staff equality network was created in acknowledgment of the potential diversity of work experiences that can be attributed to age.

We live in a world that seems to be changing at a phenomenal rate, probably

quicker than at any other time in history. The last century has brought about technological advances that could not have been imagined in times gone by. One of the consequences of this is the very different circumstances people would have been confronted with during their lifetimes. One of the distinctive aspects of this particular area of diversity is that we all have one! This newly created forum aims to provide support for staff and advise the Trust in terms of developing policies, and practices that promote favourable working experiences for employees of all ages.

During the year:

- The network lead visited Trust sites in early 2023 to speak to staff and introduce the work of the network
- A new logo is being designed and voted for by network members
- An online event held in November on 'line managing generation Z'.



Women's Network

The ELFT's Women's Staff Network leads on equality, diversity and inclusivity for women in the Trust and is a forum for our female workforce to come together for network meetings, events and support.

During 2022 there was a focus on appointing network leads; and there are now four network leads. Given the size of the potential female workforce who may wish to reach out to the Network, it was decided to share the lead position. The Network acts as a resource for everyone to share experiences to support women in their roles and careers, and to support the Trust to improve EDI, career and role options for women

The network is an open and honest environment where we encourage women to talk about the things that affect them in and out of work. Through this network, we aim to discuss the barriers that women face, the reasons why and what we can do to support all women to break through them. Information related to events will be posted on the Trusts intranet, and via the Trust's internal communications.

A weekly events bulletin is circulated to members which shares information on educational and group events, monthly educational lunch-break talks, and support groups for key areas of concern for women to develop a plan on improving the Trust's offer. On International Women's Day 2023 the Network team hosted an all-day virtual event covering topics suggested by the Network members themselves such as peri-menopause, how women can avoid blockers to move forward with their careers, and also burnout and how to avoid it. The Network are now hosting lunchtime seminars, once again suggested by members, the latest one focused on sexual safety in the workplace.

Staff Profile

2022-2023

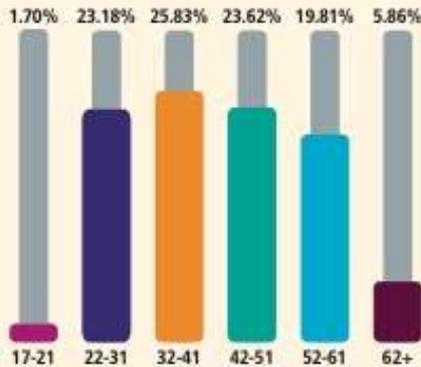


OUR TRUST PROFILE

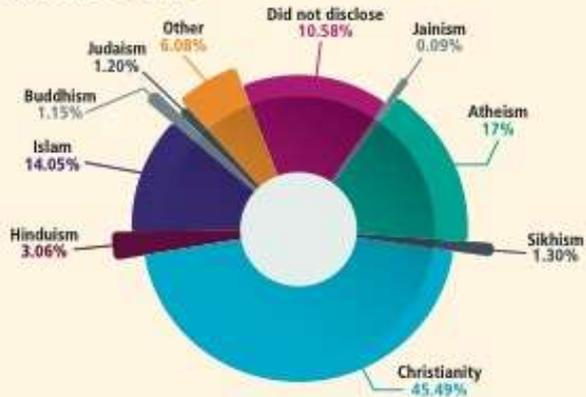
1 April 2022 - 31 March 2023



AGE GROUP



RELIGIOUS BELIEF



GENDER



DISABILITY



MARITAL STATUS



STAFF GROUPS



ETHNIC ORIGIN



SEXUAL ORIENTATION



[EastLondonNHSFoundationTrust](#)

[@NHS_ELFT](#)

[NHSELF](#)

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E: elft.communications@nhs.net

www.elft.nhs.uk

Staff Costs (subject to audit)

	Permanent Staff £000	Other Staff £000	2022/23 Total £000	2021/22 Total £000
Salaries and wages	279,957	50,494	330,451	291,307
Social security costs	37,997	-	37,997	33,189
Apprenticeship levy	1,696	-	1,696	1,494
Employer's contributions to NHS pensions	53,011	-	53,011	48,397
Pension cost - other	251	-	251	338
Agency/contract staff	-	30,306	30,306	30,247
Total staff costs	372,912	80,800	453,712	404,972

Average Staff Numbers WTE basis (subject to audit)

Staff Group	Total	Permanent	Other
Medical and dental	490	400	90
Administration and estates	1,602	1,436	166
Nursing, midwifery and health visiting staff	3,741	2,837	904
Scientific, therapeutic and technical staff	1,891	1,800	91
Other	5	5	0
Total average numbers	7,729	6,478	1,251

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 covering January to December 2022 can be found on NHS Digital website. The average sickness rate for the Trust during 2022-2023 was 10.00 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 2022-2023	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
6,384.41	10,356.93	10.00	2,330,309.54	103,538.78

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 2022-2023	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
6,384.41	10,356.93	11.54	2,330,309.54	119,548.96

The number of full time equivalent (FTE) days available of 2,330,309.54 has been taken directly from ESR and converted to average FTEs for the year by dividing by 365 to give 6,384.41.

The number of FTE days lost due to sickness of 103,538.78 has been taken directly from ESR and converted to adjusted FTE days due to sickness of 6,384.41 by taking account of the number of working days in the year to give the cabinet office measure of 6,384.41 days.

The average sick days per FTE of 10.00 days has 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 continuing to support staff who have been off with Long Covid and 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	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and 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	0

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	0
Of which:	
Number assessed as within the scope of IR35	0
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	21

Staff Exit Packages (subject to audit)

There were 9 exit packages agreed in 2022-2023 totalling £0.306m (24 in 2021-2022 totalling £0.807m). The amounts disclosed for the exit packages are inclusive of Employer's National Insurance contributions where relevant.

Exit Packages 2022-2023	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	5	28	5	28
£10,001 - £25,000	0	0	1	13	1	13
£25,001 - £50,000	1	32	0	0	1	32
£50,001 - £100,000	1	99	0	0	1	99
£100,001 - £150,000	1	134	0	0	1	134
Total	3	265	6	41	9	306

Exit Packages: Other Departures 2022-2023	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	6	41
Total	6	41

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 HM Treasury approval in 2021-2022, ranging in value from £2,963 to £158,809 and with a median value of £14,000.

Trade Union Facility Time

For the period 1 April 2022 – 31 March 2023

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
35	32.84

Percentage of time spent on facility time: Number of employees who were relevant union officials employed during the relevant period who spent 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%	33
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	£896,150.90
Total pay bill	£453,907,000.00
Percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100	2%

Paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	3.4%
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Expenditure on Consultancy

During 2022-2023 £984,000 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 England (formerly operating as Monitor) on 29 September 2006 and 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. An updated *Code* will come into effect from 1 April 2023 taking account of the newer version of the *UK Code* which was published in April 2018.

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 2022 to 31 March 2023.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

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.*



Council of Governors Meeting, March 2023

Despite the challenges raised by the pandemic around maintaining direct contact with the Board and especially our members, our Governors have remained ELFT's critical friends, challenged where necessary, supported the Trust throughout and responded with creativity and flexibility.

During the year Governors were supportive in returning to face to face meetings. A face to face networking event with Governors and Board members in September 2022 was held to enable those Governors who felt comfortable to attend to have the opportunity to meet with members of the Board without a set agenda.



Governors also agreed for their general Council meetings to return to a face to face format from March 2023 with the exception of the January meeting.



Governors who for reason of disability only are currently unable to attend meetings are offered the opportunity to follow the meeting online and register their questions or comments through contact via WhatsApp with the Corporate Membership Officer during the meeting; however, the meeting format is not hybrid. The return to face to face Board meetings has also offered further opportunity to meet Board Directors.

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 have offered 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.

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 as well as the appointment of the Trust's external auditor.

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 its responsibilities in a timely manner. In addition, Governors attend the Annual General Meeting/Annual Members Meeting to receive the annual report and accounts and to be held accountable by the Trust’s members.

While the Council has in principle agreed to hold Council meetings in person with the exception of the meeting in January, most other Council business including committee meetings, special briefing sessions, and training and development sessions are conducted using virtual meeting technology (Zoom or MS Teams). Governors are kept informed between meetings with regular email updates including a weekly look ahead at meetings for the coming eight weeks.

Council of Governor Impact 2022-2023

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, the Board and Council regard their 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:

Recruitment of a Joint Chair with the North East London NHS Foundation Trust (NELFT)

- Governors had agreed in the previous year to the Board’s proposal to recruit a Joint Chair with our neighbours at NELFT who also had a vacancy in the Chair role
- Governors had considered in detail, through key lines of enquiry, the option of recruiting a joint Chair with NELFT, seeking assurance from the Board on the benefits and risks particularly in respect of the move towards greater collaboration for the benefit of our service users and wider population. Attention was particularly paid to the advantages of creating a single visible mental and community health leadership for the populations the Trust serves
- As the first round of recruitment did not result in sufficient numbers of suitable candidates the Council agreed to re-run the process which led to a significant number of high-quality candidates being shortlisted
- This meant the recruitment process was lengthy with significant gaps at times when Governors would not normally receive updates on the process. To mitigate against this and ensure the Council remained informed and involved throughout, a programme of regular written updates and online briefing sessions with amongst others the outgoing Chair, the Chief Executive, the Senior Independent Director and an ICS Chair were arranged – this approach proved to be very beneficial and has been chosen as a showcase of good practice for the 2023 NHS Providers Governor Focus Conference



- Throughout the process, Governors were constant in their constructive challenge as well as their support for their fellow ELFT Governors on the Joint Nominations Committee, the Board and especially the then Acting Chair
- Governors kept a relentless focus on the benefits for our service users and the populations both Trusts serve
- Governors on the Joint Nominations Committee worked closely with their peers from NELFT which resulted in the successful appointment of Eileen Taylor as Joint Chair of both ELFT and NELT



The role of the Integrated Care System (ICS)

- As in previous years, the Council worked on a greater understanding of the new health and social care system through the ICS. The deeper understanding of the system context proved to be very helpful when working through the process of appointing the Joint Chair
- Governors invited the Chairs of both ICSs the Trust operates in to address the Council on “the voice of the resident and the role of Governors in the ICS”
- Governors encouraged the leadership of both ICSs to further strengthen their connection with their local Councils as well as create opportunities for Governors to interact with stakeholders and feed back into the system
- Governors raised the issue of vertical, locality-based integration and how the ICS can support collaboration across a locality rather than horizontally across the system footprint
- Governors also challenged the ICSs to address inequity in service provision, especially in respect of children with special educational needs
- As a result of these discussions, the Council held a development session with the Trust’s Executive Director of Integrated Care on the different ways the ICS is being held accountable by the people it serves

Membership engagement

One of the roles of the Governors is to bring the views of the members and the wider public to the heart of the Trust’s strategy. During the pandemic direct contact with our members had become increasingly challenging despite frequent use of online meeting facilities.

Governors agreed to review its membership strategy and use this review to reconnect with our members and the wider public. The new membership engagement plan was the result

of co-production with member and service users, Governors, Board members, colleagues from People Participation and the Integrated Care Systems. A specially formed task and finish group guided the process which also included analysis of a survey with more than 160 detailed responses as well as three online focus group-style conversations with members and Governors.



With its focus on *connection* the new plan's mission aims for a membership which connects the Trust to all the communities we serve, helping us to shape the services we deliver. It is ambitious in its aim to connect the membership function:

- to the wider Trust strategy with its aim of population health and reducing inequality
- with other functions in the Trust such as People Participation and volunteering
- and with the wider systems we work in through increased collaboration with our partners in the NHS, the voluntary sector and the local authorities.

It aims to be accessible by adopting a 'plan on a page' approach similar to the Trust strategy.

The final plan was agreed by the Council, the Board's People Participation Committee and finally the Board itself in March 2023. Work is now under way to prioritise actions for the implementation from 2023-2026.

Bringing the views of members and the wider public to the Trust

One of the main roles of Governors is to feed back the views of our members and the wider public into the Trust's decision making. At times for the Trust this means hearing uncomfortable facts – our thanks go to our Governors who always manage to challenge constructively and with a clear focus on finding solutions. In 2022-2023, Governors:

- Raised concerns about the consistency of adhering to protocols when discharging patients back to primary care from our community mental health services; they sought assurance at Council that Non-Executive Directors were aware of and challenged around progress on this issue and scheduled a session with the local service directors to receive information about the agreed process for discharge from the service



- Supported the Trust in discussion around rebuilding Trust between leadership and staff around the issue of externally mandated vaccination for all staff which was eventually withdrawn



- Voiced feedback on changes on accessing the phlebotomy service in Newham; this was raised formally by Governors at a Council meeting which led to a meeting with the Chief Executive and Chief Operating Officer. Governor comments supported additional investment in administrative support for the service to smooth the process of change for patients
- Challenged the Trust to demonstrate how learning from Serious Incidents (SI) reviews is being shared and implemented across the Trust. As a result, the Trust's new Director of Patient Safety has scheduled a governor development session in May 2023 to ensure Governors receive assurance around how learning from SIs is shared throughout the Trust and future plans around transferring to PSIRF, a new system of recording and learning from incidents which will enable the Trust to create a positive safety culture which will benefit patient care
- Raised the issue of sometimes long waits in A&E departments for people in mental health crisis. This was subsequently discussed at Council, with the Board offering evidence of Trust plans to reduce waiting times in A&E by providing more suitable options for people in crisis than attending A&E departments. Governors will follow this up at their local Borough Director meetings with more detailed local feedback
- Bearing all of these issues in mind, Governors took a step back looking at their role of holding Non-Executive Directors to account for the performance of the Board. They requested assurance from the NEDs that the Board structures are - in their view - sufficient to enable them to carry out their statutory duty of holding the Executive Directors to account. This led to a helpful session at the Council meeting with both Trust Vice-Chairs providing assurance.

Taking decisions

Governors are required by law to take certain decisions in Council; in 2022-2023 Governors:

- Agreed the recommendation by the Joint Nominations Committee to appoint Eileen Taylor as Joint Chair of ELFT and NELFT



- Increased the number of Non-Executive Directors on the Board from nine to ten; this was in response to the Trust’s increased size and complexity and the demands of system-working imposed on many Non-Executive Directors
- Recruited and appointed two new Non-Executive Directors (and are especially pleased that once again there is a Board member with lived experience of being a carer)
- Appointed the new External Auditor
- Set, as every year, five new strategic priorities for the Council’s year ahead.

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 2023)	1
	Education Sector (vacancy as of 31 March 2023)	1
	Voluntary Sector	1

Council of Governors Elections

As in 2021, 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.

2022 saw Governor elections for 11 vacancies across five constituencies. Workshops for prospective candidates were held during July and August 2022, and elections commenced on 15 July 2022 with the ballots closing on 29 September 2022. Nominations were sought through postal and regular email invitations, via the Trust website as well as social media. This resulted in a large number of impressive candidates and ballots in each constituency being contested. 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	5.6%
Public: Central Bedfordshire	3	5	6.3%
Public: Newham	3	4	4.4%
Public: Tower Hamlets	2	5	5.1%
Staff	2	8	5.1%

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. 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.

The Board and Council work closely together. The Executive and Non-Executive Directors continued to regularly attend each meeting of the Council, presenting agenda items as required and participating in open discussions that form part of each meeting.

Governors sought and received assurance directly from the Non-Executive Directors about how the Board structure as currently constituted enables the Non-Executive Directors to

challenge Executive Directors effectively and seek assurance across a broad spectrum of issues from financial viability to the quality of service delivery and from staff retention to learning from Serious Incident reviews. A recent innovation has been asking Non-Executive Directors to introduce major agenda items at Council meetings to increase their visibility to the Council. This supports the Council in gaining a better understanding in how the Non-Executive Directors seek and receive assurance from the Executive Directors. Another innovation was the decision to commence joint Non-Executive Director/Governor site visits which will begin early in 2023-2024.

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 2022-2023 the Council agreed these as:

- Supporting families and carers
- Getting the basics right
- Staff well-being
- How to make digital work for the service user
- Working in collaboration with partners.

One strategic priority is reviewed in depth at each Council meeting usually through a presentation by a member of the Executive and introduced by a Non-Executive Director followed by group discussions (comprising of both Governors and Board members) 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 benefits 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 also include a report on various aspects of Trust performance which this year really came into its own by offering the Council the opportunity to flexibly respond to, discuss and receive assurance around issues of concern which Governors themselves had raised with the Trust, for example around long waits in A&E for service users in mental health crisis.

The agenda also includes assurance reports from the Council's committees; in addition, there are updates on Trust finance and quality matters, the Trust's annual plan, and other appropriate and timely 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.

The Senior Independent Director had a particularly central role in support of the Joint NomCo, the Nominations and Conduct Committee and therefore the Council during the recruitment of the Joint Chair. He 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.

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 which are also published on our website. Prior to both Board and Council meetings held in public there is usually a chance for Board members and Governors to network.

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 up to two individual Non-Executive Directors who attend by invitation. In addition ad hoc meetings and discussions between individual Board members and Governors will be arranged on specific subjects of interest.

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.

A new membership engagement plan was co-produced in early 2023 which recognises that our members are all those who connect us to all we serve – our local community, service users, staff, stakeholders and the voluntary sector. The aim is to create a membership that provides a voice to connect us to those we serve and work with to help shape the services we deliver so we can achieve our population health ambitions. Further details can be found in the Membership section of this report.

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 or service director 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 and considerations during the recruitment and assurance on the robustness of the process
- **Governors Open Forum:** bimonthly meetings with up to two Non-Executive Directors attending at each as an opportunity to hold an informal discussion without minutes, or staff present
- **Regular 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 feedback local issues



- **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 bi-monthly meetings in public with agenda items covering people, quality, performance, and finance. 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. Virtual and hybrid meetings have enabled Governors to have more input through the chat function and receive responses at or after the meeting to queries; holding hybrid meetings may help us to retain this helpful functionality in face-to-face meetings
- **Bi-monthly meetings for Staff Governors** to share and discuss issues of concern



- **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 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 bi-monthly. Governors are provided with the opportunity of asking questions and providing feedback, as well as being involved in small group work with Board Directors on the Council's strategic priorities
- 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 613 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.

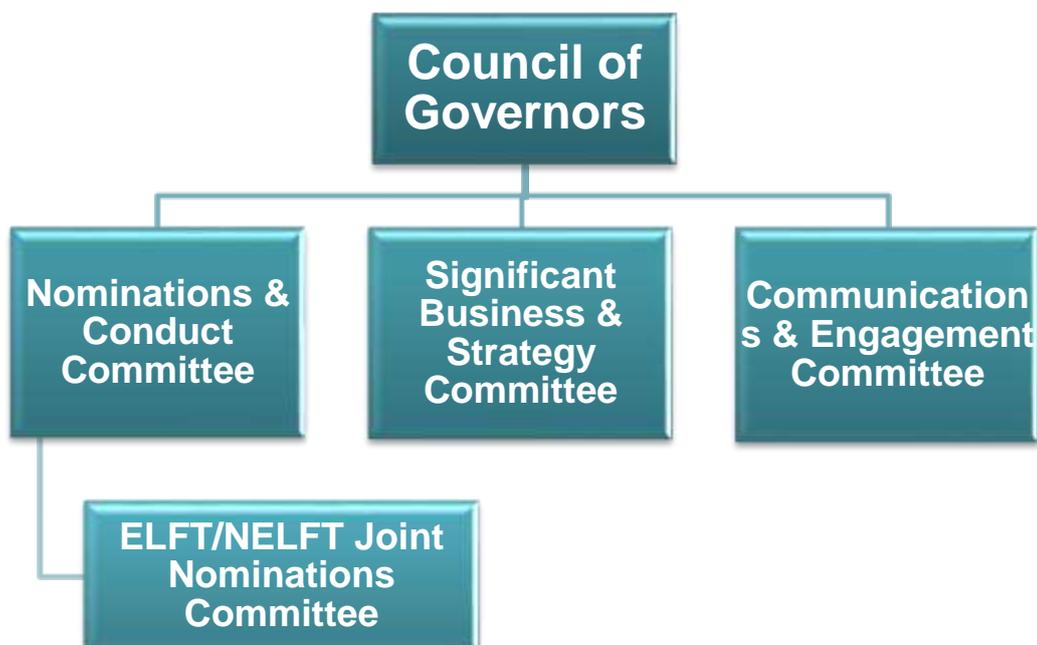
Governors are regularly invited and attend Trust events, including those intended for Trust staff, to gain a wider understanding of Trust services. They also attend external events such as their local HealthWatch meetings or Governor and public meetings arranged by the Integrated Care Systems to ensure they stay abreast of issues in the wider systems we work in.

The Corporate Governance Manager will proactively identify opportunities for Governor participation in wide ranging areas such as attendance at the annual NHS Providers Governor Focus Conference and other NHS Provider events; regular events such as the monthly webinar on The Future of Primary Care and other events such as Staff Network Conferences.

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



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 this 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.

The committee met four times during the year. In addition to standing agenda items of a communications and media update by the Trust's Head of Communications & PR and a review of feedback from their Governor representatives on the Board's People Participation Committee, Governors:

- Carried out the review of the membership strategy (now the membership engagement plan)
- 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
- Agreed the Governors communication guide.

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 an update on and impact of Integrated Care Systems and collaborative working. 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 three times during 2022-2023. In addition to a review of the Trust's business developments and opportunities, the committee finalised the update of 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.

While the committee has a core membership agreed by the Council, many of its meetings with a broader strategic theme were open 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 2022-2023

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.

Name		Term	Attendance (actual/possible)
Public: Tower Hamlets			
Roshan Ansari	3 rd term	2021-2024	8/8
Yesmin Begum	1 st term	2022-2025	5/5
John Bennett	2 nd term	2019-2022	7/8
Gren Bingham	1 st term	2021-2024	8/8
Arif Hoque (to 31 October 2022)	1 st term	2019-2022	3/3
Rofikul Islam	1 st term	2021-2024	7/8
Public: Newham			
Bilal Ahmad	1 st term	2022-2025	0/5
Shirley Biro	3 rd term	2021-2024	8/8
Tee Fabikun (to 31 October 2022)	1 st term	2019-2022	3/5
Nadia Islam (to 2 August 2022)	1 st term	2021-2024	0/2
Peter Landman	3 rd term	2022-2025	4/5
Stella Oloyede	1 st term	2022-2025	2/5
Hazel Thomas	1 st term	2021-2024	3/5
Aidan White (to 31 October 2022)	1 st term	2019-2022	0/3
Public: Hackney			
Caroline Diehl	2 nd term	2021-2024	5/8
Darlene Dike	1 st term	2020-2023	2/8
Adam Forman	1 st term	2020-2023	6/8
Beverley Morris	2 nd term	2021-2024	7/8
Patricia Wheeler	1 st term	2021-2024	3/8
Public: Rest of England			
Julia Aduwa	1 st term	2021-2024	7/8
Public: City of London			
Reno Marcello	1 st term	2020-2023	6/8
Public: Luton			
Fatima Begum	1 st term	2021-2024	4/5
Jamu Patel**	2 nd term	2020-2023	8/8
Paula Williams (to 6 June 2022)	2 nd term	2020-2023	0/1
Rachel Williams (from 4 July 2022)	1 st term	2022-2023	6/7
Public: Bedford			
Dawn Allen (to 31 October 2022)	1 st term	2019-2022	3/3
Cass Howes	1 st term	2022-2025	4/5
Felicity Stocker	2 nd term	2021-2024	7/8
Public: Central Bedfordshire			
Bob Cazley	1 st term	2023-2025	4/5
Steven Codling (to 11 May 2022)	2 nd term	2019-2022	0/0
Larry Smith	3 rd term	2021-2024	8/8

Name		Term	Attendance (actual/possible)
Suzana Stefanic	2 nd term	2022-2025	7/8
Mark Underwood (to 8 April 2022)	1 st term	2019-2022	0/0
Staff			
Patrick Adamolekun	1 st term	2020-2023	6/8
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	8/8
Joseph Croft (to 31 October 2022)	2 nd term	2019-2022	2/5
Mark Dunne	1 st term	2020-2023	7/8
Tony Isles	1 st term	2020-2023	2/8
Graham Manyere	1 st term	2021-2024	4/8
Sheila O'Connell (to 31 October 2022)	2 nd term	2021-2022	0/3
Caroline Ogunsola*	2 nd term	2020-2023	7/8
Betsy Scott	2 nd term	2021-2024	7/8
Kate Smith	1 st term	2022-2025	5/5
Appointed: Bedford Borough Council			
Jim Weir	2 nd term	Aug 2019	6/8
Appointed: Central Bedfordshire Council			
Tracey Stock	1 st term	Sep 2021	2/8
Appointed: City of London			
Rehana Ameer	2 nd term	Oct 2017	3/8
Appointed: Clinical Commissioning - VACANCY			
Appointed: Education Sector - VACANCY			
Appointed: Hackney Council			
Susan Fajana-Thomas	3 rd term	Dec 2014	7/8
Appointed: Luton Council			
Khtija Malik	1 st term	Feb 2020	5/8
Appointed: Newham Council			
Zulfiqar Ali (to 13 May 2022)	1 st term	Feb 2020	0/1
Mumtaz Khan (from 16 August 2023)	1 st term	Aug 2022	2/6
Appointed: Tower Hamlets Council			
Amina Ali (to 5 August 2022)	1 st term	June 2021	0/1
Gulam Choudhury (from 5 August 2022)			1/6
Appointed: Voluntary Sector			
Viv Ahmun	1 st term	Aug 2020	4/8

* Lead Governor

** Deputy Lead Governor

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 also make regular use of their Governor WhatsApp group for peer support. The Corporate Governance Manager also monitors the group to see if additional support or advice would be beneficial.

The Corporate Governance Manager provides 1:1 support as required in terms of helping Governors in focusing queries on their role, identifying suitable ways to address Governor concerns, e.g. through development sessions, support with IT or accessibility/disability issues, for example, by discussing possible sabbatical periods following periods of ill health.

During 2022-2023 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 to offer peer support and their perspective but also to refresh their own learning
- Attendance at NHS Providers Governor Focus Session and Governors Conference
- Briefing sessions on the Joint Chair recruitment with the outgoing Chair, the Chair of BLMK ICS, the Chief Executive, the Senior Independent Director and the recruitment agency
- Invitations to attend Trust events which the Corporate Governance Manager proactively seeks out such as the recent patient safety focus groups and conference, the regular *Future of Primary Care* webinars, events organised by staff networks, FTSU Guardian and many others
- 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 Board assurance around effectiveness of services and clinical interventions; final discharge from community mental health services back to primary care; "What do we mean by quality?"; and on the public accountability of the Integrated Care Systems/Boards.



A series of future visits to the Trust's services jointly with Non-Executive Directors to enable Governors to achieve an overview of the breadth and depth of the services we provide has been agreed and will commence early in 2023-2024. This will offer Governors a deeper insight into Trust services but also an opportunity to observe and form a closer relationship with Non-Executive Directors.

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 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 – more now than ever with our ambitious population health and Marmot Trust ambitions. 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 within 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 2023, the Trust had 8,741 public members and 7,203 staff members.

Membership size and movements	
Public constituency	2022-2023
At year start (1 April 2022)	9,014
New members	7
Members leaving	280
At year end (31 March 2023)	8,741
Staff constituency	2022-2023
At year start (1 April 2022)	6,754
New members	1,829
Members leaving	1,380
At year end (31 March 2023)*	7,203

Analysis of current membership	
Public constituency	Number of members
Age (years):	
0-16	4
17-21	28
22+	7,885
Ethnicity:	
White	3,131
Mixed	393
Asian or Asian British	2,283
Black or Black British	1,685
Other	180
Socio-economic groupings	
AB	1,785
C1	2,496
C2	1,624
DE	2,836
Gender analysis	
Male	3,282
Female	5,409

The analysis section of this report excludes:

- 824 public members with no stated dates of birth
- 1,069 members with no stated ethnicity
- 50 members with no stated gender
- General exclusions: Out of Trust Area

**Staff members comprise of staff who are permanent staff, staff on a temporary contract for more than 2 months, and those bank staff who have been working regularly at the Trust for more than 12 months and who do not opt out of being a member*

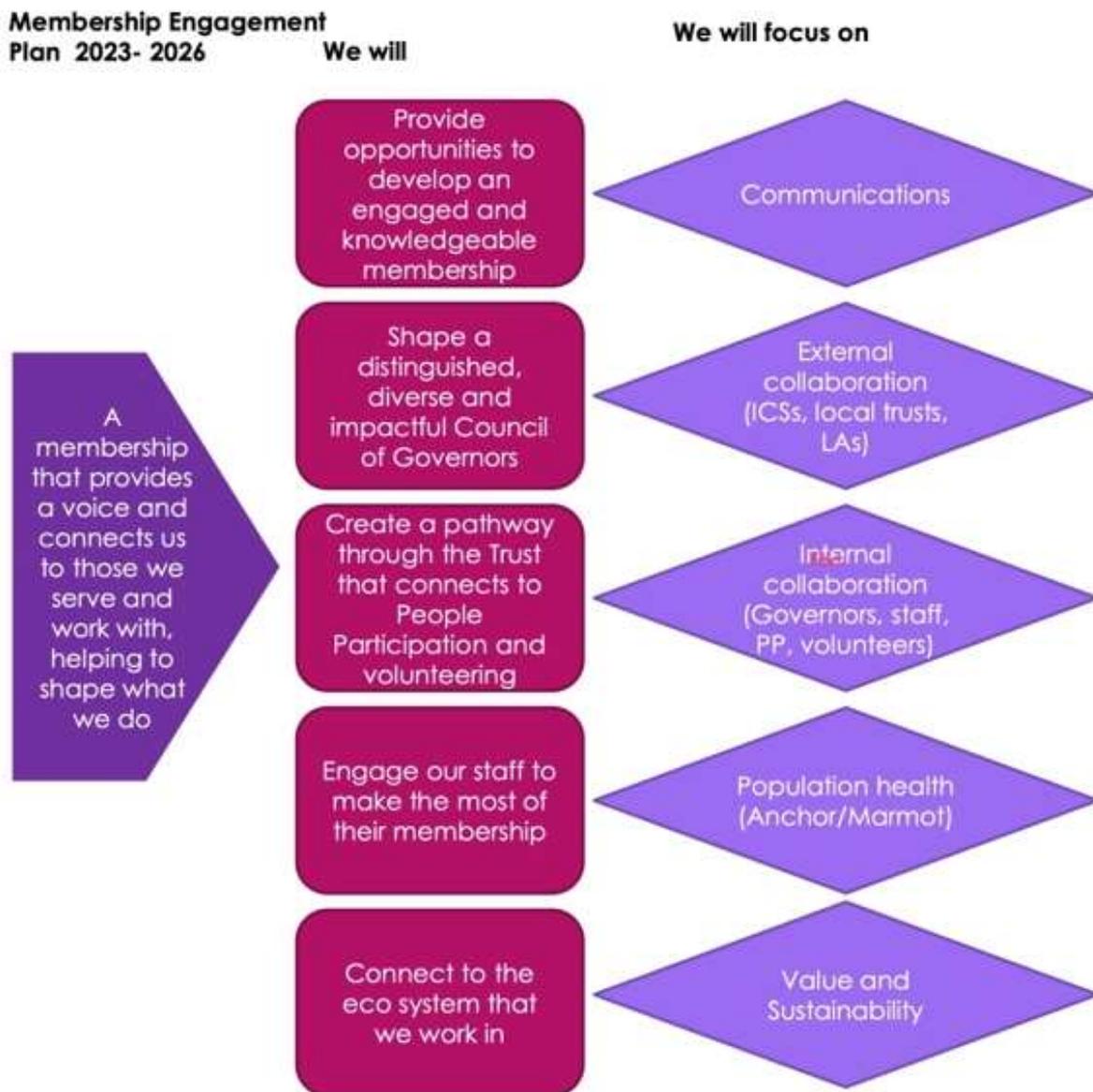
Membership Engagement Plan

The new Membership Engagement Plan is a creative, radical and positive change from the previous membership strategy in that it seeks to create a membership that proactively connects the Trust with the various and diverse communities we serve, thereby supporting our public in helping to shape the services we deliver so we can achieve our population health ambitions.

It aims to link our membership to opportunities through volunteering and people participation and to offer engagement opportunities beyond the Trust in the voluntary sector and statutory bodies such as HealthWatch. In that regard it defines membership far more broadly than those who took the step to sign up on our website – Trust members are all those we serve and who are interested in contributing to and having their voice heard in shaping the way we work.

The plan was agreed in March 2023 after working through a Task & Finish Group including members of the Board, Governors, service users, members of the public and representative of other bodies; and following three online consultation and focus group events with members, service users and governors across our geography. It will be a 'plan on a page' reflecting the Trust strategy to make it accessible. We are currently working on prioritising actions and draw up an implementation plan for the next three years.

Membership Engagement Plan 2023- 2026



Membership Vision

Our vision is to have a membership base that provides a voice for and connects us to those we serve and work with, helping to shape what we do.

The Trust now regards membership as going beyond those who formally sign up to receive information or become eligible to vote or stand in Council of Governor elections – our membership are all those we serve or work with and who have an interest in helping to shape our services.

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 engagement range from 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.

The survey used to shape the membership engagement plan as well as the three focus groups held provided the Trust with rich feedback about the content and shape and means

of communication which members might prefer going forward. This will feed into the prioritisation work currently under way for delivering the membership engagement plan.

Members' feedback systematically informs Governor debate, thinking and challenge, as well as how our members' concerns about equality and fairness translate into action by the Trust on its wider population health focus. Three of the current five main Governor strategic priorities arose directly from feedback by our members, namely:

- Supporting carers and their families,
- Getting the basics right as well a
- Providing the right digital services for service users.

Member Meetings

We continued to offer online stakeholder lunch meetings but found that take-up has often been too low to warrant proceeding with them. This experience has been a strong driver for the review of membership engagement last year in order for the Trust to meaningfully reconnect with our members and the wider public.

A review of the design and running of the stakeholder meetings is included in the actions being prioritised for delivering the membership engagement plan.

Plans are currently under way for two community health fayres in Bedfordshire and in London in July 2023 to support the Trust in reconnecting with our members, to celebrate the NHS 75th birthday and to further our population health agenda through opportunities to carry out health checks and use other opportunities, for example, to overcome social isolation through volunteering or the Trust's own befriending scheme. These fayres are being arranged with both ICSs and other local NHS providers.

Trust-wide Members Meeting and Annual Members Meeting

A Trust-wide members meeting was held on 11 October 2022 and the formal Annual Members Meeting was subsequently held on Thursday 10 November 2022 as part of the Council of Governors general meeting when both Governors and members formally received the Annual Report and Accounts for 2021-2022 and the auditor's report on them. Both meetings were held virtually.

The Trust-wide Members Meeting was designed to run for 90 minutes as feedback from previous meetings 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 just under 100 attendees comprising of members, service users and carers, volunteers, Governors, Board Directors and staff.

The meeting included two short presentations on the Trust's focus on population health:

- Our Executive Director of Integrated Care & Deputy CEO Richard Fradgley spoke on our work to tackle health inequities (the overall theme of the TMM)
- Executive Director of Commercial Development Dr Mohit Venkataram spoke about the Trust's work in supporting the voluntary sector as a partner in our efforts to improve population health as well as giving examples of direct ELFT Charity funding to improve patient care
- Following the report on Governor impact, as previously delivered through an animation, Dr Amar Shah, Chief Quality Officer and Richard Fradgley addressed

the meeting on the Trust's progress on delivering the strategic objectives in our current strategic plan

- Members also received a brief financial update as well as a general overview of 2021-2022 by Trust Chief Executive Paul Calaminus.

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

During the meeting, an incident occurred with distressing images being shown by a participant. Immediate action was taken to remove the attendee and images, and the Chair apologised on screen and in writing following the meeting. Learning from this event around future meeting security has been taken forward.

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 16 March and on 28 March for Luton and Bedfordshire.

The London event received an update on our population health agenda by Carys Esseen, Deputy Director Integrated Care followed by a lively discussion with members and Governors from across the three Boroughs and the City of London on the following 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?

In Bedfordshire and Luton, members received a presentation by Richard Fradgley, Executive Director of Integrated Care & Deputy CEO on population health followed by updates about adult mental health, community health and CAMHS services across Bedford, Central Bedfordshire and Luton, followed by a discussion on the same questions as in London.

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:

Trust Strategy Objectives	Priorities
Improved population health	Address wider health inequalities Increased action on addressing social isolation Improve IT access – ELFT to consider providing IT hubs; fund broadband provision; deliver IT literacy training e.g. through recovery colleges More Recovery College courses with clear focus on quality-of-life issues Explore ICS role in providing equitable Special Educational Needs and Disability support
Improved experience of care	Social prescribing should be open to provide more holistic treatments and other non-medical interventions (e.g. gym membership) Support GP practices to improve their telephone systems Ensure necessary equipment and medication is ready at discharge Demonstrate progress in rolling out Bedfordshire’s drug & alcohol (P2R) service across the county
Improved staff experience	Provide administration hub for care coordinators with ability to respond to basic queries
Improved value	Work to improve rates of DNA (did not attend) rates Increased role for pharmacists to advise and prescribe Keep better track of stocks of medicines likely to experience shortage Clarity around ELFT’s way of measuring of what is/is not working in terms of interventions or services

These themes were ratified by the Council at its meeting on 11 May 2023 and will flow, as Council of Governors priorities, into the Trust’s Annual Plan. In addition a progress update will be requested for the January 2024 Council meeting prior to the 2024 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 or Council 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's *NHS Oversight Framework* provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements.

By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics; the themes are:
 - quality of care
 - access and outcomes
 - people
 - preventing ill-health and reducing inequalities
 - leadership and capability
 - finance and use of resources
 - local strategic priorities
- Additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity. An NHS Foundation Trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

East London NHS Foundation Trust received the highest segmentation rating of 1 as at 31 March 2023.

Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-systemoversight-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



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023



Kevin Curnow
Chief Finance Officer
East London NHS Foundation Trust

15 December 2023

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 England.

NHS England 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 England, 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 'L. Sunduza', written in a cursive style.

Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

Annual Governance Statement 2022-2023

Scope of Responsibility

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

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East London NHS Foundation Trust (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 2023 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. In addition, 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 at least quarterly. 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 on the individual risks on the BAF. The individual risks on the BAF are reviewed by the relevant Board committee at each of its meetings. During the year, 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 executive team and 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 culture and environment, and does not seek to apportion blame. The Trust's culture promotes the reporting of all incidents which occur and staff have clear, confidential and safe processes to raise concerns about any matter that is damaging to patient care or which puts our service users at risk. 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 the Trust's FTSU (whistleblowing) policy. Concerns can also be raised via the Senior Independent Director (SID).

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; in addition, our internal auditors provide progress reports on internal audits relating to quality and safety at each Quality Assurance Committee and the relevant lead Board committee will also receive an overview of the internal audit findings and recommendations.

The Risk and Control Framework

Key Elements of the Risk Management Framework

The Trust considers risk management to be an intrinsic part of our governance and quality frameworks; it is an essential element of the entire management process and not a separate entity.

The management of risk underpins the achievement of the Trust's strategic objectives, and effective risk management is imperative to provide a safe environment and improved quality of care for service users and staff. Risk management including clinical, non-clinical, corporate, business and financial risks is intrinsic in the operational and strategic thinking of every part of service delivery within the organisation and applies to all staff. Risk management processes involve the identification, evaluation and treatment of risk as part of a continuous process aimed at helping the Trust and individuals to reduce the incidence and impact of the risks they face.

The Trust's risk management framework details our risk management arrangements. Potential risks are identified from a variety of sources including risk assessments, risk registers, incidents, safety alerts, management, complaints, claims, internal/external reviews, and staffing trends. The framework overarches both clinical and non-clinical risk management. It defines risk and identifies individual and collective responsibility for risk management within the Trust as well as setting out the Trust's approach to the identification, assessment, scoring, management and monitoring of risk, and also includes the Trust's risk appetite statement.

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. 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 regularly reviews the complete BAF at its meetings 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 objectives. 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.

During the year the Board has considered the levels and types of risk the Trust is prepared to accept in pursuance of its strategic objectives by considering the Trust's position against a range of factors including national policy, the changing system landscape and requirement for collaborative working, and local plans and pressures.

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.

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, health and safety, information governance, patient safety, mental health law, and patient and carer experience.

The Board receives regular quality, safety 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 experience of care and outcomes.

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) and no enforcement action was taken by CQC during the year. 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. During 2022-2023 the CQC undertook inspections of four acute working age mental health wards which looked into serious incidents of suicides and self-harm, ligatures, observations and learning in inpatient wards. The formal written report from CQC is expected in late May 2023.

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 2022-2023. 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 infection prevention and control, mental health law and forensic directorates and associated risk registers. A deep dive was also undertaken into specific risks as well as a staff survey on risk culture. Reasonable assurance was received meaning that the controls upon which the Trust relies to manage this risk are suitably designed, consistently applied and effective. A few recommendations were provided to strengthen the control framework to manage identified risks to ensure the effective management of the identified risks. An action plan is being developed to improve risk descriptions including narratives around actions and mitigations, and to improve effective oversight 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 reflecting 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 risk management processes in place that 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 objectives.

In 2022-2023 there were some fluctuations on the risk score during the year; however, not unsurprisingly many scores remained static during the year despite the range of mitigating actions partly reflecting the residual impact of the pandemic, increasing demand for services, the economic environment and financial pressures, and the changing regulatory

and system landscape and requirements. At the end of Q4 the target score for risk 2 was met and there were four risks with 'significant scores'. 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 2022-2023				
	Q1	Q2	Q3	Q4	Target
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 ↔	8
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	8 ↓	8 ↔	8 ↔	8 ↔	8
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	12 ↔	12 ↔	12 ↔	12 ↔	8
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	12 ↔	12 ↔	12 ↔	12 ↔	8
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 ↔	9
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 ↔	16 ↔	9
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 ↔	16 ↔	9
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	12 ↔	16 ↑	16 ↔	16 ↔	9
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 ↔	20 ↓	20 ↔	20 ↔	8

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 Integrated Care Systems (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

Along with all NHS Trusts and Foundation Trust, the Trust was issued with an updated provider licence on 31 March 2023, effective from 1 April 2023. The provider licence conditions were updated to align with the current statutory and policy requirements and operating environment with a shift of emphasis from economic regulation and competition to system working and collaboration. The aim of the changes are to support effective system working, enhancing the oversight of key services provided by the independent sector and addressing climate change.

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 Trust's vision is to work with our partners to deliver person-centred coordinated mental and physical healthcare and to improve the health and well-being of the communities we serve. We are involved, committed and trusted partners in the two Integrated Care Systems (ICSs) in which we work – Bedfordshire, Luton & Milton Keynes (BLMK) and North East London (NEL) – and in our place-based partnerships in Bedford, Central Bedfordshire, Luton, City & Hackney, Newham and Tower Hamlets. We work closely with our specialised commissioning collaboratives in North London and East of England, and are the lead provider for CAMHS collaborative in London.

In NEL we work increasingly closely with North East London NHS FT (NELFT) and NEL Integrated Care Board (ICB) in the development of our North East London Mental Health Learning Disability & Autism Collaborative (MHLDA), which is one of the nine national provider collaborative innovators, and which has had a major role in developing and mobilising our NEL-wide plans for mental health as part of operational planning for 2023-2024, and through our developing Community Health Services Collaborative, with NELFT, the Homerton Hospital NHS FT and Barts Health NHS Trust as well as with other partners. In BLMK we are working with Central and North West London NHS FT (CNWL) and the BLMK ICB and other partners to accelerate the positive improvements we have made in our mental health programme through deeper collaboration. Our approach is to ensure that our clinical and care professional leaders are driving improvement in our place-based partnerships and improvement networks across them. The Board has formed a committee of the Board – the Integrated Care & Commissioning Committee – specifically to oversee the development of our partnerships and the implementation of our strategy as it impacts or relies upon them.

People participation is at the heart of everything we do. We aim to ensure there is a culture of continuous positive improvement with people with lived experience fully involved. Our people participation initiatives play a valuable role and opportunity to understand and triangulate risk. The Board's People Participation Committee demonstrates the Trust's commitment to people participation by bringing people with lived experience together with Non-Executive Directors, members of the Executive team and Governors together to oversee our people participation work. In addition, there are service user and carer representatives on various groups at the Trust including in co-production of services, quality improvement initiatives and the service user led accreditation of services programme. We are also developing our collaboratives with people participation to the fore, for example in the recruitment of four people with lived experience to the MHLDA Committee of the ICB which oversees the NEL MHLDA Collaborative.

The Council of Governors represents the interests of members (both public and staff) and the wider public as well as appointing organisations such as local authorities 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 the experience of care. The Trust is committed to supporting the well-being 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.

The Trust's strategy is underpinned by the Trust people plan and reflects the Trust's commitment in terms of its people, 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 has tried to stabilise the workforce given the increasing turnover that is partly attributed to the impact of the pandemic. There has been an increased focus on recruitment and retention. In addition, the Trust has agreed to continue to be the lead employer for the deployment of vaccination staff for North East London (NEL), leading on all recruitment, onboarding and training activity on behalf of partner NHS organisations in NEL.

Work is continuing to identify and implement new roles to enable skill mixes to address areas that are difficult to recruit to. International recruitment is progressing and the Trust is aiming to establish a robust pipeline of international recruits.

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, currently via its Appointments & Remuneration Committee and in future through the People & Culture Committee established in March 2023; both of which are standing committees 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. In addition, there is 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

Control 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 as well as 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 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. In addition, we have been developing a population health dashboard which is intended to support the monitoring of progress of the Trust's strategic priority of improving population health.

Directorate performance and quality 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 reservation, 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, efficiency 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. During the year we have introduced a review of internal audit reports by the relevant standing committee where appropriate.

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

As reported in 2021-2022, 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). Approval for all retrospective payments has been received from HM Treasury without any issues raised in respect of the decision-making, accuracy or legitimacy of the payments.

In addition, a structured review of the Trust's controls and decision-making processes in respect of exit packages **has been** 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 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 was 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.

The actions identified both by the external auditors and internally by the Trust have been implemented.

A deep dive has also been undertaken by the Trust's internal auditors RSM to provide a pragmatic view on whether any gaps still exist and to give the Trust assurance that progress has been made. The framework around the areas covered was aligned to six key themes and the draft conclusion following review confirms that a number of controls have been introduced that have strengthened the processes between the finance and people and culture teams which have consequently made the exit payments process more robust. Training has also been undertaken to share awareness of the full lifecycle of agreeing and paying exit payments, and reporting protocols have been increased between the two teams. This conclusion is also reflected in the external auditors', Mazars, completion report where it is confirmed that the auditors are satisfied that policies have been appropriately updated and that the weaknesses in arrangements have been addressed. The final outcome of the internal auditors' report will be reported to the Audit Committee in July 2023.

The Audit Committee has maintained 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. The Chief Digital Officer oversees the Cyber portfolio, given the specialist nature of the threat, and is supported by the Chief Technology Officer and a dedicated specialist expert lead for Cyber Security, the Chief Information Security Officer.

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 Information Security 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 emergency prevention, preparedness and response (EPRR) team.

There were four reportable incidents via the Data Security and Protection Incident Reporting Tool in 2022-2023. Three did not meet the threshold for escalation to the Information Commissioner's Office. One related to an error with hybrid mail whereby 99 recipients received double sided letters containing information relating to other service users on the reverse side, one where a triage form was inadvertently sent using 'Reply All' to the referring Trust and one where an external supplier notified the Trust they had received a spreadsheet containing service user names (instead of de-identified data). The fourth reportable incident concerned the Children & Young People's service where a speech and language form was sent to a parent who later reported she had received a WhatsApp call from an individual purporting to be a doctor, asking intrusive questions about the child. This incident was escalated to the ICO and investigated. It was identified that the Trust was not involved in this data security breach (further investigation confirmed the perpetrator was from another Trust where the mother was in receipt of services). The ICO therefore closed this incident as it was not related to East London NHS Foundation Trust.

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 2022-2023 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 annual quality improvement plan, which have 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 co-production are integral to the way that the Trust delivers its quality priorities.

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 of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit, and the executive managers

and clinical leads within the 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 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 2022 to 31 March 2023 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. Four internal audits received reasonable assurance confirming that controls were found to be adequately designed and generally well applied to mitigate the associated risks to the Trust; there were a few areas where controls or their application could be strengthened and suitable management actions were agreed and implemented. There was one partial assurance opinion given in respect of the secure remote working, information security and operational resilience audit, and management actions in respect of the design and application within the control framework were agreed. Two advisory reports were also issued during the year.

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: ESR (Electronic Staff Record) provide a single payroll and Human Resources management system to the Trust. Nine exceptions were highlighted against the 51 controls reviewed under the seven main control objectives. In each instance where an exception was raised management has identified the mitigating controls in place, such that these do not appear to represent a significant impact to the Trust's control environment
- NHS SBS ISAE 3402 (PWC): NHS Shared Business Services provide services to the Trust. One exception was identified from the 24 controls reviewed and this was not considered to represent a significant risk to the Trust.

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 2022/2023 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 operational pressures
- A structure of standing committees beneath the Board provides a layered approach to monitoring, scrutiny and challenge of systems of internal control; the Board agreed to the establishment of a People & Culture Committee to provide assurance to the Board on the delivery of the Trust's strategic priority relating to people and

- the management of risks pertaining to this
- 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 managed effectively
 - The Board receives the BAF at regular intervals 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
 - In addition during the year internal audit reports were presented to relevant lead committees for oversight and assurance
 - 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 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; service user 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 2022 to 31 March 2023 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 recognised 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. During the year we put in place a range of actions and measures to improve and strengthen the effectiveness of existing controls and decision-making processes. Approval for all retrospective payments was received from HM Treasury with no issues raised in respect of the decision-making, accuracy or legitimacy of the payments.

Other internal and external reviews, audits and inspections provide sufficient evidence to state that no other significant internal control issues have been identified during 2022-2023.

There remain risks facing the Trust in 2023-2024 and beyond with regard to delivery of our plans, the efficiency requirements and the changing NHS system landscape in respect of Integrated Care Systems and system risk, as well as the increasing acuity of service users and demand.

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

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 co-produce 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.



Lorraine Sunduza
Interim Chief Executive
East London NHS Foundation Trust

15 December 2023

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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 2023

Audited Annual Accounts for the year ended 31 March 2023



FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2023, 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:

Lorraine Sunduza
Interim Chief Executive Officer

Date: 15 December 2023

Audited Annual Accounts
for the year ended 31 March 2023

**Statement of Comprehensive Income
for the year ended 31 March 2023**

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	612,040	554,953
Other operating income	4	27,299	33,790
Total operating income from continuing operations		639,339	588,743
Operating expenditure	5	(637,629)	(583,533)
Operating surplus from continuing operations		1,710	5,210
Finance income		3,011	238
Finance expenditure		(3,017)	(2,221)
PDC dividends payable		(6,151)	(5,289)
Net finance costs		(6,157)	(7,272)
Share of (loss)/profit of joint venture	25.4	(256)	(704)
Movement in the fair value of investment property		6	7
Deficit for the year from continuing operations		(4,697)	(2,759)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	9.1	(5,760)	(1,216)
Revaluation gains credited to revaluation reserve	9.1	27,863	8,332
Share of other comprehensive (expense)/income from joint ventures	25.4	68	(789)
Remeasurements of the net defined benefit pension scheme liability	16.2	5,463	1,012
Total comprehensive income/(expense) for the year		22,937	4,580

The notes on pages 8 to 39 form part of these accounts.

Audited Annual Accounts for the year ended 31 March 2023

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets		-	125
Property, plant and equipment	9	289,709	268,203
Right of use assets	10	80,438	-
Investment property		157	151
Investment in joint ventures	25	1,980	2,168
Trade and other receivables	11	565	623
Net defined benefit pension scheme asset	16.1	1,493	-
Total non-current assets		374,342	271,270
Current assets			
Inventories		344	504
Trade and other receivables	11	42,097	21,238
Assets held for sale		1,075	-
Cash and cash equivalents	12	134,546	142,808
Total current assets		178,062	164,550
Current liabilities			
Trade and other payables	13	(97,496)	(93,824)
Borrowings	15	(11,941)	(660)
Provisions	17	(4,887)	(4,022)
Deferred income	14	(13,126)	(9,606)
Total current liabilities		(127,450)	(108,112)
Total assets less current liabilities		424,954	327,708
Non-current liabilities			
Borrowings	15	(82,658)	(16,555)
Provisions	17	(649)	(733)
Net defined benefit pension scheme liability	16.1	-	(3,699)
Total non-current liabilities		(83,307)	(20,987)
Total assets employed		341,647	306,721
Financed by			
Public dividend capital		112,578	103,729
Revaluation reserve		99,779	77,046
Retained earnings		129,289	125,946
Total taxpayers' equity		341,647	306,721

The notes on pages 8 to 39 form part of these accounts.

Lorraine Sunduza
Interim Chief Executive Officer

Date: 15 December 2023

Audited Annual Accounts for the year ended 31 March 2023

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2022	103,729	77,046	125,946	306,721
Implementation of IFRS 16 on 1 April 2022			3,140	3,140
Deficit for the year	-	-	(4,697)	(4,697)
Revaluation gains credited to revaluation reserve	-	27,863	-	27,863
Impairments charged to revaluation reserve	-	(5,760)	-	(5,760)
Share of other comprehensive expense from joint ventures	-	-	68	68
Remeasurements of the net defined benefit pension scheme liability	-	-	5,463	5,463
Public dividend capital received	8,849	-	-	8,849
Transfer of excess depreciation over historic cost depreciation	-	630	(630)	-
Taxpayers' equity at 31 March 2023	112,578	99,779	129,290	341,647

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 2023

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

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2021	98,256	69,470	128,942	296,668
Surplus 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 income 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

Audited Annual Accounts
for the year ended 31 March 2023

Statement of Cash Flows
for the year ended 31 March 2023

	2022/23	2021/22
Note	£000	£000
Cash flows from operating activities		
Operating surplus	1,710	5,210
Non-cash income and expense:		
Depreciation and amortisation	5 24,456	10,354
Impairments and reversals of impairments	5 4,755	(157)
Non-cash movements in on-SoFP pension liability	272	329
(Increase)/Decrease in receivables and other assets	(20,801)	(1,633)
Increase in inventories	159	(90)
(Decrease)/Increase in payables and other liabilities	6,143	(1,370)
Increase/(Decrease) in provisions	17 781	735
Net cash generated from operating activities	17,475	13,378
Cash flows from investing activities		
Interest received	3,011	238
Purchase of property, plant, equipment	(17,444)	(11,718)
Net cash used in investing activities	(14,433)	(11,480)
Cash flows from financing activities		
Public dividend capital received	8,849	5,473
Capital element of lease liability repayments	(10,967)	-
Capital element of PFI	20.3 (660)	(596)
Other interest (pension fund liabilities)	16.2 (317)	(249)
Interest element of lease liability repayments	10.2 (791)	-
Interest paid on PFI	20.3 (1,909)	(1,972)
PDC dividend paid	(5,509)	(4,835)
Net cash (used in)/generated from financing activities	(11,304)	(2,179)
(Decrease)/Increase in cash and cash equivalents	(8,262)	(281)
Cash and cash equivalents at 1 April	142,808	143,089
Cash and cash equivalents at 31 March	12 134,546	142,808

Notes to the Accounts

Accounting Policies and Other Information

1 Accounting policies

1.1 Basis of preparation

NHS England 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 2022/23 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:

- Department of Health and Social Care guidance specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the service potential that those assets have.

In determining the MEA, the Trust has to make assumptions that are practically achievable, however the Trust is not required to have any plans to make such changes.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided. This is because all staff are contracted to work across all sites, and the catchment area for patients using the services has been taken into account when deciding on an appropriate alternative site.

The Trust does not intend to implement any of the theoretical assumptions that underpin the MEA valuation.

- 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 £2.4m increase or decrease in the value of land & buildings and a 5% variation would result in an £11.9m increase or decrease in the value of land & buildings. Refer to Note 9.

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 to increase by 2% (both locational weighting and BCIS costings), this would increase the value of specialised properties by £6.8m. This is a larger increase than the previous year as this year a number of assets were moved from EUV to DRC methodology, following our continuous improvement exercise that followed on from our inspections of the London portfolio.

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 the valuer assumed, this would increase the value of non-specialised operational properties by £900,000, and the investment properties by £70,000. As per the cost data comment, this is a smaller increase than prior years, as we have valued fewer properties using the EUV methodology.

- 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.

Notes to the Accounts

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.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity within an "aligned payment and incentive contract".

The Trust also receives income from commissioners under the Commissioning for Quality Innovation (CQUIN) scheme. Delivery under this scheme is part of how care is provided to patients. As such CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under this scheme is included in fixed payments from commissioners based on assumed achievement of criteria.

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 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 the 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 2023

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 2023.

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 2023

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.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	60	60
Dwellings	60	60
Plant & machinery	3	15
Transport equipment	5	5
Information technology	5	10
Furniture & fittings	3	12

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.

Audited Annual Accounts for the year ended 31 March 2023

Notes to the Accounts

1.9 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

Audited Annual Accounts for the year ended 31 March 2023

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.

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

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.

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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 14 Regulatory Deferral Accounts	Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
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 2025.

The application of IFRS 17 Insurance Contracts would not have a material impact on the accounts for 2022/23, were it applied in that year.

IFRS16 Leases – application of liability measurement principles to PFI and other service concession arrangements

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

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.

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Notes to the Accounts

2 Segmental analysis

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

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

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Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2022/23 £000	2021/22 £000
Mental health services		
Block contract / system envelope income	351,235	332,158
Services delivered as part of a mental health collaborative	34,922	29,652
Clinical income for the secondary commissioning of mandatory services	44,122	41,561
Other clinical income from mandatory services	35,009	26,599
Community services		
Block contract / system envelope income	99,438	94,388
Income from other sources	17,125	15,935
All services		
Agenda for change pay offer central funding ¹	14,124	-
Additional pension contribution central funding ²	16,065	14,660
Total income from activities	612,040	554,953

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	79,779	61,692
Integrated Care Boards / Clinical commissioning groups	445,627	414,100
NHS foundation trusts	6,174	3,653
NHS trusts	60,506	55,936
Local authorities	19,017	15,819
Non NHS: other	937	3,753
Total income from activities	612,040	554,953

¹ In March 2023 the government announced an additional pay offer for 2022-23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022-23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022-23 based on individuals in employment at 31 March 2023.

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

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Note 4 Other operating income

	2022/23 £000	2021/22 £000
Research and development	2,284	2,707
Education and training	15,254	14,808
Rental revenue from operating leases	375	438
Reimbursement and top up funding	3,434	11,428
Consumables (inventory) donated from DHSC group bodies for COVID response	331	547
Other income	5,621	3,862
Total other operating income	27,299	33,790

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

	2022/23 £000	2021/22 £000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	4,066	13,243

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2023 £000	31 March 2022 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	13,126	9,606
Total	13,126	9,606

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:

	2022/23 £000	2021/22 £000
Income from services designated as commissioner requested services	612,040	554,953
Income from services not designated as commissioner requested services	27,299	33,790
Total	639,339	588,743

Within the 2022/23 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

	2022/23 £000	2021/22 £000
Services from NHS & DHSC Bodies	38,872	40,128
Purchase of healthcare from non NHS bodies ¹	19,035	23,091
Employee expenses - non-executive directors	195	217
Employee expenses - staff & executive directors	453,712	404,972
Supplies and services - clinical	7,367	7,707
Supplies and services - general	21,405	18,738
Drug costs	5,658	5,900
Establishment	4,778	4,948
Research and development	2,106	2,545
Transport	4,464	3,500
Premises	28,877	30,724
Movement in credit loss allowance: contract receivables	23	(478)
Rentals under operating leases	-	12,036
Depreciation on property, plant and equipment	24,331	10,196
Amortisation on intangible assets	125	158
Impairments/(Reversals of impairments)	4,755	(157)
Audit fees payable to the external auditor audit services- statutory audit ²	139	72
Internal audit costs	73	79
Clinical negligence	1,458	1,594
Legal fees	594	568
Consultancy costs	984	829
Training, courses and conferences	6,093	5,615
Redundancy	745	421
Hospitality	106	77
Insurance	265	170
Other services, eg external payroll	943	904
Losses, ex gratia & special payments	87	504
Other	10,439	8,475
Total	637,629	583,533

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, Mazars LLP, have charged £139k (excl. VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2023.

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Note 6 Limitation on auditor's liability

The Trust's auditor, Mazars LLP, have not limited their liability in respect of their audit (or any other work undertaken for the Trust).

Note 7 Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	330,451	291,307
Social security costs	37,997	33,189
Apprenticeship levy	1,696	1,494
Employer's contributions to NHS pensions	36,946	33,737
Pension cost - other	251	338
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	16,065	14,660
Agency/contract staff	30,306	30,247
Total staff costs	453,712	404,972

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8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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. Remeasurement of the net defined liability during the year are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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Note 9.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022	31,818	203,293	217	3,587	4,879	116	44,858	3,263	292,031
Additions	-	7,502	-	521	60	-	9,449	319	17,851
Impairments charged to revaluation reserve	(1,678)	(4,082)	-	-	-	-	-	-	(5,760)
Reclassifications	-	1,447	-	(3,175)	-	-	1,728	-	-
Revaluations	(3,269)	23,068	14	-	-	-	-	-	19,813
Transfers to assets held for sale	(322)	(753)	-	-	-	-	-	-	(1,075)
Valuation/gross cost at 31 March 2023	26,549	230,475	231	933	4,939	116	56,035	3,582	322,860
Accumulated depreciation at 1 April 2022	-	2,553	-	-	2,924	46	15,946	2,359	23,828
Provided during the year	-	3,596	4	-	654	18	7,972	374	12,618
Impairments recognised in operating expenses	3,688	2,189	-	-	-	-	-	-	5,877
Reversals of impairments recognised in operating expenses	(334)	(788)	-	-	-	-	-	-	(1,122)
Revaluations	(3,354)	(4,692)	(4)	-	-	-	-	-	(8,050)
Accumulated depreciation at 31 March 2023	-	2,858	-	-	3,578	64	23,918	2,733	33,151
Net book value at 31 March 2023	26,549	227,617	231	933	1,361	52	32,117	849	289,709
Net book value at 1 April 2022	31,818	200,740	217	3,587	1,955	70	28,912	904	268,203
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 9.2 Property, plant and equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 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 income	(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 9.3 Property, plant and equipment financing - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2023									
Owned	26,549	189,235	231	933	1,361	52	32,117	849	251,327
On-SoFP PFI contracts	-	33,728	-	-	-	-	-	-	33,728
Donated	-	4,654	-	-	-	-	-	-	4,654
NBV total at 31 March 2023	26,549	227,617	231	933	1,361	52	32,117	849	289,709

Note 9.4 Property, plant and equipment financing - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 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

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Note 10.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - adjustments for existing operating leases / subleases	89,813	89,813	84,070
Additions	2,338	2,338	331
Valuation/gross cost at 31 March 2023	92,151	92,151	84,401
Provided during the year	11,713	11,713	10,411
Accumulated depreciation at 31 March 2023	11,713	11,713	10,411
Net book value at 31 March 2023	80,438	80,438	73,989
Net book value of right of use assets leased from other NHS providers			10,354
Net book value of right of use assets leased from other DHSC group bodies			63,635

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Note 10.2 Reconciliation of the carrying value of lease liabilities

	2022/23	2021/22
	£000	£000
Carrying value at 1 April	-	-
IFRS 16 implementation - adjustments for existing operating leases	86,673	-
Lease additions	2,338	-
Interest charge arising in year	791	-
Lease payments (cash outflows)	(11,758)	-
Carrying value at 31 March	78,044	-

Note 10.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March	31 March
	2023	2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	11,929	10,450
- later than one year and not later than five years;	41,610	37,228
- later than five years.	27,542	26,711
Total gross future lease payments	81,081	74,388
Finance charges allocated to future periods	(3,037)	(2,821)
Net lease liabilities at 31 March 2023	78,044	71,567
Of which:		
- Current	11,211	9,808
- Non-Current	66,833	61,759

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Note 10.4 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.9.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	100,716
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	96,604
Less:	
Irrecoverable VAT previously included in IAS 17 commitment	(12,790)
Other adjustments:	
Public sector leases without full documentation previously excluded from operating lease commitments	3,481
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	(907)
Adjustments for contracts reassessed for being or containing a lease on transition to IFRS 16.	285
Total lease liabilities under IFRS 16 as at 1 April 2022	<u><u>86,673</u></u>

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Note 11 Trade and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables (invoiced and accrued)	36,868	19,146
Allowance for impaired contract receivables	(645)	(2,124)
Prepayments (non-PFI)	3,067	1,718
Clinician pension tax provision reimbursement funding from NHSE	17	-
VAT receivable	2,244	2,165
Other receivables	546	333
Total current trade and other receivables	42,097	21,238
Non-current		
Clinician pension tax provision reimbursement funding from NHSE	565	623
Total non-current trade and other receivables	565	623
Of which receivable from NHS and DHSC group bodies	42,662	16,771

Note 11.1 Allowances for credit losses

	2022/23 £000	2021/22 £000
At 1 April brought forward	2,124	2,628
New allowances arising	577	16
Utilisation of allowances (write offs)	(1,502)	(26)
Reversals of allowances	(554)	(494)
At 31 March	645	2,124

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.

	2022/23 £000	2021/22 £000
At 1 April	142,808	143,089
Net change in year	(8,262)	(281)
At 31 March	134,546	142,808
Broken down into:		
Cash at commercial banks and in hand	234	216
Cash with the Government Banking Service	134,312	142,592
Total cash and cash equivalents as in SoFP	134,546	142,808

Audited Annual Accounts for the year ended 31 March 2023

Note 13 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	23,939	24,747
Capital payables	7,391	6,984
Other taxes payable	10,489	9,687
Other payables	6,431	6,249
Accruals	48,422	45,975
PDC dividend payable	824	182
Total current trade and other payables	97,496	93,824
Of which payable to NHS and DHSC group bodies	13,218	12,075

Note 14 Deferred income

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income	13,126	9,606
Total deferred income	13,126	9,606

Note 15 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Lease liabilities	11,211	-
Obligations under PFI	730	660
Total current borrowings	11,941	660
Non-current		
Lease liabilities	66,833	-
Obligations under PFI	15,825	16,555
Total non-current borrowings	82,658	16,555

Audited Annual Accounts for the year ended 31 March 2023

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

	2022/23 £000	2021/22 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(12,341)	(12,518)
Current service cost	(251)	(338)
Interest on pension obligations	(317)	(249)
Member contributions	(50)	(53)
Remeasurements recognised in other comprehensive income	4,946	603
Benefits paid	376	214
Defined benefit obligation as at 31 March	(7,637)	(12,341)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	8,642	8,136
Interest income on plan assets	222	162
Actuarial gains	517	409
Employer contributions	82	101
Administration expenses	(7)	(5)
Member contributions	50	53
Benefits paid	(376)	(214)
Fair value of plan assets as at 31 March	9,130	8,642
Net asset/(liability) as at 31 March	1,493	(3,699)

Note 16.2 Amounts recognised in the Statement of Comprehensive Income

	2022/23 £000	2021/22 £000
Current service cost	(251)	(338)
Interest on pension obligations	(317)	(249)
Interest income on plan assets	222	162
Total pension cost recognised	(346)	(425)
Re-measurements in other comprehensive income:		
Return on fund assets in excess of interest	(178)	409
Other actuarial gains	695	-
Change in financial assumptions	5,500	627
Change in demographic assumptions	199	-
Experience losses on defined obligations	(753)	(24)
Total re-measurements in other comprehensive income	5,463	1,012

The projected pension expense for the year ending 31 March 2024 is £55k, with employer contributions estimated at £82k.

Audited Annual Accounts for the year ended 31 March 2023

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 2023	31 March 2022
	% p.a.	% p.a.
Pension increase rate	2.85%	3.20%
Salary increase rate	3.85%	4.20%
Discount rate	4.80%	2.60%

Life Expectancy from Age 65 (years)

	31 March 2023	31 March 2022
- Retiring Today		
- Males	21.4	22.0
- Females	24.2	24.4
- Retiring in 20 years		
- Males	22.4	22.9
- Females	25.8	26.0

The estimate of past service liability duration is 24 years.

Sensitivity analysis 2023/24

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,497	7,637	7,781
Projected Service Cost	116	120	123
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,658	7,637	7,616
Projected Service Cost	120	120	120
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,762	7,637	7,515
Projected Service Cost	123	120	117
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	7,875	7,637	7,407
Projected Service Cost	124	120	116

Note 16.4 Analysis of assets

	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	%	£000	%
Equities	5,860	65%	5,288	61%
Bonds	1,666	18%	2,192	25%
Property	1,223	13%	1,010	12%
Cash	381	4%	152	2%
Total assets	9,130	100%	8,642	100%

Audited Annual Accounts
for the year ended 31 March 2023



Note 16 Employee retirement benefit obligations (continued)

Note 16.4 Analysis of assets (continued)

Assets break down as at 31 March 2023 is as follows:

	Quoted (%)	Unquoted (%)
Corporate bonds		
Overseas	5.0%	-
Equities		
Overseas	-	8.0%
Property		
All	-	6.0%
Others		
Absolute return portfolio	9.0%	-
Private equity	-	2.0%
Infrastructure	-	7.0%
Unit trusts	-	46.0%
Private debt	-	2.0%
Multi-asset credit	-	11.0%
Cash/temporary investments	-	4.0%
	14.0%	86.0%

Audited Annual Accounts
for the year ended 31 March 2023

Note 17.1 Provisions for liabilities and charges analysis 31 March 2023

	Pensions - other staff £000	Other legal claims £000	Clinicians' pension reimbursement £000	Other £000	Total £000
At 1 April 2022	136	158	623	3,838	4,755
Change in discount rate	-	-	(511)	-	(511)
Arising during the year	-	192	490	1,769	2,451
Utilised during the year	(26)	(158)	(32)	(955)	(1,171)
Unwinding of discount rate	-	-	12	-	12
At 31 March 2023	110	192	582	4,652	5,536

Expected timing of cash flows:

- not later than one year	26	192	17	4,652	4,887
- later than one year and not later than five years	84	-	55	-	139
- later than five years	-	-	510	-	510
Total	110	192	582	4,652	5,536

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 *	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

* Other provisions include redundancies, business rates arrears and bank staff holiday pay.

Audited Annual Accounts for the year ended 31 March 2023

Note 18 Clinical negligence liabilities

At 31 March 2023, £14,165k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£16,253k at 31 March 2022).

Note 19 Better Payment Practice Code - measure of compliance

	2022/23	2022/23
	Number	£000
Total Non-NHS trade invoices paid in the year	66,356	278,681
Total Non-NHS trade invoices paid within target	56,436	251,254
Percentage of Non-NHS trade invoices paid within target	85.1%	90.2%
Total NHS trade invoices paid in the year	1,736	73,112
Total NHS trade invoices paid within target	1,355	65,280
Percentage of NHS trade invoices paid within target	78.1%	89.3%
	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%

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 2023

Note 20 On-Statement of Financial Position PFI

Note 20.1 Imputed finance lease obligations

	31 March 2023 £000	31 March 2022 £000
Gross PFI obligation	31,170	33,739
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	18,329	20,897
Finance charges allocated to future periods	(14,615)	(16,523)
Net PFI obligation	16,555	17,215
- not later than one year	730	660
- later than one year and not later than five years	3,799	3,428
- later than five years	12,026	13,127

Note 20.2 Payments committed in respect of the service element

	31 March 2023 £000	31 March 2022 £000
Charge in respect of the service element of the PFI for the period	4,200	3,660
Commitments in respect of the service element of the PFI:		
- not later than one year	4,334	4,165
- later than one year and not later than five years	19,104	18,387
- later than five years	42,044	47,094
Total	65,482	69,646

Note 20.3 Analysis of amounts payable to service concession operator

	2022/23 £000	2021/22 £000
Unitary payment payable to service concession operator (total of all schemes)	6,769	6,228
Consisting of:		
- Interest charge	1,909	1,972
- Repayment of PFI liability	660	596
- Service element	4,200	3,660
Total	6,769	6,228

Audited Annual Accounts for the year ended 31 March 2023

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

	Total	Lease	PFI	PFI
	2022/23	liabilities	Obligations	Obligations
	2022/23	2022/23	2022/23	2021/22
	£000	£000	£000	£000
Carrying value at 1 April	17,215	-	17,215	17,811
Cash movements:				
Financing cash flows - principal	(11,627)	(10,967)	(660)	(596)
Financing cash flows - interest	(2,700)	(791)	(1,909)	(1,972)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	86,673	86,673	-	-
Additions	2,338	2,338	-	-
Interest charge arising in year	2,700	791	1,909	1,972
Carrying value at 31 March	94,599	78,044	16,555	17,215

Audited Annual Accounts
for the year ended 31 March 2023

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 2023		
Trade and other receivables excluding non financial assets	37,351	37,351
Cash and cash equivalents at bank and in hand	134,546	134,546
Total at 31 March 2023	171,897	171,897

	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

Note 22.2 Carrying value of financial liabilities

	Held at amortised cost £000	Total £000
Carrying values of financial liabilities as at 31 March 2023		
Obligations under leases	78,044	78,044
Obligations under PFI contracts	16,555	16,555
Trade and other payables excluding non financial liabilities	86,183	86,183
Total at 31 March 2023	180,782	180,782

	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

Audited Annual Accounts for the year ended 31 March 2023

Note 22.3 Maturity of financial liabilities

	31 March 2023 £000	31 March 2022 £000
In one year or less	100,680	86,523
In more than one year but not more than five years	51,884	10,273
In more than five years	45,870	20,897
Total	198,434	117,693

Note 23 Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Losses of cash due to theft, fraud etc.	2	-	6	2
Damage to buildings, property etc.	23	13	22	14
Total losses	25	13	28	16
Special payments				
Compensation payments	27	68	42	192
Ex-gratia payments	18	3	15	4
Personal injury	4	3	5	5
Overtime corrective payments	-	-	2	64
Special severance payments	-	-	5	223
Total special payments	49	74	69	488
Total losses and special payments	74	87	97	504

Audited Annual Accounts for the year ended 31 March 2023

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, Executive Director of Commercial Development, is:

CEO and Director of Compass Wellbeing CIC. The Trust received £1k income (£59k in 2021/22) for services provided and paid £5,771k for services received (£5,441k in 2021/22). There was £374k payable at year end (£418k in 2021/22).

Director of Health & Care Space Newham Ltd. See note 25.

Partner in Leighton Road Surgery, a GP practice operated by the Trust.

Director of Stratford PCN Ltd. The Trust received £110k income (nil in 2021/22) and there was £67k (nil in 2021/22) receivable at year end.

Director of East Bedford PCN. The Trust received £17k income (£21k in 2021/22) and there was £20k (£13k in 2021/22) receivable at year end.

Director of East End Health Network Co Ltd. The Trust received £24k income (nil in 2021/22).

Samanthi Gibbens, Interim Chief Finance Officer, is a Director of Health & Care Space Newham Ltd. See note 25.

Tanya Carter, Chief People Officer, is a Board Member of Healthcare People Management Association. The Trust paid £9k for services received (nil in 2021/22).

Sam Everington, Non Executive Director, is a Director & Chair of Mile End East Bromley by Bow (MEEBBB) CIC. The Trust received £8k income (nil in 2021/22) and there was £8k (nil in 2021/22) receivable at year end.

Donna Kinnair, Non Executive Director, is a Non Executive Director of Royal Free NHS Foundation Trust. The Trust received £83k income (nil in 2021/22) for services provided and paid £1,228k for services received (£432k in 2021/22). There was £46k receivable at year end (nil in 2021/22).

Mark Lam, Chair, is Group Chair of Royal Free NHS Foundation Trust. The Trust received £83k income (nil in 2021/22) for services provided and paid £1,228k for services received (£432k in 2021/22). There was £46k receivable at year end (nil in 2021/22).

The Trust's parent is the Department of Health and Social Care and has had material dealings with the following bodies:

NHS England
NHS North East London ICB
NHS Bedfordshire, Luton and Milton Keynes ICB
Homerton University Hospital NHS Foundation Trust
Barts Health NHS Trust
Barnet, Enfield And Haringey Mental Health NHS Trust
Cambridgeshire Community Services NHS Trust
Hertfordshire Partnership University NHS Foundation Trust
South West London and St George's Mental Health NHS Trust
The Whittington Health NHS Trust
Central Bedfordshire Unitary Authority

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 2023

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 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Total (loss)/profit	(511)	(1,408)	555	717
Total gross assets	6,740	7,335	3,796	3,653
Total net assets	3,961	4,336	1,360	833

Note 25.4 Carrying values in these accounts

	HCSN	
	2022/23 £000	2021/22 £000
Carrying value at 1 April	2,168	3,661
Share of trading (loss)/profit	(256)	(704)
Share of Other Comprehensive Income	68	(789)
Carrying value at 31 March	1,980	2,168

Note 26 Events after the reporting date

Events after the end of the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. The events can be adjusting or non adjusting.

In March 2023, the government announced a one-off pay offer for the 2022-23 financial year, and a 5% pay increase for the 2023-24 financial year, for Agenda for Change staff. In May 2023, the government confirmed this offer will be implemented. The income (additional funding made available by NHS England) and expenditure relating to the 2022- 23 one-off element has been included in these accounts, as guided by the Department of Health and Social Care and NHS England.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF EAST LONDON NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of East London NHS Foundation Trust ('the Trust') for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2023/23, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, 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 Directors are 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 these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2022/23 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on 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 2023.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) 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. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23; and

- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2022/23; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit 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(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of East London NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Key Audit Partner
For and on behalf of Mazars LLP
30 Old Bailey, London, EC4M 7AU

18 December 2023

