

East London NHS Foundation Trust

Annual Report and Accounts 2023-2024

East London NHS Foundation Trust

Annual Report and Accounts 2023-2024

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

WELCOME TO OUR 2023-2024 REPORT

Contents

JOINT FOREWORD FROM THE CHAIR AND CHIEF EXECUTIVE	6
PERFORMANCE REPORT	8
Overview of Performance	8
Performance Analysis	17
Financial Review	58
ACCOUNTABILITY REPORT	61
Directors' Report	61
Remuneration Report	90
Staff Report	105
NHS Foundation Trust Code of Governance	153
NHS System Oversight Framework	174
Statement of Directors' Responsibilities in Respect of the Accounts	175
Statement of the Chief Executive's Responsibilities as the Accounting Officer of East London NHS Foundation Trust	176
Annual Governance Statement	178
CONTACT US	196
FINANCIAL STATEMENTS	198
INDEPENDENT AUDITORS' REPORT	244

JOINT FOREWORD FROM THE CHAIR AND CHIEF EXECUTIVE

The last 12 months have been a period of change and transition for ELFT. Following the announcement by the World Health Organisation in May 2023 that Covid-19 was no longer a Public Health Emergency of International Concern (PHEIC), we were finally able to downgrade our infection control measures to normal levels. To mark this extraordinary period in the lives of our staff and our communities, we unveiled a series of Covid-19 memorial plaques in our main sites. These state that it was a 'time of quiet courage' which perfectly sums up the remarkable response of our staff. It was an opportunity for us to visit each site to personally thank them for all that they did and remember those who sadly died.

In October 2023, we were delighted to welcome two new primary care services in Bedfordshire and we welcomed four more on 1 April 2024 in Barking, Dagenham, Rainham and Upminster. We said farewell to colleagues in Northern Ireland where our partnership to set up a talking therapies service concluded on 31 March 2024. It continues to reap results and have a positive impact on waiting times for mental health services.

This year has seen a growth in the application of technology in our services. This included the introduction of referral chatbots, the 'Patient Knows Best' platform providing patients and service users with access to their own records, the option to receive consultation letters by email rather than post if preferred, and a new service whereby prescriptions issued by clinicians in the Trust can be collected from the individual's local chemist.

It has been a challenging year too, with services navigating the effect of industrial action from doctors' and transport unions. There has been extreme pressure on mental health bed provision and we have sought to support our local acute hospital partners by increasing community options to prevent hospital admissions and expedite discharge home.

Our local collaboration with health and social care partners are at different stages of development, with our North East London Mental Health, Learning Disability and Autism Collaborative the most advanced. This stands out as the only provider collaborative in England to have lived experienced leaders as full voting members and the difference these leaders are making is already being felt. We believe that working in collaboratives with our partners and the people who use our services has the potential to unlock multiple benefits in the future – to improve quality and to make the best possible use of the combined resources we have available in our local systems.

We had a change of leadership last summer when our then Chief Executive, Paul Calaminus, left ELFT following his appointment as the Chief Executive at North East London NHS Foundation Trust (NELFT). As neighbours, we continue to work closely with NELFT to support our communities. We would like to thank Paul for so ably leading the organisation through the pandemic and out the other side.

There was great excitement in December with the announcement that our Chief Executive, Lorraine Sunduza, had been awarded an Order of the British Empire in the King's first New Year Honours in recognition of the outstanding contribution she has made to public life and in NHS leadership.

The NHS celebrated its 75th anniversary last summer and we were delighted to host two huge celebratory events in Bedfordshire and in East London. As well as providing an opportunity to come together, share information and signpost resources, the events also provided a moment to reflect on the legacy of the founder of the NHS, Nye Bevan, and the responsibility we all carry in delivering his vision today. We could not do this without the support and dedication of our staff, our governors and our people participation team who keep us on track, hold us to account and never lose sight of our commitment and mission to improve the lives of all we serve.



Eileen Taylor
Chair
East London NHS Foundation Trust



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

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.

In October 2023, we welcomed two new GP practices to the Trust based in Luton: Kingsway Health Centre and Bramingham Park Medical Centre. The two practices have more than 30 staff and provide care to more than 16,000 members of the Luton community.

On 1 April 2024, four practices from North East London joined ELFT: Victoria Medical Centre in Barking, Five Elms in Dagenham, Rainham Health Centre in Rainham and Upminster Medical Centre in Upminster.

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, two in Luton, three GP practices in east London that support homeless people with complex issues, and four GP practices in north east London.
- A social enterprise in Tower Hamlets in partnership with Compass Wellbeing CIC.

The Trust's specialist mother and baby psychiatric unit receives referrals from London and the south-east of England.

The Trust provides local services to an East London population of 938,000 and to a Bedfordshire and Luton population of 1 million. 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 7,700 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), North East London NHS FT (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.

Our Mission, Vision and Values

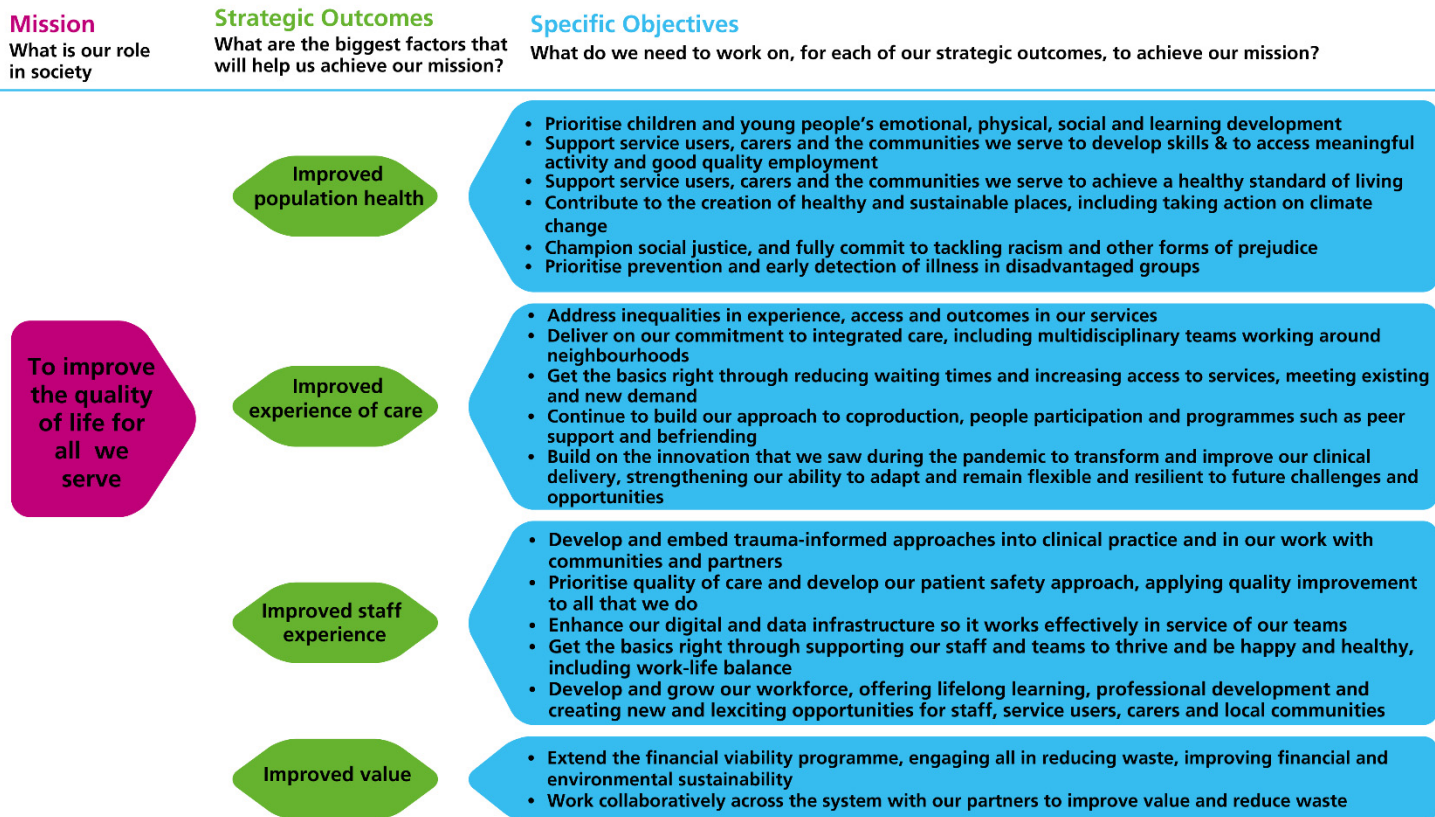


Our Five-Year Strategy

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.



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 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 ICSs: 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

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.

Our board assurance framework (BAF) identifies risks that may prevent us from achieving our strategic objectives and is reviewed at least quarterly by the assigned lead Board committee as well as the Audit Committee and the Board. Four risks were rated as 'significant' on the Trust's BAF as at 31 March 2024.

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 2023-2024

Category	Indicator	Performance
NHS England	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 2023-2024, our primary focus was navigating the post-Covid landscape. We have prioritised creating supportive environments that enhance the well-being of our staff and service users, aiding in adapting to new working practices and leveraging the lessons learned from the pandemic. We have also proactively addressed challenges, managing increased demand, improving access across services, and reducing waiting lists. I sincerely appreciate our staff, governors, service users, and carers for their remarkable commitment and resilience.

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, Integrated Care Board (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.

Persistent high demand remains a challenge, particularly in certain community-based care services and inpatient services. To address this, a flow quality improvement (QI) programme involving numerous services has been implemented, aiding in the development of innovative solutions to improve access and bed occupancy across the Trust. Despite unprecedented demand surpassing our capacity, we remain focused in prioritising staff well-being and expanding our range of well-being services to meet ongoing needs. Collaborative efforts with other NHS providers and notable developments underscore our commitment to enhancing services and improving population health.

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 2023-2024, 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 everyone.

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 2023-2024 the Trust's revenue plan and capital expenditure plan were agreed and submitted as part of the local health system, the North East London Integrated Care System (NEL ICS). During the year, capital and revenue positions were reviewed and monitored, in partnership the other members of the ICS, to ensure the delivery of the overall ICS financial assumptions.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

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 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:

- NHSE's 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.

The Trust has a robust governance framework to oversee performance, incorporating bi-monthly reviews at various levels. Progress is tracked through multiple reports covering performance, quality, finance, and personnel, as well as specific assessments on national surveys and periodic outcomes.

The updated Board performance report has continued to offer insights into performance, focusing on equity and inequalities. It also ensures compliance with crucial national and local performance standards while overseeing indicators relevant to the execution of the Trust's strategy.

Our Performance

The Trust's performance in 2023-2024 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.

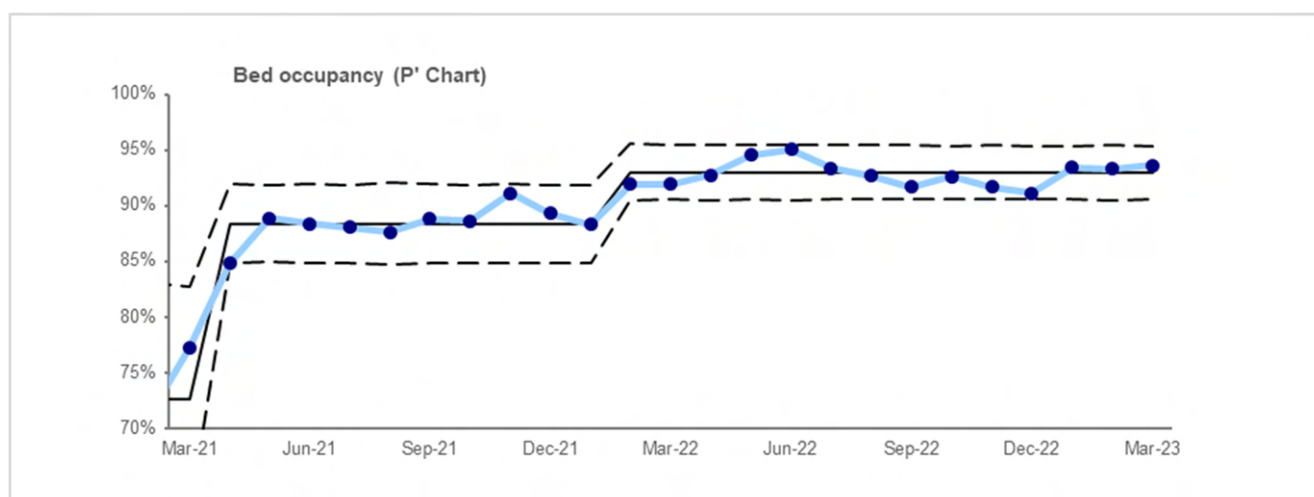
Bed Occupancy

Inpatient bed occupancy across most services continues to remain high, with an average of 96% throughout the year. The main contributing factors continue to be related to an increase in acuity and complexity of admissions, including a rise in service users with autism and learning disabilities, delays in discharging people who are clinically ready for discharge, and out-of-area admissions to ELFT beds. Some of the longest delays were due to service users who were subject to Ministry of Justice decisions and protocols, Court of Protection orders, homeless service users, and several accommodation providers rejecting referrals, thereby prolonging the process of locating suitable accommodation to enable discharge. These factors have resulted in an increase in private bed usage and out-of-area placements.

A range of initiatives have been put in place with partners and local authorities to improve pathways. In Tower Hamlets, Bedfordshire and Luton, senior leaders from key organisations convened to pilot 'perfect day' exercises. These exercises facilitated multiple daily huddles with system partners to resolve issues, expedite decision-making processes, and reduce barriers to discharge. Other initiatives included community teams and home treatment teams working more closely with A&E liaison psychiatry teams to prevent admissions, as well as establishing discharge coordinator roles and hubs within inpatient services to improve coordination of care and flow. The adoption of a 'red to green days' approach on inpatient wards prioritises purposeful admissions, with bed management meetings involving the system leading to expedited solutions. Some of the ideas have included exploring ways to alleviate delays related to Court of Protection procedures and transitioning service users with prolonged delays back to mainstream services. Collaboration with accommodation providers has also enabled the implementation of a discharge-to-assess model, reducing out-of-area placements to zero during critical periods.

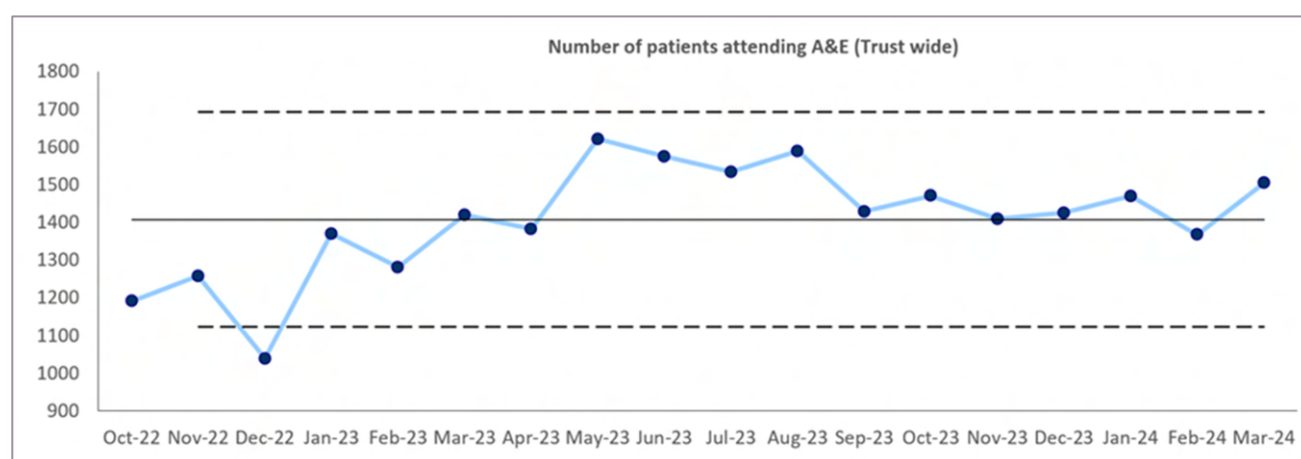
In east London, additional acute beds have been fully opened on Moore ward on the Goodmayes site, providing additional general acute bed capacity across the system. The NHS 111 service has also gone live across north east London and will help provide mental health support 24 hours a day, seven days a week, for all ages

Learning from this work is being incorporated into the large-scale flow programme that is currently being established as one of our large-scale QI programmes for 2024-2025. The programme will include various community-focused strategies to reduce preventable admissions and facilitate faster discharges, incorporating discharge-to-assess models, supported living arrangements, and increased home treatment team capabilities. The inpatient aspect will prioritise purposeful admissions, tailored therapeutic care, and early discharge planning, aligning with NHS England's quality transformation programme goals for inpatient mental health services.



A&E Activity

The number of service users attending A&E is beginning to stabilise around an average of 1,400 attendances each month, which is encouraging. While it is too early to know definitively, this might reflect the impact of initiatives aimed at preventing admission and redirecting individuals away from the emergency departments through the crisis line and pathways established in each borough. Our community services are proactively engaging with high-intensity service users and partner agencies to address specific unmet social and economic needs, preventing repeat crisis presentations.

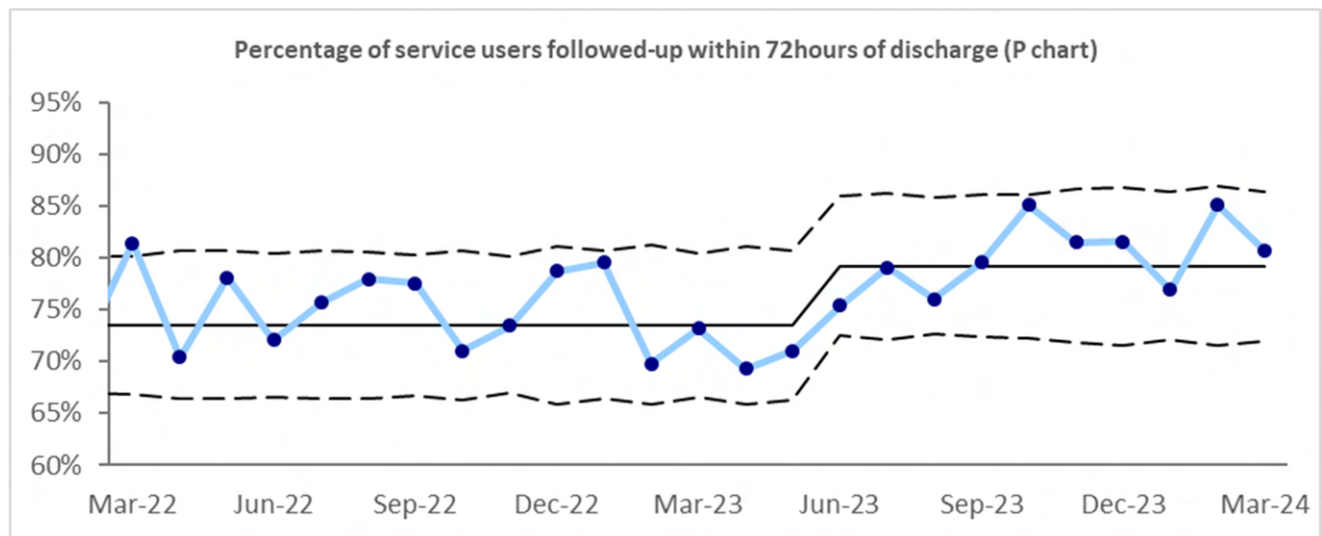


72-hour Follow-Up

Throughout 2023/24 the percentage of service users followed up within 72 hours has averaged 79%, against the national 80% target, which represents an improvement from the previous year.

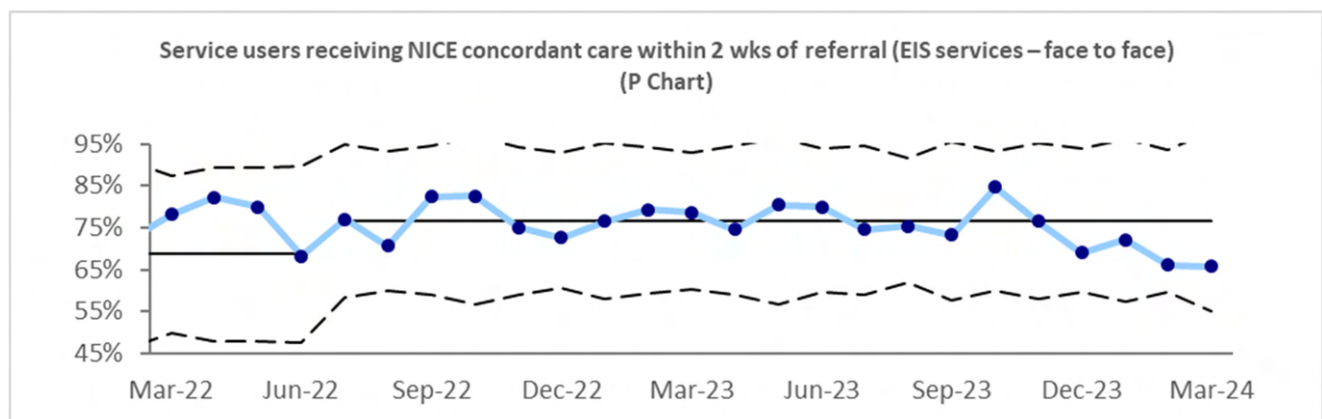
Service leads across the Trust have been working to enhance the efficiency of the process to ensure the safety of service users by sharing responsibilities across teams and working towards reducing the time it takes to receive a follow-up contact. Small working groups in each of the directorates have been established to look at the entire discharge process to enhance follow-up procedures and identify areas for improvement. In Newham, this has included providing service users with cheap mobile phones to ensure that follow-up contact is achieved, and in City & Hackney, Bedfordshire and Luton, this has included offering dedicated training on analytics platforms to help monitor performance and coordinate tasks on a daily basis by assigning clear roles and responsibilities for completing follow-up calls each day. Performance colleagues have directly supported teams to provide daily

reminders of service users requiring follow-up contact. Teams continue to closely monitor all instances in which contact was not made within the timeframe specified so that lessons can be learned in real-time.



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 77%.

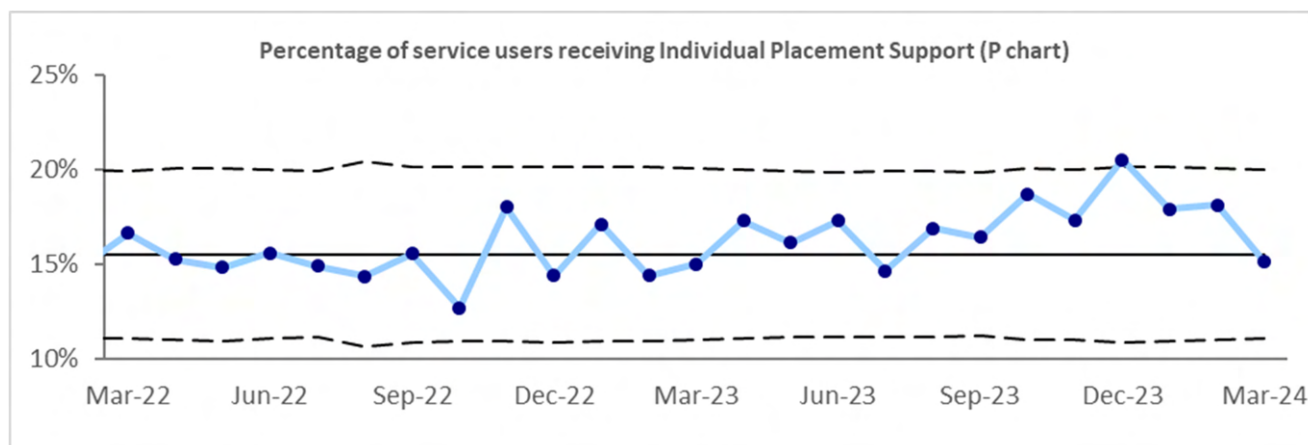


Individual Placement Support

The percentage of service users receiving support from employment services through individual placement support (IPS) has continued to remain stable, with an average of 16%. A number of initiatives are underway in the service to improve access, including working with community teams to prepare service users for contact with the team and holding drop-in clinics within different community settings to help familiarise service users with the support on offer. The employment teams are also working closely with the Department for Work and Pensions (DWP) to run clinics at the local job centre, where service users can get wider advice from mainstream services such as housing and benefits. The service also works closely with the Carers and Working Together Groups to share learning and experiences of using the service to help promote a better understanding of the service and care that can be provided.

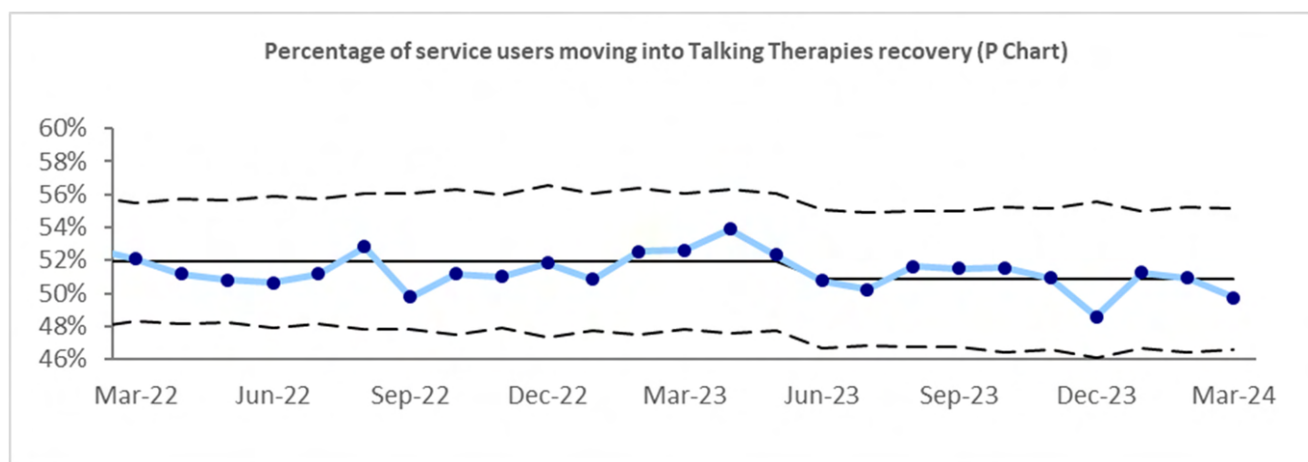
This is a key long-term plan indicator and an important priority for service users and the Trust's population health strategy over the next year. We will be hosting an employment

conference in April 2024 to share examples of good practices across the Trust regarding employment support.



Improving Access to Psychological Therapies (IAPT) Services

In our talking therapy services, the percentage of service users achieving recovery slightly decreased from 52% to 51% over the past year, yet consistently surpassing the national 50% target. Services have noted disparities in recovery rates among certain BAME groups, particularly those of Indian backgrounds, attributed to factors like communication barriers, especially when translators are needed for assessment and treatment. However, the overall access to talking therapies from minority communities remains notably high compared to national trends, which is encouraging. Efforts are underway as part of broader quality improvement initiatives to address these barriers and enhance access to BAME communities. Despite this, all services have achieved their respective access target, while 88% of those completing the patient experience questionnaire responded positively across all IAPT services.



Children and Young People

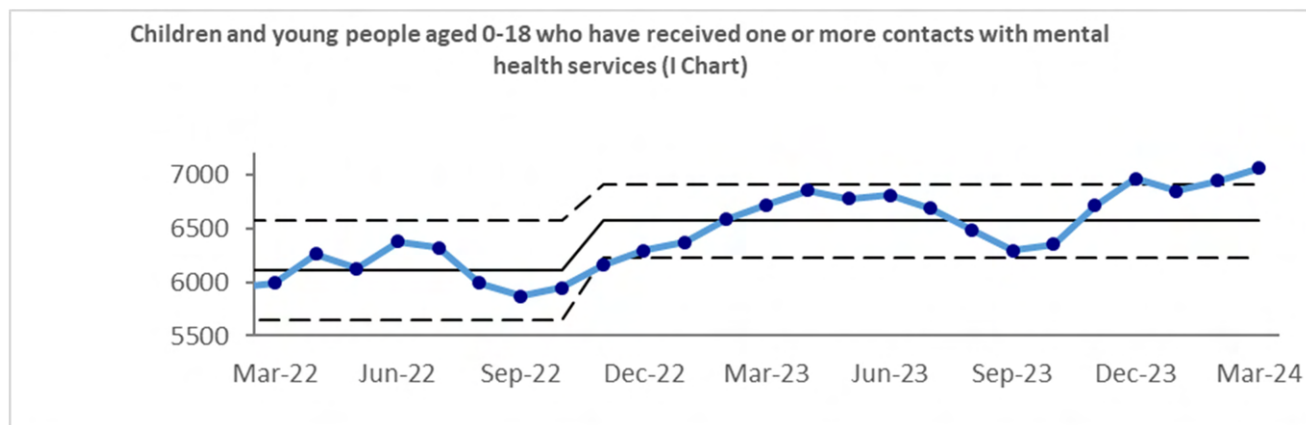
The number of service users accessing children and young people community mental health teams and receiving one or more contact has continued to rise, which is encouraging. Most CAMHS eating disorder teams have also continued to meet the national access targets for urgent (one week) and routine (four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

CAMHS are actively engaged in a partnership with every local authority to ensure the smooth execution of plans, establishing robust links with their respective strategies to

synchronise efforts to enhance coordination and effectiveness in addressing mental health needs within the community. Investment in mental health school teams is also supporting improved access to services in each borough.

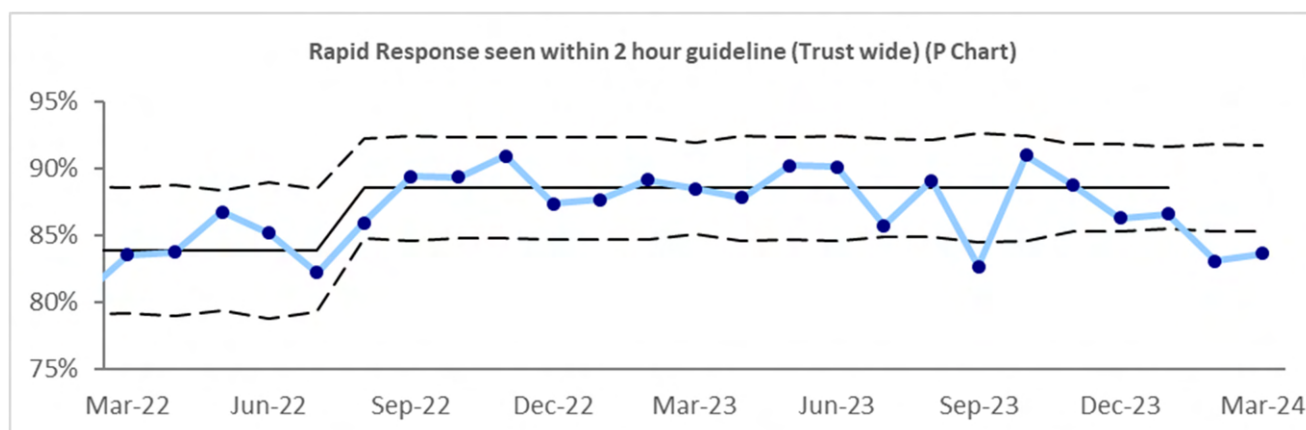
Further discussions are taking place to enhance care pathways for neurodiversity and improve the triage process for core CAMHS services. The objective is to establish joint pathways with partners by integrating the iThrive model of care, which will help improve capacity and access to mental health services. The goal of this collaboration is to simplify navigation through the system, streamline procedures, minimise assessments, prevent service users from bouncing between different organisations, and improve experience and outcomes for children and young people.

CAMHS teams also work closely with GP surgeries, with named clinical practitioners allocated to each practice to help screen and assess referrals more quickly, offer early contact and build relationships and trust to improve access to services. CAMHS services across the Trust have developed online interventions that can be offered to parents, children, and young people. Interventions such as cognitive behavioural therapy (CBT) can be administered by parents, on-demand, at home, and at their convenience. This solution is helping to broaden access, particularly to those in and outside the school system.



Rapid Response

Community health services have remained resilient in delivering rapid response within two hours across all service areas. Importantly, the average assessment rate stands at 89%, exceeding the national target of 70% for assessments within this timeframe. This achievement underscores the dedication and efficiency of our community health teams. Despite this commendable performance, challenges persist due to consistently high levels of demand across all urgent care services.



Waiting Times

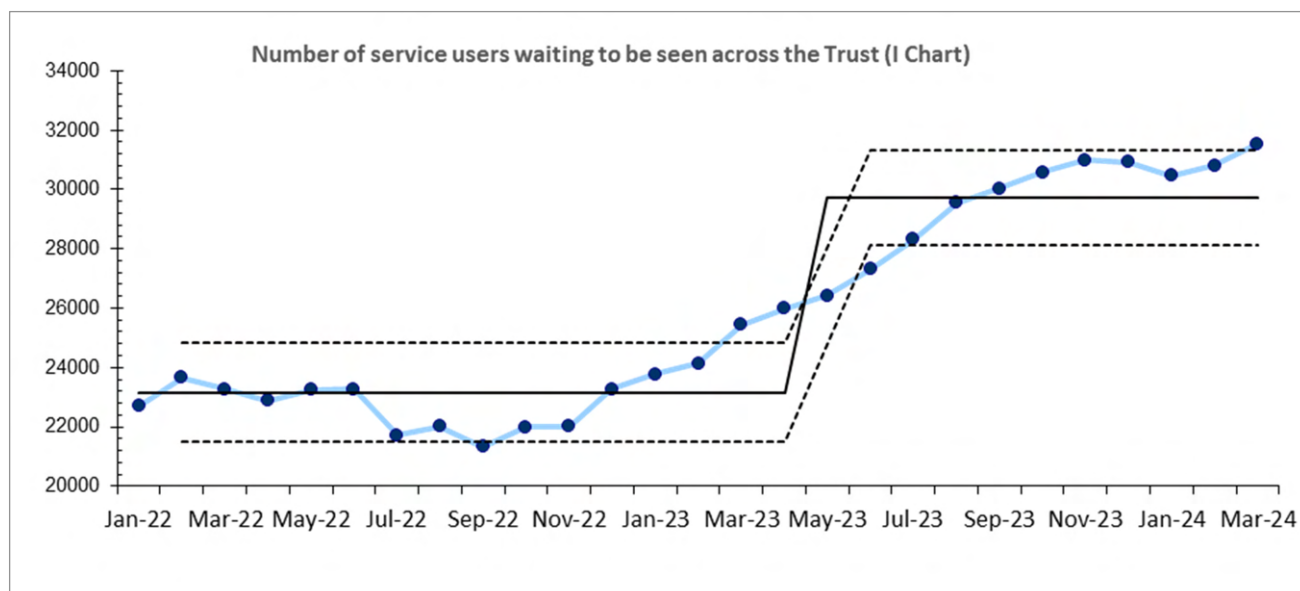
Waiting times continue to be monitored across 52 teams within the Trust. Over the past year, we have seen waiting lists increase from 25,989 to 31,328 reflecting ongoing pressures on services. Of these 52 teams, 16 have seen a decrease in waiting lists, 23 have experienced an increase, and 16 remain stable. The chart below illustrates the trends and we remain committed to tackling waiting list challenges across all areas in 2024-2025.

While some areas have shown improvement, many services continue to face challenges including an increased in waiting times for autism and ADHD-related services and we are actively working to address these pressures through Trust-wide initiatives.

The most considerable reductions in waiting lists were observed in community health services, community mental health services and talking therapies. CAMHS services have also observed a decrease in waiting lists. In Newham, a group lead is now in post to launch group therapy sessions and in Tower Hamlets, the teams have been collaborating with a charitable organisation, Parents Plus, to offer a platform for parents to navigate complex home situations and openly discuss concerns in a supportive environment. This has helped to reduce the demand for the service.

The main improvements in waiting times across mental health services are seen in the specialist psychotherapy services (SPS). In City & Hackney, a QI project has supported more assessments within community teams, which has reduced demand on specialist teams and increased capacity to reduce treatment waiting lists from 130 to 55 patients since August 2022. In Newham, efforts have reduced the number of users waiting over 11 weeks for assessment from 94 to 53 in the past six months. Trust-wide initiatives continue to focus on addressing ADHD and autism service waiting list challenges. A new 'waiting well' website and collaborations with partners like recovery colleges are aiding pre- and post-diagnostic support. Additionally, the ADHD service is piloting the QbTest for faster diagnosis, while autism services are streamlining referral processes and administrative efficiency with standardised referral templates that can be adopted by GP practices.

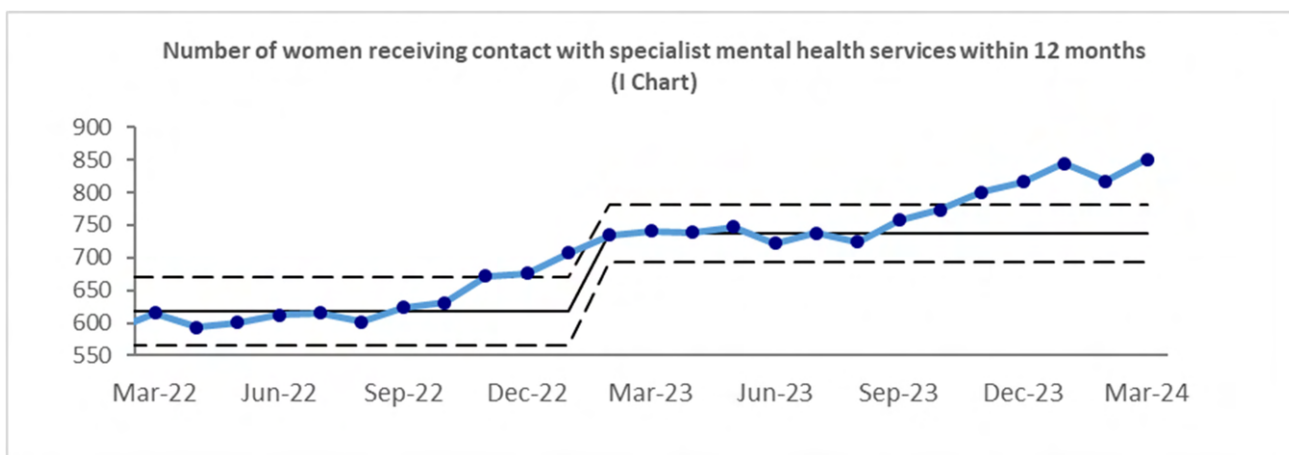
Bedfordshire community health services have achieved a significant milestone with an overall reduction in their waiting times. The service started by sending over 1,300 letters to service users waiting the longest to confirm if they still required support from the service and discharging service users who no longer required care. Recently, efforts have been directed towards improving knowledge about appropriate referrals to the podiatry department, especially for high-risk cases. Immediate actions involve developing a comprehensive training plan for all staff to enhance their skills, thereby preventing the creation of separate waiting lists for complex cases.



Perinatal

Throughout 2023-2024, there has been a rise in the number of women receiving contact within specialist perinatal services, increasing from 741 to 851. This growth can be attributed to various outreach and engagement initiatives as well as quality improvement projects implemented across the Trust. Notably, in Bedfordshire and Luton, there has been an average increase of 100 referrals to the team each month. Outreach efforts have included workshops with the Roma and BAME communities, the launch of Instagram 'meet the team' pages, and stakeholder workshops to define clinical pathways. Consequently, the access rate has risen from 823 to 1,061 over the past year, with plans to continue this project into 2024-2025 for further enhancements.

In City & Hackney, efforts have been ongoing to enhance access for women with serious mental illness. These endeavours encompass collaborative initiatives with primary care partners to establish more efficient pathways and partnerships with various mental health teams, including neighbourhood teams, female wards, recovery colleges, and children's centres within the borough. The aim is to broaden awareness of the services available and improve overall support for women with serious mental health concerns.

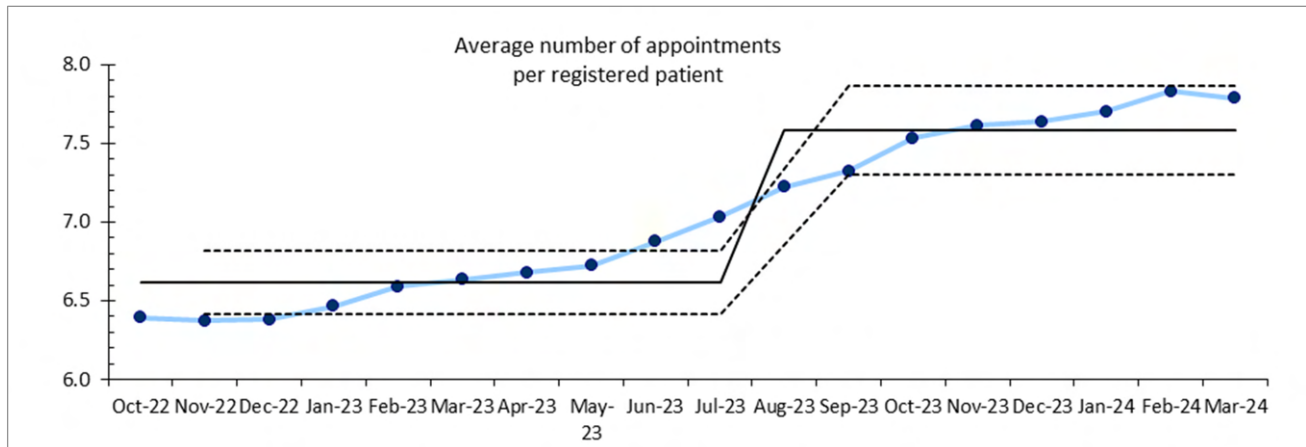


Primary Care

During 2023/24, our primary care services expanded from six to 10 practices who have been working towards meeting their performance targets, particularly focusing on access, quality, and outcome (QOF) indicators. Over 70% of the practices have seen an

improvement in achieving QOF standards. Across the Trust, the average number of appointments per registered patient has increased from 6.9 to 7.9. This is higher than the England average of 5.6 appointments. In Bedfordshire and Luton, the average number of appointments per registered patient is 4.1 and in London this is higher at 5 appointments.

Work has been undertaken over the past year to implement the general practice support unit, which has been embedded across services to improve administration processes, supporting the interactions between patients and healthcare professionals to ensure equity of access and delivery of good quality care. This has helped to ensure seamless processes between prescription requests, patient records, electronic letters, call handling, and care navigation by assigning a clinician to certain patient requests and actions



Further information about our operational performance is included in the Trust's 2023-2024 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, improve patient safety and 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

In 2023-2024 our quality priorities were aimed at improving the quality of life for all we serve and included:

- Pursuing equity QI programme
- Inpatient safety and equality programme
- Capability building
- Sustainability and value.

Our quality priorities for 2024-2025 are:

- Pursuing equity programme to reduce the gap in appointment access between those in the least and most deprived deprivation deciles
- Improving flow across the system
- Building capability and capacity
- Financial viability.

Culture in Inpatient Services

In last year's report we included how we responded to 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.

A programme of work to improve inpatient safety culture has continued through the year. This year's progress includes development and introduction of a safety culture inpatient team staff self-assessment tool which is now embedded within our annual QCQ readiness programme for all inpatient wards, with the aim of improving awareness, triggering safety culture conversations and improvement work.

We are currently in the process of evaluating the impact of the tool, to inform further development, co-design and potential application more widely within the Trust, e.g. within community teams. We also intend to work towards incorporating service user reported measures of safety culture to provide more rounded view.

Schwarz Rounds have now started being held within ELFT community health services. Newham and Tower Hamlets have held their first round, with excellent attendance and engagement of local teams, and Bedfordshire and Luton have their round booked to take place next month.

Schwarz Rounds are structured forums where staff (both clinical and non-clinical) come together to regularly discuss the emotional and social aspects of working in healthcare, in a psychologically safe space. The underlying premise for the Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that to provide compassionate care staff must, in turn, feel supported in their work.

It is expected that a positive safety culture is one in which staff and service users feel safe raise concerns. For staff there are a range of informal and formal mechanisms for doing so. In a healthy safety culture one would expect the informal route to be commonly used, but accessing other more formal routes are also an important measure.

Overall, concerns raised through the Freedom to Speak Up Guardian (FTSU) are rising. In the wake of the Letby case, where there was considerable attention on speaking up, a great deal of work was undertaken by the FTSU Guardian to further strengthen the process and to encourage more staff to speak up. Action has been taken to improve transparency and follow up when FTSU concerns are then shared with people and culture team to investigate. Currently there is a gap in ensuring that the person raising concerns is kept updated as to what action is being taken, and ensuring the learning from the investigation is shared. The FTSU Guardian is working alongside the Associate Director of People and Culture to refine the FTSU process, with the aim of:

- Considering if a preliminary investigation/formal investigation/formal review is required
- Providing time frames for staff involved in resolving the concern
- Clarifying expectations on documenting outcomes and learning being taken forward and how this will be implemented
- Setting out who is responsible for feeding back to the colleague who raised the concern.

The Trust's FTSU process has also been subject to recent internal audit, which provided partial assurance. An improvement plan is in place to address the gaps identified, and progress is reported to the People & Culture Committee.

For service users, there are similarly a variety of routes, formal and informal, to raise concerns about safety or other aspects of their care and treatment. First and foremost, service users must feel safe to raise those concerns. Since December 2023, the Trust has asked service users this question directly as part of our PREM (patient reported experience measure) survey. Across our inpatient services, the responses to the statement 'I feel safe to raise concerns about my care and treatment' have shown around 78% of service users feel safe to raise concerns.

Available Answers	Responses	Score (%)
Strongly Agree	102	33.22%
Agree	135	43.97%
Neither Agree nor Disagree	35	11.40%
Disagree	19	6.19%
Strongly Disagree	16	5.21%
Total	307	100%

This is broadly comparable to the Trust-wide data, below:

Available Answers	Responses	Score (%)
Strongly Agree	880	38.97%
Agree	981	43.45%
Neither Agree nor Disagree	225	9.96%
Disagree	102	4.52%
Strongly Disagree	70	3.10%
Total	2258	100%

Learning, and Sharing of Learning from Safety

The NHS Patient Safety Incident Response Framework (PSIRF) is the new NHS approach to responding to patient safety incidents, for the purpose of learning and improving patient safety. PSIRF is a significant transformation towards a data-driven and coordinated approach to patient safety. Advocating for compassionate engagement with those affected and also embedding incident response within a systems and improvement focussed approach.

Work undertaken to progress towards PSIRF has included:

- Initiatives to clear the backlog of serious incidents (SI) and improve SI action completion
- Co-design through a series of workshops with staff, service users and carers
- Coroners' engagement process commenced, led by our Chief Medical Officer
- Training
- Clarifying the incident pathway, developing a just culture, developing a set of internal resources to support this new approach to learning.

We are now in the transition phase, having gone live with a soft launch in December 2023, where we introduced:

- A new incident management pathway with strengthened local and senior involvement in a new decision-making panel whose aim is to support proportionate learning response and effective use of new learning methods
- After action review as an additional learning method after safety incidents; around 30 have been conducted across the Trust in the last three months
- Patient safety incident investigations, in place of serious incident reviews, using a systems approach rather than traditional root cause analysis.

Other safety learning methods are also being piloted, including a number of safety learning reviews making use of frontline observations work to learn better from “work-as-done” using the systems engineering initiative for patient safety (SEIPS) framework. In the year ahead we anticipate also bringing in the use of multi-disciplinary team (MDT) safety reviews and swarm huddles.

Work is taking place in parallel to enhance our focus on triangulated insight and improved collation, analysis and presentation of safety data via integrated safety reporting and our new safety triangulation huddle, where colleagues from our risk and governance, complaints, PALS, FTSU and legal teams review safety data in a regular way to identify new themes and issues, which can then be shared for further action via our safety forum. We are also working with our informatics colleagues to develop dashboards of our key safety metrics to improve ease of monitoring for our safety data.

Sharing of safety learning has been the focus of a key quality improvement initiative. The Trust has developed new ways of sharing learning from significant safety incidents, such as via learning briefings and cascaded learning points from our Safety Incident Committee. We have also launched a safety newsletter which has attracted consistently high levels of readership.

Involving Service Users, Families and Carers

Involvement of service users and carers is a key aspect of our safety plan work with an emphasis on supporting service users to lead on their own safety and amplifying the service user and carer voice both within our safety systems and safety culture.

PSIRF training has included a module on involving and supporting those affected by safety incidents, and as part of our safety plan.

Within the year we have successfully recruited our first two patient safety partners (PSPs), who have now been in post for three months and are actively involved in our safety walkrounds, safety forums, PSIRF transformation work and improvement work, bringing further emphasis and support for involving service users and carers for safety. Our PSPs are also involved in carer strategy working group and the ELFT patient experience forum, to ensure safety is a focus in both these areas of parallel work.

Complaints and Compliments

The Trust is committed to improving the services and care that we provide. Feedback we receive from patients, their families and carers helps us to identify the areas where we need to improve and ensure that action is taken to prevent the same things happening again.

Complaints, compliments and the Patient Advice and Liaison Service (PALS), are one of the ways in which the Trust receives feedback about its services. Information from the complaints and PALS service is also included in the Trust integrated patient safety report which triangulates information from other sources including serious incidents, legal, care opinion, inquests and incidents.

Learning from complaints is incorporated into a variety of forums including the complaints team bi-monthly training programme, reporting at the patient safety forum and newsletters within each service to ensure that learning is shared, takes place and improvements are made.

A service user representative and a carer from the people participation team provides regular input to the complaints responses by reviewing drafts and providing recommendations.

During 2023-2024, the majority of complaints received related to communication, behaviour of staff, access to services, clinical management and assessments. Two deep-dive exercises were carried out focusing on these five main themes, and learning was shared across the Trust. The outcomes were:

- 613 formal complaints were raised in this reporting period, an increase of 43% (186) compared with the previous year of 427
- The Trust closed 499 formal complaints in total of which 278 were closed on time; this is an increase of 30% (65) from previous year of 213
- 151 complaints were breached (not closed within 25 working days) which was an increase of 41% from previous year of 107
- The remainder 114 cases were withdrawn/not pursued or followed into the next financial year
- 747 PALS enquiries were received by the Trust; this is a decrease of -24% enquiries compared to the previous year of 988
- 1,346 compliments were formally recorded; this was an increase of 38% compared to the previous year of 977
- During 2023/24 the Trust received 11 new contacts from the Parliamentary and Health Service Ombudsman (PHSO) based on complainants expressing dissatisfaction with the Trust's response/outcomes of their complaint. This compares to 16 received in 2022-2023.
- Two PHSO investigations were opened, one concluded no further action, and one resulted in financial remedy and recommended action.

Care Quality Commissioners (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 2023-2023/24.

Details of inspections carried out during 2023-2024 are included in the NHS England's well-led framework section.

Our Highlights of the Year

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

Environments That Support Well-being and Safe Care

NHS 75 Celebrations

The Trust joined in with national celebrations to mark the 75th anniversary of the NHS. Two well-attended events took place, one in Bedfordshire and one in east London to come together with staff, service users, patients, governors and members of the public.

The Bedfordshire Big NHS 75 Show celebration took place at The Forest Centre in Marston Moretaine on 5 July. It included the NHS 75 King, Colin Goodship, a local resident born on 5 July 1948, the same age as the NHS. Guests spent the afternoon talking with healthcare professionals and partners and touring a bustling marketplace of stalls and activities, with everything from art and craft activities to health and wellbeing information.

A second NHS 75 event took place on 12 July for east London in Toynbee Hall, Aldgate. Over 120 people enjoyed NHS 75 cupcakes, fruit and refreshments. A party bag filled with fruit was available for people to take home after. A special guest was a 95 year old retired nurse who had trained and worked in east London her whole life. Chair Eileen Taylor addressed the crowd and talked about how valued the NHS was and how in other countries, access to healthcare is a challenge due to costs availability.

In other activities, staff who share the same birthday as the NHS were invited to a special birthday lunch with Paul Calaminus and Lorraine Sunduza who were the CEO and Chief Nurse & Deputy CEO at the time.

Staff from all corners of the Trust donned their running shoes to take part in park-runs to celebrate the 75th anniversary of the NHS and a special commemorative NHS 75 pin was given to staff as a keepsake to remind them that they have played their role in the national health of the population.

OBE for Interim Chief Executive

Lorraine Sunduza was awarded an OBE in the 2024 New Year Honours list for her outstanding contribution to public life and NHS leadership. She will be formally invested into the Order of the British Empire in recognition of her achievements.

Lorraine was overjoyed to be chosen to be awarded the honour. She said: *"I am humbled and delighted to be chosen to receive an OBE. The honour for me is actually being chosen for the things that I am passionate about. I know that I could not have done any of it without the tremendous support that I have from my family, friends, and colleagues."*

Lorraine was our Chief Nurse & Deputy CEO, was appointed as Interim Chief Executive of ELFT in July 2023, and subsequently appointed substantive Chief Executive in May 2024.

Trust Directors Named in HSJ's Top 50 Influential BAME Leads in Health

Chief People Officer Tanya Carter, and Non-Executive Director Professor Dame Donna Kinnair were named among the 50 most influential Black, Asian and minority ethnic (BAME) people in health for 2023.

The HSJ described Tanya as ‘one of the growing number of NHS directors from ethnic minority backgrounds who are beginning to attract national attention.’ Judges noted Tanya’s ‘amazing’ work around discrimination, stretching from board to individual level and her increasing influence over a wider field, with other trusts and government departments approaching her for advice.

Donna, formerly General Secretary and Chief Executive of The Royal College of Nursing (RCN), has held various roles including Clinical Director of Emergency Medicine, Executive Director of Nursing and Director of Commissioning, and a specialist in child protection, providing leadership in major hospital Trusts in London.

Healthier Wealthier Families Success

In February 2023, the healthier wealthier families service was set up to help families in Newham suffering financial hardship to improve the financial wellbeing of children and families. This involved establishing a benefits adviser in West Ham Lane clinic in Stratford to meet with families, review their finances and look at their entitlement to further benefits and support. Raising a disabled child with additional needs also has a huge impact on family finances. The intervention resulted in an increase in a range of support, including a substantial increase in additional benefits income with more than £17,000 for some families.

The service is a partnership between SCYPS (specialist children and young people’s services) and Newham Council’s Our Newham Money service with the aim of intervening as early as possible in a child’s life to reduce financial hardship.

Right Care, Right Person

In May, the London Metropolitan Police Commissioner Mark Rowley, raised concerns about the amount of police time taken up with people in mental health crisis. He advocated a scheme established in Humberside: Right Care, Right Person (RCRP) as a way to tackle this. RCRP was rolled out in London on 1 November and has now been adopted in Bedfordshire and Luton too.

RCRP aims to ensure that people with mental health needs receive treatment from the most suitable professionals. A central part of this approach is looking at how and when the police respond to mental health related incidents.

Discussions with local police representatives for our boroughs were compassionate and productive. When managing the needs of an individual in crisis, there remains space for discussion and negotiation with the needs of the person in crisis at the forefront. We have been working with the police, local authorities and other sectors to ensure that anyone in mental health crisis is managed and supported in a safe and timely way.

Launch of North East London Crisis Service – NHS 111

A programme of drop-in events took place to gather the views of mental health crisis line service users from across City & Hackney, Newham and Tower Hamlets to consult on the introduction of NHS 111 Option 2 (mental health emergency), a new contact process for people in crisis. The change aimed to simplify how people could get help in a crisis instead of navigating different SOS numbers. Calls are tracked through to the next available health professional so people in crisis will have a faster response. A similar service has been implemented in other areas including Bedfordshire and Luton.

New Prescription Dispensing System More Convenient for Service Users

Outpatients (and carers) can now pick up FP10 prescriptions issued by ELFT clinicians from their local pharmacy reducing the risk of delays and missed doses. The system called CLEO SOLO EPS has digitised the process in secondary care outpatients. This enables patients' prescriptions to be created and sent electronically to the pharmacy most convenient for the patient - similar to how many GP practices operate.

Trust Offers Email Option to Patients/Service Users Instead of Post

With more people using online options for banking, shopping, bookings, and seeking greener alternatives, patients and service users can now opt to receive letters from the Trust via email. This was trialled first by the Bedfordshire talking therapies team and is next being rolled out in community health services. People can still receive information by post as usual. This is just an alternative option which means that if away or changing addresses, patients and service users will not miss out on important information or appointment details.

Chatbot to Reduce Referral ~Times to Newham Specialist Children's Service

Newham's SCYPS introduced a referral chatbot to channel referrals to the correct service without the need to go through a central triage process. This has reduced referral times and ensured that receiving teams receive the key information they need from the start.

Patient Knows Best Portal

ELFT has introduced a new patient portal called patient knows best (PKB) which enables service users to view selected parts of their RiO record online (e.g. clinical appointments, letters, and DIALOG+ care plans). The digital team held demonstration sessions for staff to see the type of information service users will be able to access and provided guidance to service users on how to find their health record.

NHS England Sexual Safety Charter/Pledge

The Trust has signed up to the sexual safety charter/pledge launched by NHSE. Many of the actions are already in progress. NHSE launched its first-ever sexual safety charter to help protect staff who have suffered harassment or incidents of sexual misconduct. Trusts are required to establish clear reporting mechanisms and provide training to equip managers to fully investigate incidents and to provide appropriate support to individuals affected.

'Transitions to Adulthood' Service Praised by Ministry of Justice

A government minister spoke about the success of an ELFT-run service for young people in Newham during a Justice & Home Affairs Committee hearing in November. The Minister of State for Prisons, Parole & Probation, the Rt Hon Damian Hinds MP, reflected on his visit to the Newham young adult hub and work that has been undertaken with young adults.

As part of the Trust's London pathways partnership collaboration, ELFT has been operating a wellbeing service for the 'transitions to adulthood' pilot, commissioned by the Mayor of London's Office for Policing & Crime. This engages 18-25 year olds under Newham probation, as well as those transitioning from youth offending teams. Since the service started, it has received over 100 referrals.

The pilot scheme, which is in its second year following its launch in March 2022, delivers therapeutic, psychological interventions for young adults who are on probation. Its overall aim is to improve the mental health and wellbeing of these people through access to mainstream mental health services. Interventions via the wellbeing service offer a variety of levelled support from low tier emotional and practical help to psychological assessments

such as maturity, neuropsychological functioning, traumatic brain injuries and mental health.

East Ham Care Centre Travels Back in Time

Together with a company called Memory Care, staff at Sally Sherman ward at East Ham Care Centre in Newham transformed their ward, creating places of interest on the ward for families, carers and patients who have dementia. The idea was to create unique spaces and help people feel more at home. The spaces include a post office with a real post box, a tearoom, images of flowers on doors and a special quiet area with images of the London Eye, Tower Bridge and places of familiarity in London.

The transformation took four days to complete and received fantastic feedback from staff, patients and families.

Covid Memorial Plaques

The remaining Covid memorial plaques were unveiled in Bedfordshire in December. Each unveiling ceremony was unique and was an opportunity Chair Eileen Taylor and Interim Chief Executive Lorraine Sunduza (and before her, the then Chief Executive Paul Calaminus) to pay tribute to the dedication and efforts of staff during the Covid-19 pandemic expressing their personal thanks for staff's constancy and steadfastness at a challenging time. The unveiling of the plaques provided a moment to remember staff and service users who lost their lives to the coronavirus. They have been installed at the Trust's larger sites for all to see. The plaques state it was 'A Time of Quiet Courage' as staff steadfastly did what was required of them to keep service users and patients safe (and themselves), both at home and on wards and to support the national NHS effort.

A Warm Welcome to New GP Primary Care Services

In October, the Trust welcomed two new GP practices to the Trust that are based in Luton: Kingsway Health Centre and Bramingham Park Medical Centre. The two practices have more than 30 staff and provide care to more than 16,000 members of the Luton community.

The Luton practices joined the ELFT primary care directorate which includes Leighton Road Surgery in Leighton Buzzard, Cauldwell Medical Centre in Bedford and East London's Newham Transitional Practice, Health E1 and Greenhouse Practices. The new contract will see Bramingham Park Medical Centre become a branch surgery of Kingsway Health Centre, providing stability and shared expertise and support for teams and patients across both sites.

New Community Hub for Dunstable

ELFT services are among partners providing support for the Dunstable community through a new £43m integrated health and care hub. Grove View brings together a broad range of services to support people's physical, social care and mental health need all under one roof. The hub build also includes the development of 98 new one and two-bed homes for the over 55s. It aims to deliver improved care locally through the integration of primary care, community, mental health and social care services, as well as the provision of wellbeing services through the voluntary sector.

Pioneering Falls Service in Bedfordshire

People in Bedfordshire who fall in their home can now access rapid help and support from a pioneering service using the combined skills of the county's NHS community health, ambulance and fire and rescue services. Established in July, the team have their own vehicle with an average response time to calls of 21 minutes.

The Bedfordshire falls service is collaboration with Bedfordshire Fire & Rescue Service (BFRS), the East of England Ambulance Service Trust (EEAST) and the ELFT's Bedfordshire community health service. The model is thought to be the first of its kind in the country. The falls team aim to provide fast and joined-up support, helping with the immediate situation through to considering prevention and care support. The multi-agency falls team operates across Bedford, Central Bedfordshire and Luton communities 9am-5pm Monday to Friday.

Statistically, people aged over 65 are most likely to have a fall within their home in addition to being more at risk of harm if involved in a fire. The falls team, who are mobilised by the EEAST control rooms, combine their skills in response, patient care and home safety. The benefits of the collaborative model include speedier response times, fewer hospital admissions, and a full home fire safety review conducted by the team. It frees up ambulance crews to attend patients with life-threatening conditions and reduces ambulance call waiting times.

Two Community Mental Health Hubs for Luton

Two community mental health hubs were established in Luton to provide joined-up and holistic care for service users. The hubs serve the north and south of Luton and replace the community mental health teams (CMHTs). The multidisciplinary hubs provide a more coordinated model of care built around the needs of service users and their carers delivered through closer partnership working across health, social care and voluntary sector partners.

The change is part of the Trust's community mental health transformation programme, developing new ways of bringing together primary and secondary care with social care, other local authority services, our third sector and local communities to support people with severe mental health needs.

Mental Health Inpatient Wards Achieve Accreditation First

Bedfordshire and Luton mental health services are the first inpatient unit to achieve service user-led accreditation for all their wards. All nine wards are now certified through the Trust's service user-led accreditation programme. The programme was launched in 2019 to focus on quality and raising standards. It is led by service users who work alongside the quality assurance and people participation teams to recognise excellence, support improvement in patient experience and develop key standards for quality of care that matter most to the Trust's service users.

Talking Therapies Partnership in Northern Ireland Concludes

A two-year collaboration with Southern Care & Social Trust (SHSCT) in Northern Ireland to develop the region's first talking therapies service concluded in March 2024. The steps to wellness service, established in early 2022, is a clinically developed collaboration by both Trusts with the aim of developing a service that mirrored England's talking therapies' services. The core focus was to provide a stepped care model of treatment for those presenting with mild to moderate common mental health difficulties.

Steps to wellness has had a huge impact on the Southern Trust's mental health system, reducing waiting times across the services. The service quickly took on over 1,000 referrals and managed to offer treatments and bring waiting times down for both assessments and interventions. 114 clinical groups have been run online in the past 12 months alongside one-to-one appointments, webinars and signposting to other support services in the community and voluntary sector.

Research to Lessen the Risk of Cardiovascular Disease in People with a Severe Mental Illness

The Trust and City, University of London launched an innovative joint research initiative, PEGASUS, dedicated to lessening the risk of cardiovascular disease (CVD) in individuals with severe mental illness (SMI). Funded by the National Institute of Health and Care Research, PEGASUS is a five-year research programme commenced in October 2023 and will conclude in September 2028.

Statistically, people affected by serious mental illness tend to have a life expectancy 15-20 years shorter than the average population with CVD being the leading cause of mortality. Standard healthy lifestyle interventions, though effective in the general population, often fall short in helping those with SMI. Additionally, psychiatric medication side effects can exacerbate physical health complications. People from black and minority ethnic communities can be at increased risk of both SMI and CVD. This programme of research will have a workstream dedicated to working with communities to address health inequalities. The PEGASUS programme is partnered with current mental health service users, along with mental and physical health care professionals, in the co-creation of a group clinic. This clinic's objective is to mitigate CVD risk for all individuals with SMI. The research team includes members who have personally used mental health services, ensuring their unique insights are integrated into shaping the research direction.

ELFT and Cambridge University Research Hub Established

An innovative new partnership hub for health research has been established in Bedfordshire and Luton to help improve patient care in primary and community healthcare services. The Trust and the Department of Public Health & Primary Care at the University of Cambridge have forged a strategic partnership to help tackle major areas of unmet health needs in the community, the first partnership of its kind for the University. The partnership hub will address some of the region's most important healthcare problems, including frailty amongst older people, long-term medical conditions, narrowing health inequities, and optimising the configuration of primary and community healthcare to best address the needs of the local population.

The initiative will draw heavily on the multidisciplinary excellence of the Department of Public Health & Primary Care. The university was ranked as one of the two leading centres in population health sciences in the UK in the research excellence framework 2021, which provides an ideal foundation in which to host this new hub, providing expertise in a range of quantitative and qualitative disciplines.

A key focus of this hub – which will be based in the department's primary care unit -- will be on primary care services, as the first point of contact in the healthcare system, acting as the 'front door' of the NHS. They include general practice, pharmacy, dental and optometry services.

The work will also include a focus on community health services which are mainly delivered in people's homes and provide care for people from birth to end of life, including supporting people with complex health and care needs to live independently in their own home for as long as possible.

Internal

Staff Awards Ceremony and Party 2023

Our staff awards ceremony and party is the highlight of the ELFT calendar. It is an opportunity to commend staff members who provide exceptional support to service users and patients, and to their colleagues too. An incredible 1,100 staff attended the 2023 event on 19 October and 745 viewed the live stream.

Proceedings opened as always with a performance by #ELFTin1Voice, a choir made up of staff and service users joined by the Sing Tower Hamlets Choir. They performed an uplifting fusion of 'Ain't No Mountain High Enough' and 'Rise Up' to a moving picture gallery display of images of Trust life and staff.

The comperes paid tribute to staff who had sadly died in the months since the last staff awards. They also acknowledged the impact current world events were having on the lives of many staff.

Nineteen awards were presented to outstanding individuals and teams. The event drew health and social care professionals from all corners of the Trust. The Mayor of Luton attended along with two Tower Hamlets councillors, plus senior representation from the BLMK and NEL ICS. Paul Calaminus, Chief Executive of NELFT and former Chief Executive at the Trust was also present.

Black History Month and Anti-Racism Workshops

The Trust hosted a series of workshops in London and Luton led by Professor Robin Di Angelo, a campaigner and educator on issues of racial and social justice. Professor Di Angelo is an author who has published extensively including on issues of race, white privilege, 'nice' racism, equity and equality.

The aim was to co-produce an ELFT anti-racism strategy; to co-produce an ELFT anti-racism statement and to work with the Trust on high level plans to progress these considering existing action plans addressing racism.

Award Winning ELFT Teams

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

March 2024

- **Health Service Journal (HSJ) Partnership Awards:** Most Impactful Project Addressing Health Inequalities
City and Hackney: The Tree of Life in Schools project

February 2024

- **Tower Hamlets Together Awards:** Highly Commended
Child and Adolescent Mental Health Services (CAMHS) in Tower Hamlets

January 2024

- **Primary Care Impact Awards:** Excellence in Patient Communication Award
Cauldwell Medical Practice

November 2023

- **Royal College of Psychiatrists Awards:** Psychiatric Team of the Year
East London Children and Young People Community Eating Disorder Service

- **Royal College of Psychiatrists Awards:** Patient Contributor of the Year
Peer Support Training Lead, Lenna Adley
- **Queen's Nurse Awards: Nurse of the Year**
Julia Roye, Lead Nurse for Primary Care
- **City University Practice Excellence Awards:** Highly Commended
Broadgate Ward, John Howard Centre
- **Health Service Journal Awards:** Innovation and Improvement in Reducing Healthcare Inequalities category
City and Hackney Tree of Life in Schools Project
- **Children & Young People (CYP) Now Awards:** Mental Health and Wellbeing Award
City and Hackney: Tree of Life in Schools Project
- **Community Awards for Luton and Bedfordshire:** Health Care Hero Award
Chris Gibbons, Prison Reconnect Worker, Luton and Bedfordshire Liaison and Diversion
- **London Healthcare Support Worker Awards:** Team of the Year – Highly Commended
Fothergill Ward, East Ham Care Centre

October 2023

- **VMWare International Customer Cloud Technology Award**
ELFT Infrastructure Team ELFT for Digital Infrastructure Programme
- **Top 75 Nursing Times List**
Newham Community Children's Matron, Rebecca Daniels
- **HSJ 50 Most Influential BAME People in Health (October 2023)**
Chief People Officer, Tanya Carter
Non-Executive Director, Professor Dame Donna Kinnair
- **NHS Pastoral Care Quality Award**
International recruitment and high-quality pastoral care to overseas staff

August 2023

- **Learning Disabilities and Autism Awards**
Chelsea Laing (Highly Commended) BLMK CAMHS Nurse
- **Global Research Professorship Award:** Professorship at the National Institute for Health and Care Research (NIHR)
Dr Michelle Hays, Newham Consultant Paediatrician

July 2023

- **RCN Foundation Impact Award:** Margaret Parkinson Into Nursing Impact Award
Fartun Ali, Staff Nurse
- **Royal College of Psychiatrists:** Foundation Doctor of the Year (London Division)
Dr James Cai

June 2023

- **HSJ Digital Awards:** Improving Urgent & Emergency Care Through Digital Award
Joint Award – Bedfordshire Community Health Services, East of England
Ambulance and HNS partners for Access to the Stack Programme
The Bedfordshire Community Health Service Single Point of Access Collaboration.

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, its success and future sustainability.

Our 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. As detailed in the annual governance statement and as part of good governance, the Trust continues to identify issues, opportunities and risks that could affect the delivery of our strategic objectives, our future success and sustainability.

Key issues

- Significant growth in the populations we serve including an aging population
- Growing health inequities including income deprivation and poverty, the environment, housing shortages and employment, impacting on life expectancy
- Challenges with staff recruitment across a range of key disciplines
- Increasing financial challenges including national inflationary and cost of living increases, and the full identification and recurrent delivery of the financial viability programme
- Financial constraints within the local ICS.

Opportunities

- We operate in systems that continue to develop strong partnerships with other health and care providers and opportunities through the development of the provider collaboratives
- Efficiency opportunities both internally and from greater collaboration with system partners such as corporate services rationalisation including potential estates and digital rationalisation, out of area placement/use of private beds reduction, etc
- Continuing to focus on being an anchor organisation and Marmot Trust and delivering our social value priorities.

Risks

At the beginning of each financial year, the Board assesses 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 directors will consider each risk in terms of its potential impact considering the financial, safety and reputational risk and the likelihood of occurrence during the financial year, as well as the impact on the Trust of any legislative and regulatory changes introduced during the year.

In for the 2023-2024 BAF, the Board agreed that the Trust should continue to focus on improving health outcomes by working collaboratively and in a joined-up way at a local level, as well as tackling health inequalities, as this remained central to the delivery of the Trust's strategic objectives. In addition, in recognition that the two risks in relation to staff experience from 2022-2023 were inextricably linked with significant overlap in terms of mitigating actions, the directors agreed to the amalgamation of these risks to provide a more focused and less repetitive overview.

There are eight significant and high potential risks to achieving the Trust's strategic objectives on the BAF at 31 March 2024. These risks 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 mitigating actions and changes to risk scores are described in more detail in the annual governance statement. In summary the principal risks to the Trust's strategic objectives are:

Strategic objective	BAF risk
Improved population health outcomes	BAF 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
	BAF 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 its strategy including our population health, quality and value strategic objectives, and key associated transformation plans
	BAF 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
Improved experience of care	BAF 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
	BAF 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
Improved staff experience	BAF 5: if issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction
Improved value	BAF 7: If the Trust's approach to value and financial sustainability is not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans
	BAF 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

Green Plan

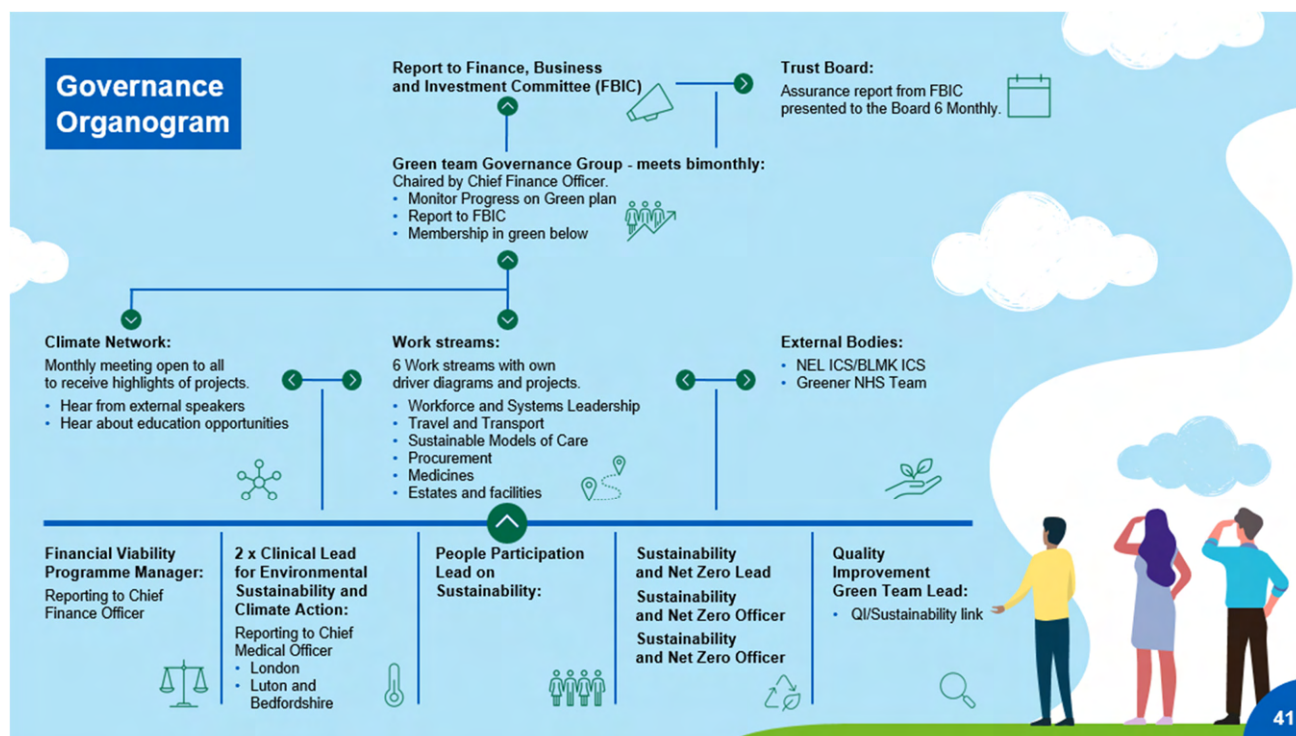
At ELFT, we are dedicated to improving the health of our communities and delivering services that are efficient and effective. Since 2015 our sustainability development management plan delivered impressive reductions in greenhouse gas emissions. In June 2021 ELFT declared a climate and ecological emergency, 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 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 updated Trust green plan was approved by the Trust Board in March 2024 and is available on [our website](#).



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
Action being taken 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. Our first plan linked to the greener NHS guidelines is now entering the third year of its cycle and while we are updating the plan annually, at the end of this third year there will be a full review of objectives and commitments in line with the successes and challenges encountered in the first three year cycle and linked as ever to the green plan assessment tool.
Maintaining and delivering a green plan, approved by its governing body, in accordance with green plan guidance and providing an annual summary of progress on delivery of that plan to the co-ordinating commissioner	The green plan was initially approved by the Board in January 2022; and an updated plan subsequently approved in March 2024. Now in its third year, progress continues to be monitored monthly by a governance group chaired by Chief Finance Officer and six-monthly reports are provided to the Finance, Business & Investment Committee (FBIC). Internal governance of the green plan also takes the form of steering groups for each individual workstream, linked to the green plan. Quarterly reporting to the Greener NHS (NHSE) and internal dashboards to ensure assurance is also in place.
Within the green plan quantifying the environmental impacts and publishing in the 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 was provided by Greener NHS listed as 64,255 tonnes based on 2019-2020 data. More current data is not yet available; and although certain footprints are obtainable from the online portal, Foundry, there are challenges with the currency which impacts on the ability to utilise carbon emission data to identify trends and pin point areas for action. The Trust's green team, however, continues to hone and improve our internal dashboards and internal benchmarking of specific measurable such as energy usage, waste and mileage which we continue to provide assurance on quarterly. The Trust now utilises Gantt charts on all workstreams and detailed graphs on the key measures mentioned above. Further development on projections is a main focus for 2024-2025.
Reducing 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"> • Working 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 • 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

SC18 Sustainable Development	Progress/Comments
	<p>site properties, initiatives to encourage cycling and events to promote active travel</p> <ul style="list-style-type: none"> Both ICS now have updated detailed plans in place on how they hope to assist Trusts to achieve their travel related emission reductions. This includes a full cross system matrix to identify areas for biggest impact 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 is fully on track. By 2030 planning to only offer full EV on salary sacrifice and fleet unless not feasible due to vehicle restrictions.
Phasing out oil and coal for primary heating and replace them with less polluting alternatives	N/A: ELFT has zero use of oil or coal.
Expenses policies for staff which promote sustainable travel choices	<ul style="list-style-type: none"> The Trust is currently undertaking a full review of all internal travel, including taxi, rail and air to help reduce all unnecessary emissions, due to completed in Q2 of 2024. ELFT has combined with an ICS-wide travel survey in 2023 to better understand how we can support staff to make a greener choice with their transport The Trust now offers mileage claims for those using bikes with a further review on how to deter staff from using personal vehicles to travel. We are currently mapping our pool car usage to advertise this more effectively. It will also help us understand where the gaps are in pool vehicle usage and where to focus on A project to offer community health bicycles in the East Ham area will act as a pilot for similar initiatives in suitable areas.
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; this remains on track.
Reducing greenhouse gas emissions from the provider's premises in line with targets under the Climate Change Act 2008	<p>A more detailed explanation on progress of key areas is contained within the green plan and six monthly FBIC reports, in summary</p> <ul style="list-style-type: none"> Set to meet targets of 40% reduction by 2025 in NHS carbon footprint emissions. These are the emissions we control directly. Largely due to decarbonising of electricity supply and large reductions in gas usage plus fleet emission reductions Next target of a further 40% reduction by 2036 is much more challenging as this involves many factors we do not control directly. This is known as carbon

SC18 Sustainable Development	Progress/Comments
	<p>footprint plus and includes staff commuting, supply chain, transport of supply chain and goods, medicines production and transport</p> <ul style="list-style-type: none"> • 58% completion on green plan assessment tool scoring system - external assurance to NHSE • Green plan workstream measures: 30 % completed; 42% on track; 15% not started • 2.52% reduction in electricity usage since 2020/21; this is more difficult to reduce due to increased demand for energy usage on sites • 26% reduction in gas usage since 20/21 - plant optimisation, insulation of sites and plant rooms, building management system improvements and reduced occupancy due to agile working.
<p>Reducing 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</p>	<ul style="list-style-type: none"> • ELFT has no use of anaesthetic agents • The green team has actively engaged with our primary care teams and regularly presents at primary care forums, annual planning events and in the estates and facilities environmental action groups. Primary care staff have been encouraged to include specific carbon reductions practices within their annual plans and the greener practice resources and toolkits have been shared widely. Specifics on inhaler propellant use and reduction targets is yet to be developed but is a high priority for 2024-2025.
<p>Adapting premises and the manner in which services are delivered to mitigate risks associated with climate change and severe weather</p>	<ul style="list-style-type: none"> • A plan has been drafted and further consideration is to be given to the resource required to progress effectively • This an area that needs attention across the system as a whole and without ring-fenced investment to address the issues of climate related events such as flooding and extreme heat, our services will be a risk of having to commit more time to the management of the health and safety of our service users and staff rather than on providing core services. The Trust is working with both BLMK and NEL ICSs to implement a system-wide plan to help alleviate the worst risks of climate change related incidents • Sites continue to be adapted where required but this is done in a reactive way currently; a plan will be developed to set out the priorities and key sites where climate adaptation work is most required and will

SC18 Sustainable Development	Progress/Comments
	reflect the limited funding and financial challenges facing the NHS.
Reducing waste and water usage through best practice efficiency standards and adoption of new innovations	<p>We have:</p> <ul style="list-style-type: none"> • Increased recycling provision to 100% of sites over the last three years • Increased recycling rates to over 30% with the next target of 40% on track for delivery by end of 2025 • Worked closely with our waste contractors to drastically reduce routes required on our sites therefore reducing costs and emissions • Piloted a reusable sharps system at our PFI site in Newham • Installed water saving measures at six sites over the last year with another six planned by end of 2025 • Initiated a reuse scheme which is being used across the Trust currently.
Reducing avoidable use of single use plastic products, including by signing up to and observing the plastics pledge	<ul style="list-style-type: none"> • 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 • An exercise to look specifically at our supply chain will commence in 2024 with the aim of identifying areas of large emissions and with the view to replace these items with more environmentally friendly alternatives. This has already been carried out centrally by NHS Supply chain for the largest emitters; however, the Trust intends to go further and analyse the whole TR22 list to identify savings in both carbon and cost.
Ceasing to use single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics	
Reducing the use at the provider's premises of single-use plastic food and beverage containers, cups, covers and lids, and	
Maximising the rate of return of walking aids for re-use or recycling	A QI project is still currently running across all sites that utilise walking aids. The project started in August 2022 and since then, we have recycled 341 aids. This number continues to grow.
Ensuring all electricity purchases are from renewable sources	Since 2019 all electricity purchases come from 100% renewable sources. We are looking to further improve the quality and assurance of our generation sources by signing up to a Power Purchase Agreement along with our partners, Barts Health NHS Trust. This will provide assurance that a minimum of 50% of our electricity comes directly from a specific renewable source where we can pinpoint the generation directly. Currently energy saving certificates are utilised for assurance.
Giving due regard to potential to secure wider social,	An ELFT anchor strategy document has been created and is being adhered to as per the commitments listed.

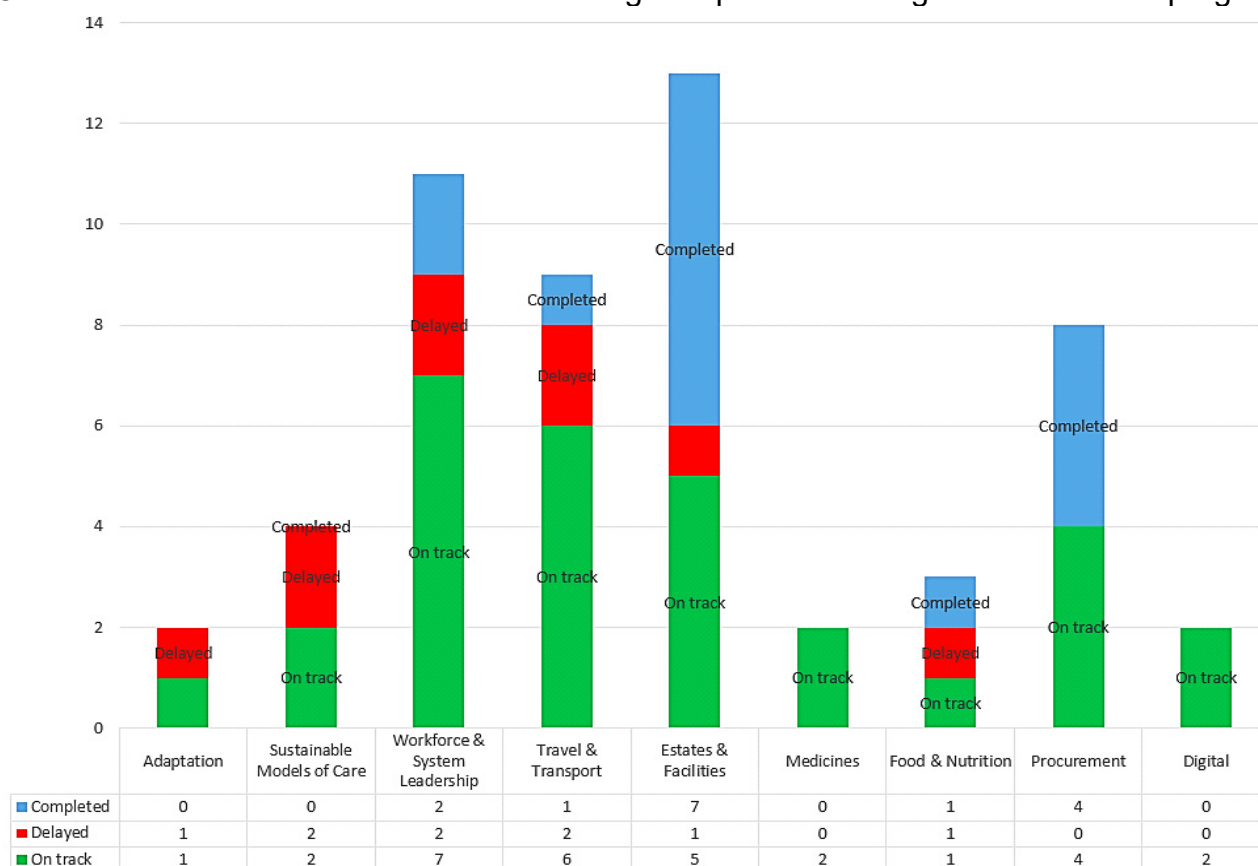
SC18 Sustainable Development	Progress/Comments
economic and environmental benefits for local community and population in the purchase and specification of products and services; discussing and seeking agreement with the co-ordinating commissioner, and reviewing on an annual basis, including priority actions	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.

Green Plan Measures

List of active green plan workstreams and associated actions and their progress

Workstream	On track	Delayed	Completed	Cancelled	Not started	Total Projects
Sustainable Models of Care	6	0	1	0	0	7
Workforce & System Leadership	2	1	1	0	0	4
Adaptation	2	0	3	0	2	7
Travel & Transport	14	6	15	2	12	49
Estates & Facilities	9	4	21	0	4	38
Workforce & System Leadership	2	1	1	0	0	4
Medicines	6	1	0	0	1	8
Food & Nutrition	8	1	0	0	1	10
Procurement	9	1	0	0	1	11
Digital	3	1	0	0	2	6

One of three assurance mechanisms for the green plan is tracking our workstream progress.



The measures set out in the workstreams are dictated by the green plan assessment tool (GPAT), which in turn is managed by Greener NHS. In addition, we have included some ELFT specific measures that the green team formulated and strongly believe the Trust should also focus on.

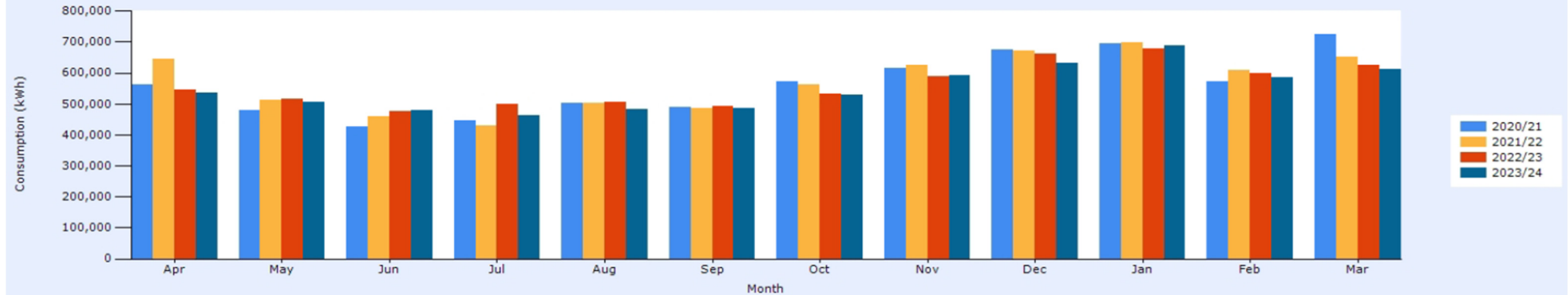
Utilities Usage

Due to the availability and accuracy of data, utilities usage, namely gas and electricity, kWh has been deemed an appropriate assurance method to show improvements over time. This only reflects our scope 2 indirect emissions but is still very important in our bid to reduce our overall emissions.

There has been a 2.52% reduction in electricity usage from 2020-2021. While this does represent a reduction, more needs to be done in terms of infrastructure improvements and investment to drive this figure down. However, account should be taken of the increase in the size of our estate since 2020-2021.

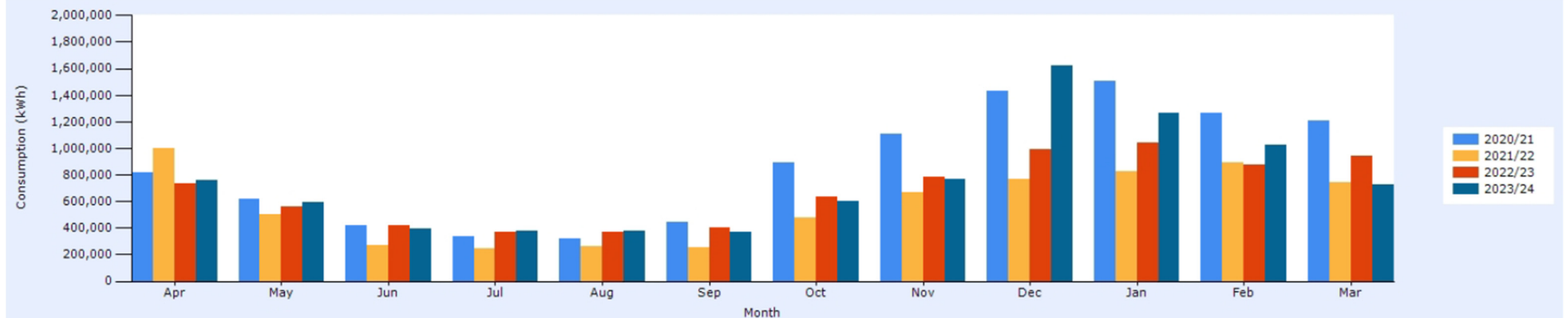
The reductions in gas usage (26% reduction compared to 2020-2021) show a much more impressive reduction and are beyond the year-on-year reductions we have set ourselves to meet our scope 1 net zero goals. Through a number of efficiency measure such as plant optimisation, insulation and BMS improvements figures have been driven down but there will come a point where further decreases will be incredibly challenging without full financial commitment to the measures laid out in the estates' decarbonisation plan.

Electricity (kWh)



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020/21	562,480	477,983	426,030	447,244	501,338	490,289	571,897	615,762	673,378	694,917	572,853	723,644	6,757,816
2021/22	645,099	513,951	458,129	429,764	501,228	485,735	560,608	626,293	672,615	696,965	607,938	651,363	6,849,687
2022/23	544,869	516,402	476,220	499,840	506,204	493,138	530,975	587,567	661,852	678,467	598,627	626,827	6,720,990
2023/24	535,492	505,822	479,734	462,061	484,210	487,611	529,320	592,603	630,991	688,176	586,077	610,768	6,592,863

Gas (kWh)

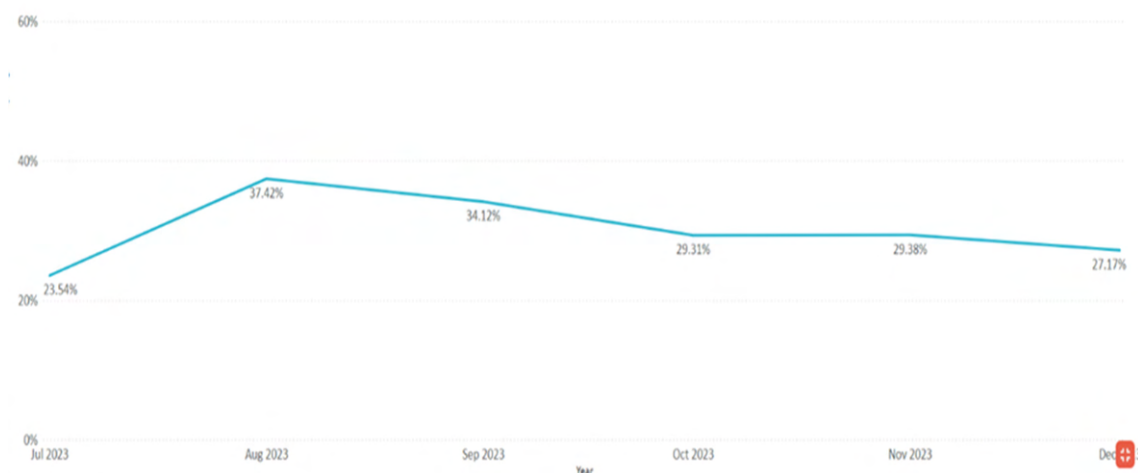


Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020/21	816,542	621,362	421,297	338,083	323,940	441,318	894,983	1,103,538	1,428,088	1,507,782	1,263,695	1,204,674	10,365,302
2021/22	1,001,345	500,238	267,512	248,071	262,785	251,424	473,276	669,879	768,006	828,462	892,366	744,236	6,907,600
2022/23	737,615	559,267	422,524	369,525	365,635	404,393	633,968	780,269	989,982	1,037,496	875,648	940,966	8,117,288
2023/24	761,165	596,220	392,983	375,629	378,442	369,853	599,179	770,917	1,617,963	1,261,485	1,024,512	726,187	8,874,534

Recycling Levels

Another area where we have good access to data through a contractor portal is our recycling tonnage and percentage compared with general waste. We are striving for a recycling level of 40% over the next two years and hope to achieve this as an average by end of 2025.

As per below, increases have been realised over the last six months. Particularly pleasing to see 37.42% in August realised, showing what is possible with a renewed focus and infrastructure changes which are happening every month. However, a drop in percentage over the last few months is expected to be the result of conflicting reporting systems following the appointment of a new waste contractor.



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 covered elsewhere in the Annual Report and Annual Accounts.

Consultations

Previously established staff consultation arrangements continue to operate through the Joint Staff Committee (JSC). Currently the JSC chairing arrangements alternate between the Chief Executive and the staffside chair and is attended by staffside and management. The Joint Local Negotiation Committee (JLNC), is 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 using 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 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. The Associate Director of Information Governance is the nominated Data Protection Officer. 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 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 2023-2024.

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 2023-2024.

Equality, Diversity and Inclusion: Our Service Users

Public Sector Equality Duty

As an organisation that is an employer, a provider of services, a purchaser of services and key player in local partnerships, we have a critical role in promoting health equality and fairness in all our endeavours. We recognise the unique journeys of individuals who provide or receive our health services. We want the Trust to be a place that supports people to thrive, removes barriers, and values diversity and inclusion across services, the workforce, and the community.

Ensuring equality and valuing diversity is one of the Trust's core values. This means offering the right services regardless of people's age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation, or culture.

Our EDI strategy takes into account the changing needs and strengths within our local populations, the impact of the pandemic, greater collaborative working between local health and social care organisations and the views of local people and stakeholders. The Trust has governance mechanisms in place to ensure our duties are met, and to understand the impact of inequalities on individuals and groups.

We believe that an effective EDI strategy should go beyond legal compliance and take an intersectional approach to EDI as this approach will contribute to the wellbeing and equality of outcomes and impact for all who use our services and benefit our staff. In addition to the nine protected characteristics the Trust's approach to equity considers factors such as: accent, caring responsibilities, culture, homelessness, invisible disability, neurodiversity, gender expression, mental health and wellbeing, and deprivation and socio-economic circumstances, amongst other personal characteristics and experiences.

We are committed to challenging prejudice and discrimination wherever this affects our service users and staff and making equity 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 and launched the Equality Impact

Assessment (EIA) guidance in 2024. This EIA process provides evidence of our Public Sector Equality Duty by helping to identify and avoid inequality in access and outcomes for all.

Health Inequalities in the Populations We Serve

Health inequalities refer to differences in health outcomes between various groups, often influenced by characteristics such as ethnicity, sex, poverty, or local area deprivation. These inequalities stem from disparities in living conditions and can be unfair and avoidable, such as employment rates between those with serious mental ill health and the general population or the impact of COVID-19 on minority ethnic communities. The causes are complex, linked to inequity in resources, power, structural racism, discrimination, and life opportunities, affecting educational attainment, employment, and access to care.

These inequalities manifest through various mechanisms, both biological (e.g., living in damp conditions causing respiratory problems) and social (e.g., experiencing discrimination when seeking help). One of the starkest inequalities is life expectancy, which differs significantly by gender, ethnicity, and deprivation. Healthy life expectancy, or the length of time people live in good health, also shows significant disparities. For example, in Bedford, men in the most deprived areas live nine years less on average than those in the least deprived areas, with a 13-year difference in healthy life expectancy.

The Trust operates in areas with high population growth and ethnic diversity, often impacted by poverty. Population health focuses on identifying and addressing these inequities through evidence-based approaches. The annual population health report, published in September 2023, highlights our efforts to improve population health, including priority areas like employment support and addressing the physical health needs of people with severe mental illness.

We use data to understand population needs and plan for equitable care. Staff training includes population health awareness, with new staff receiving an introduction during induction and ongoing activities to enhance skills and understanding. The ELFT lead programme and leadership development courses include modules on population health to improve understanding of the communities the Trust serves.

Our population health focus aligns with our role as an anchor and incorporates QI as a key component of its equity approach. By embracing equity, we aim to deliver more effective and inclusive healthcare services, ensuring that all individuals receive the support they need to achieve optimal health outcomes.

Promoting Equality of Service Delivery

Adapting our equality terminology is crucial to ensure inclusivity, reduce stigma, meet legal requirements, enhance communication, and support patient-centred care. This shift reflects current understandings, fosters respect, combats discrimination, ensures legal compliance, and improves care quality for all individuals.

The Trust has transitioned from prioritising "equality" to focusing on "equity". Equality means treating everyone the same, while equity recognises and responds to the diverse needs and circumstances of individuals and communities. In healthcare, equity ensures fairer and more inclusive systems by offering tailored support to achieve equally good outcomes. For instance, providing translation services for non-English speakers ensures

they can access necessary treatments, illustrating the difference between equality and equity.

Pursing Equity

In alignment with the Trust's strategy to improve the quality of life for all we serve, in April 2022 the Trust we launched a QI programme to support teams in pursuing equity. Phase one of the programme was designed in partnership with colleagues from public health, people participation, the Trust networks and the QI team. Phase two commenced in September 2023 and will run until October 2024, building on the successes of phase one. Key achievements to date include:

- An award-winning project on East India ward in forensics reduced incidents of racism by 90%.
- Bow ward in forensics won an award for increasing access to cervical screening by 15% and breast cancer screening by 16.5% for women in their care.
- The Tower Hamlets early intervention service increased access to their service for people from ethnic minority backgrounds by 27%.
- Cauldwell Medical Centre was nominated for an award for increasing cervical cancer screening.
- The Hatters Health Primary Care Network in Luton increased the number of service users with a serious mental illness from Black, Asian, and Minority ethnic communities who had a health check from 0% to 50%.

These successes demonstrate the programme's impact on addressing inequities in access, outcomes, and experience of care across the Trust.

ELFT's Commitment to Population Health

Our population health strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive.

In September 2023, the Trust published the annual population health report. It is the first report of its kind co-produced by a mental health, community health and primary care trust to show the work taking place to improve population health by the Trust over the past year. In addition, it sets out priority areas for the following year: employment support, exploring ways to help maximise income through clinical settings and supporting the physical health needs of people with long term health conditions.

Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

ELFT as an Anchor Organisation

NHS trusts are 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. They are sometimes called "Anchor Institutions" because of this.

ELFT was awarded funding from a national health anchors learning network programme to develop our role as an anchor institution. To help structure our work, we 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 200 roles at ELFT require the skills and knowledge of being a service user
- We have changed the way we procure services so that a greater weighting is given to the likely social impact of a contract supported by a social values in procurement toolkit guide
- The proportion of ELFT suppliers who pay the Real Living Wage has increased from 22% in 2020 to 77% in 2023
- Through our community interest company Compass Wellbeing CIC 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.

Our plans going forward are set out [the ELFT Anchor Plan 2023](#). We recognise that we are not the only organisation in our areas working to improve health and wellbeing. 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 (ICPs) in NEL and BLMK bring these organisations together and are responsible for improving the care, health and wellbeing of their whole populations.

Focusing on upstream actions to improve the health of our populations

We are working with the UCL Institute of Health Equity as the first NHS Marmot Trust, helping 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.

Being a Marmot Trust provides an important platform to test out and innovate around how we can reduce impacts of poverty for Trust service users through new models of care and support. For example, the ELFT Charity funded the healthier wealthier families programme where we are co-locating financial advice in health and care settings in Newham and Tower Hamlets with the impact this is making on families evaluated by University College London. This has led to helping over 72 families access benefits worth over £450,000, making an incredibly important difference to financial and mental well-being.

Enabling change for better population health

A commitment to Quality Improvement in everything we do

We have a long track record of using 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 took part in the programme over the past year tackling a range of inequalities from outcomes for racialised groups, to issues around sexuality and gender. In addition, we partnered with Tower Hamlets to deliver a health equity programme, working with various local stakeholders and voluntary sector organisations to empower local projects through funding and training to help address a range of healthcare needs across the borough including employment support to families with special educational needs and disabilities.

Building the knowledge and capabilities of ELFT staff to tackle inequalities

We have in place 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 and our system partners can address health inequalities and improve population health and published data packs on our website to support health and care teams understanding population health needs in the areas they work.

Monitoring our progress in achieving our population health objectives

To track our progress against our population health objectives, we are initially tracking measures for priority action areas which ELFT has significant control over. For example, the number of service users who have been supported into work by our employment support services, suppliers paying the real living wage and proportion of service users supported to quit smoking. We will build on these areas as we continue to prioritise different areas of population health support.

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, a proposal for rolling this out within the clinical databases used by mental health and community health services has been produced and is in the final stages of development.

The need for a package of carers awareness training has also been identified; with an elearning page due to be launched shortly. There has also been a successful pilot of young carers training, discussions are taking place for this to be made more widely available across the Trust.

Working with BLMK ICS

Over the past several years, Pastor Lloyd Denny has led a [review of health inequalities](#) in BLMK, including extensive engagement with communities across the patch. The review includes a number of significant short and longer term recommendations for BLMK health and care providers, which were considered and accepted by the [BLMK ICB](#) on 8 December 2023.

Lorraine Sunduza, ELFT CEO, is the NHS senior responsible officer for the implementation of the recommendations and is leading work within the system and the Trust to oversee this work.

NHS Equality Delivery System (EDS2)

Over the last year the Trust has been working with BLMK and NEL ICBs and other partners to explore how the EDS22 self-assessment tool can effectively improve service delivery. While the emphasis on how services understand their patients and service users as defined by the protected characteristics of the Equality Act and/or health inequality groups is vital, the assessment process can be perceived as overly bureaucratic and too much like an inspection. To overcome this the Trust has decided to use the EDS alongside existing quality improvement projects. The EDI team is therefore working with three service areas to explore how this linkage could make a positive impact.

Stop Smoking Services

The Trust is an NHSE early implementer site for two programmes aimed at reducing supporting our service users to stop smoking or to cut down. This is 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 incorporates peer support and extends 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.

An evaluation over the past year showed support for over 1,000 service users through the stop smoking service, with 854 helped to cut down or quit smoking through this intervention. Service users are offered 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 16,135 responses to the FFT question between 1 April 2023 and 31 March 2024, 14,422 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 & Hackney
- Forensics
- Newham mental health services
- Primary care
- Specialist services (except CAMHS community and talking therapies whose FFT data is not available via the Envoy and Civica 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	81%	82%	75%	77%

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	83%	75%	78%	81%	83%	80%	78%	84%

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	90%	89%	83%	80%	78%

Sexuality	Bisexual (n=159)	Gay/Lesbian (n=107)	Heterosexual (n=4628)	Other (n=26)
% scoring positively	76%	75%	82%	81%

Religion	Buddh ist (n=8)	Christian (n=552)	Hindu (n=25)	Jewish (n=7)	Muslim (n=140)	No religio n (n=245)	Other (n=33)	Sikh (n=13)
% scoring positively	80%	83%	93%	71%	91%	76%	74%	91%

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2023-2024*. 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 2024.

Overview

The Trust reported a £5,758k annual deficit (on an adjusted control account basis) as part of the NEL ICS.

The table below summarises our performance for 2023-2024:

Annual Report: I&E Extract	2023-2024 £000	2022-2023 £000
Annual Income and Expenditure Summary		
Operating Income	693,344	639,339
Operating Expenditure	(697,686)	(637,629)
Operating Surplus	(4,342)	1,710
Finance Costs		
Interest Receivable	6,986	3,011
Finance expenditure	(7,387)	(3,017)
PDC Dividends payable	(6,651)	(6,151)
Net Finance Cost	(7,052)	(6,157)
Share of (loss)/profit of joint venture	(201)	(256)
Other gains/(losses)	(347)	6
(Deficit) / Surplus for the year	(11,942)	(4,697)
Add back I&E impairments/(reversals)	3,618	4,755
Remove capital donations/grants I&E impact	607	469
Remove net impact of consumables donated from other DHSC bodies	161	129
IAS19 - Removal of Non cash Pensions on SOFP	(13)	264
Remove impact of application of IFRS16 to PFI measurement	1,811	0
Prior period adjustment	0	1,023
Adjusted financial performance	(5,758)	1,943

Capital

The Trust delivered a sizeable capital programme of £18.4m. The broad categories of spend are upgrades of clinical areas and buildings (£6.1m), plant and machinery / furniture and fittings (£1.0m), and digital and informatics improvements (£11.2m). Public Dividend Capital funding of £6.3m was received in year, £5.5m of this was for digital and informatics improvements.

Income

The Trust received £693.3m of operating income in 2023-2024 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 2023-2024 as reported in the accounts.

Annual Income	2023-2024 £000	2022-2023 £000
Income from Patient Care Activities		
Integrated Care Boards, Clinical Commissioning Groups and NHS England	556,594	525,406
Foundation Trusts	10,480	6,174
Local Authorities	29,818	19,017
NHS Trusts	61,698	60,506
Department of Health and Social Care	13	0
Non-NHS Other	10,395	937
Total Income from Activities	668,998	612,040
Other Operating Income		
Education and Training	14,438	15,254
Research and Development	1,903	2,284
Rental revenue from operating leases	370	375
Other income	7,579	5,621
Reimbursement and top up funding	0	3,434
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for Covid-19 response	56	331
Total Other Operating Income	24,346	27,299
Total Operating Income from Continuing Operations	693,344	639,339

Expenditure

Annual Expenditure	2023-2024	2023-2024	2022-2023	2022-2023
	£000	%	£000	%
Purchase of healthcare from NHS and DHSC Bodies	45,320	7%	38,872	6%
Purchase of healthcare from Non-NHS Bodies	22,756	3%	19,035	3%
Employee Expenses	486,518	70%	453,907	71%
Establishment	6,779	1%	4,778	1%
Supplies and Services	35,272	5%	28,772	5%
Drugs	5,611	1%	5,658	1%
Premises	30,258	4%	28,877	4%
Other	22,761	3%	28,519	4%
Depreciation and Amortisation	38,061	5%	24,456	4%
Impairments (reversals)	4,350	1%	4,755	1%
Total Expenditure	697,686	100%	637,629	100%

Analysis of the operating spend is shown in the table above with comparative figures for 2022-2023. Staff pay costs for 2023-2024 account for 70% 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, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

ACCOUNTABILITY REPORT

Directors' Report

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, 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, supported by 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 meetings, with governors routinely attending the 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 is aligned with 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 (FFPT) 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 several changes to Board membership through the year, the details of which can be found in the remuneration report. The descriptions below of each director demonstrates the relevance of the experience and expertise that each director brings to the Trust.



Eileen Taylor, Trust Chair

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 and Senior Independent Director at MUFG Securities EMEA, Ltd and is also the Senior Independent Director at MUFG Bank London Branch, where she has also previously been the Chair of the Joint Remuneration Committee and member of the Audit Committee. Eileen 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).



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 at ELFT in March 2021. Paul left the Trust in August 2023 following his appointment as the Chief Executive of North East London NHS FT in August 2023Paul

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.



Lorraine Sunduza OBE, Chief Executive (from 17 May 2024)

Lorraine was appointed as Chief Executive at the Trust with effect from 1 May 2024 having formally been the Interim Chief Executive from August 2023.

Lorraine graduated from De Montfort University with a mental health nursing qualification. She has over 20 years' registered nurse experience having started her career working in adult mental health inpatient services.

Lorraine joined the Trust in 2002 as a charge nurse in the forensic directorate; she 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).



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 and is a volunteer counsellor at Naz, a charity in west London. 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

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, Senior Independent Director

Richard joined the Trust in December 2020 as a Non-Executive Director after almost 26 years as a local authority Chief Executive. He was appointed as the Senior Independent Director from 1 November 2023.

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 as well as being the Interim Managing Director of Colchester Commercial Holdings Ltd.

Richard now runs a small management consultancy whose assignments have included working with the Department of Health & Social Care as part of the response to the Covid-19 pandemic. He is also Managing Director for the East Midlands Development Company, Managing Director Commissioner at Woking Borough Council and is Chair of the Improvement Board, Cambridgeshire & Peterborough Combined Authority.



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 26 years within several 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 2022 and 2023 Tanya was recognised in the Health Service Journal (HSJ) Top 50 most influential Black, Asian Minority Ethnic leaders in the NHS.

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.

In September 2023 Anit was seconded to the Department of Transport as the Interim Director General for Rail Infrastructure Group from his role as Lead Director at the Great British Railways Transition Team. In April 2024 Anit was appointed as substantive Group Director, System Operator at Network Rail.

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

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 director appointments including at Good Way Ltd, Field Doctor Ltd, Kind Canyon Digital Ltd and Music Venue Properties Ltd as well as being Non-Executive Director at Community Health Partnership and a Governor of the John Whitgift Foundation; Member of the TfL Properties Investment Advisory Group;; and a Trustee of Ormiston Trust.



Alison Cottrell, Non-Executive Director (from 1 April 2024)

Alison joined the Trust on 1 April 2024 as a Non-Executive Director.

Alison was the founding CEO of the Financial Services Culture Board (FSCB), a not-for-profit body established in the wake of the global financial crisis to help banks and firms manage their organisational cultures and share learning and good practice across the sector.

Alison began her career as an economist, working in investment banking. She then joined HM Treasury where she held several policy roles including, over the six years to 2015, Director of Financial Services. As a member of the Department's senior leadership team and Director of Corporate Services, she also had specific responsibility for its people strategy and related functions.

Alison was made a Companion of the Order of the Bath in 2015. She is a Trustee of Phoenix Futures, a charity that helps individuals, families and communities recover from drug and alcohol problems. She is a member of the Education and Charity Committee of the Worshipful Company of International Bankers and a Fellow of the Society of Professional Economists.



Kevin Curnow, Chief Finance Officer (from 31 July 2023)

Kevin joined the Trust on 31 July 2023 as the Chief Finance Officer (CFO) having previously been the CFO and Deputy CEO at the Whittington Health NHS Trust.

Having professional trained in the south west and worked in industry and commerce for 10 years, Kevin began his NHS career in 2008 at the Royal Cornwall Hospitals NHS Trust.

Since 2011 Kevin has operated at deputy or director level across a variety of NHS organisations whose services covered ambulance, community, mental health and acute provision, allowing him to gain a breadth of NHS provider services knowledge.

Kevin is a support of QI initiatives to drive financial improvement and promotes system collaboration to maximise patient outcomes and experience. He also has a passion for staff development and encourages his teams to maximise the potential of learning opportunities.

Kevin is a Fellow Chartered and Certified Accountant.



Professor Sir Sam Everington MBBS, MRCP, Barrister, OBE, Non-Executive Director

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

Sam has been a GP in Tower Hamlets since 1989 in the Bromley-by-Bow Partnership. The centre has over 100 projects under its roof supporting the wider determinants of health. The social prescribing delivered at the centre is now part of a network of two thousand across the country and is in the process of being put in every general practice in the country.

Sam is a member of BMA Council and RCGP 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.



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

Samanthi was appointed as Interim Chief Finance Officer in July 2022 having joined the Trust in April 2022 as Deputy Director of Finance. She left the Trust in July 2023 following her appointment as Chief Financial Officer at Barnet, Enfield & Haringey NHS Trust and Camden & Islington NHS FT.

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.

Samanthi 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.

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



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

Donna joined the Trust in January 2021 as a Non-Executive Director.

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, 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

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 Barking, Havering & Redbridge University Hospitals NHS Trust and the Vice-Chair and Audit Committee Chair at 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 venture 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.



Claire McKenna, Interim Chief Nurse (from 21 August 2023)

Claire was appointed Interim Chief Nurse at the Trust on 21 August 2023. Prior to this, she was Director of Nursing for Bedfordshire and Luton.

Claire trained as a mental health nurse at St Bartholomews Hospital (now Barts Health Trust) and apart from a year of travelling, has developed and honed her skills at the Trust as a staff nurse in City & Hackney. She was a CAMHS service manager and lead nurse in

Newham before becoming Director of Nursing where she was responsible for adults and CAMHS services.

Claire a MAPPA trainer specialising in child and adolescent mental health care. She is the Trust lead for safeguarding adults and children, and is active in the ELFT Ability Staff Network, working to reduce barriers for staff and service users with a disability.



Edwin Ndlovu, Chief Operating Officer and Interim Deputy CEO

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. He was appointed as Interim Deputy CEO in November 2023.

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 Clinical Director for Improvement at NHS England and is the National Improvement Lead for Mental Health at the Royal College of Psychiatrists, leading several 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.



Dr Mohit Venkataram, Executive Director of Commercial Development (until 31 April 2024)

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 left the Trust on 31 April 2024 following his appointment as the Deputy CEO at North East London NHS FT.

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. She is currently a Non-Executive Director at North East London NHS FT and 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 of Directors 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 as they have not been employed by the Trust and do not have any financial or other business interest in the organisation. None has close family ties with the Trust's directors or senior employees, and none has served on the Board for more than nine years.

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. 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

During 2023-2024 Eileen Taylor declared an interest in the following:

- Joint Chair at East London NHS FT and North East London NHS FT
- Non-Executive Director and Senior Independent Director of MUFG Securities EMEA Ltd
- Senior Independent Director, Chair of the Joint Remuneration Committee and member of the Audit Committee of MUFG Bank London Branch.

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 of directors at Board and Council of Governor meetings for all directors in post during the 2023-2024 financial year.

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Aamir Ahmad	Vice-Chair (London)	6 of 6	3 of 7
Ken Batty	Senior Independent Director <i>(until 31 October 2023)</i>	2 of 3	1 of 3
David Bridle	Chief Medical Officer <i>(from 2 May 2023)</i>	6 of 6	7 of 7
Paul Calaminus	Chief Executive <i>(to 20 August 2023)</i>	2 of 2	2 of 2
Richard Carr	Senior Independent Director <i>(from 1 November 2023)</i>	6 of 6	5 of 7
Tanya Carter	Chief People Officer	6 of 6	6 of 7
Anit Chandarana	Non-Executive Director	6 of 6	3 of 7
Peter Cornforth	Non-Executive Director	3 of 6	6 of 7
Kevin Curnow	Chief Finance Officer <i>(from 31 July 2023)</i>	2 of 2	4 of 5
Sam Everington	Non-Executive Director	5 of 6	1 of 7
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	6 of 6	6 of 7
Samanthi Gibbens	Interim Chief Finance Officer <i>(to 16 July 2023)</i>	2 of 2	0 of 3
Philippa Graves	Chief Digital Officer	6 of 6	3 of 7
Donna Kinnair	Non-Executive Director	6 of 6	5 of 7
Sue Lees	Non-Executive Director	6 of 6	4 of 7
Claire McKenna	Interim Chief Nurse <i>(from 21 August 2023)</i>	2 of 3	3 of 5
Edwin Ndlovu	Chief Operating Officer & Deputy CEO <i>(Deputy CEO from 1 December 2023)</i>	6 of 6	7 of 7
Amar Shah	Chief Quality Officer	6 of 6	1 of 7
Lorraine Sunduza	Interim Chief Executive <i>(from 21 August 2023; Chief Executive (from 17 May 2024)</i>	6 of 6	5 of 7
Eileen Taylor	Trust Chair	6 of 6	7 of 7
Mohit Venkataram	Executive Director of Commercial Development <i>(to 31 April 2024)</i>	5 of 6	6 of 7
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	6 of 6	4 of 7

Evaluating Performance and Effectiveness

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

- The chair conducts individual performance evaluations of the non-executive directors and the chief executive, as well as executive directors in relation to their duties as a member of the Board
- 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. Feedback will also be sought from regional representatives from NHSE local ICSs and local provider trusts. During the year the review was jointly undertaken with NELFT as the chair is the joint chair across both ELFT and NELFT

- The chief executive conducts performance evaluations of the executive directors
- The outcomes of the performance evaluation of the chair and non-executive directors is presented to the Council's 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's Appointments & Remuneration Committee
- The Board has an ongoing development programme in place and held five sessions during the year.

Directors' Remuneration

The responsibility for setting the remuneration of the executive directors falls to the Board's Appointments & Remuneration Committee.

The Council's 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 who has the statutory responsibility to set remuneration levels.

Full details of directors' remuneration are set out in the remuneration report.

Board Committees

The Board exercises all the powers of the Trust on its behalf and remains accountable for all 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 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 2023-20-24 financial year.

Committee member	Title	Attendance (actual/possible)
Richard Carr	Senior Independent Director	6/7
Anit Chandarana	Non-Executive Director, chair of committee	7/7
Sue Lees	Non-Executive Director	5/7
Deborah Wheeler	Vice-Chair & Non-Executive Director	7/7

The Chief Finance Officer, the Director of Commercial Development, the Director of Corporate Governance, and representatives from internal and 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 three 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. The approach to reviewing the committee's effectiveness will be reviewed during 2024 to take account of the HFMA's *NHS audit committee handbook* reissued in March 2024.

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.

The value of the external audit contract is £142,295 (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 2023-2024 were RSM UK. Internal audit provides an independent appraisal service to provide the Trust Board with assurance regarding 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 components of the Trust's internal control framework including SFIs, NHSE self-certification and corporate governance statement, implications of the new Fit & Proper Persons Test framework
- Received the ELFT Charitable Funds annual report
- 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 reviewing the next year's plan for recommendation to the Board
- Agreed and commenced a joint procurement process for internal audit services
- 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 chief executive) 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 receiving and 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 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 the ELFT Charity (registered charity no: 1198337).

Finance, Business & 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, 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 ICSs
- 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.

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 Chair, the Director of People Participation, service user and carer representatives from across the Trust, senior people participation leads, Working Together Group representatives, governors, the Corporate Governance Manager and Director of Corporate Governance as well as 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 one of whom will also be a member of the Audit Committee, 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 received an inspection in February 2023 of four acute working age mental health wards. 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 subsequent report highlighted both areas of positive practice and areas for improvement including:

- Areas of positive practice:
 - Ward environments were safe and clean. The wards had enough nurses and doctors. Escalation processes for staff when they were short staffed or needed additional staff had improved
 - Service improvements had taken place as a result of learning from serious incidents. Wards applied identified recommendations and completed actions in a timely manner. On all wards the observation, ligature risk mitigation and patient search processes had improved
 - In response to a number of incidents where observation procedures were not followed, and practice fell below expected standards the Trust rolled out a Trust-wide quality improvement project to understand the challenges in this area. This led to individual teams across the services working on a range of project areas around observations exploring local solutions
 - Most staff were well informed about incidents. Staff knew about previous serious incidents going back several years. The Trust developed a suite of online training covering suicide prevention, ligatures, observations, and patient searches to support staff in learning lessons from previous incidents

- Senior staff investigated incidents thoroughly. Patients and their families were involved in these investigations. The Trust worked closely with family members and offered family members to option to feed into the service improvement and development processes. This had a powerful impact in understanding how the application of operational processes played a vital role in patient safety
- Areas for improvement identified:
 - The availability and accuracy of statutory and mandatory training and staff compliance
 - Access to regular supervision and annual appraisals
 - Consistent environmental checks being conducted
 - Improvements to the serious incident process. This includes ensuring staff responsible for delivering actions following serious incidents and the senior managers are involved in the development of action plans, and that signed off serious incident action plans is reflecting the latest changes in the actions plan to ensure effective sharing of learning across the Trust.

The report identifies two 'must do' actions that the Trust is required to undertake to ensure that it complies with the regulations set out in the Health and Social Care Act (2008), and a further nine actions that the Trust 'should' undertake to improve the service it provides.

Since receiving the report in 2023, the Trust has taken the following action towards meeting the must do actions:

- All directorates are now RAG rated amber or green (>80%) for statutory and mandatory training compliance. The Trust's overall compliance is 88.4% as of April 2024, which has increased from 80.58% in July 2023. Since the CQC report was published, work has been undertaken to ensure staff are mapped correctly to the correct training. Regular reporting has also been reinstated which provides team leads with data about their team compliance, as well as do not attend (DNA) at training sessions
- A new system to enable recording of supervision sessions has been implemented Trust-wide in April 2024. This will enable a central system to monitor supervision levels across the organisation
- On Gardner ward, work to embed environmental checks and update ligature risk assessments has been completed
- On Roman ward, required refurbishments have taken place including to kitchen and bedroom doors, and a system to ensure repair works are logged and tracked is in place
- The clinical risk assessment and monitoring policy has been reviewed, and changes made to ensure risk mitigation is included in all risk assessments.

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.

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 ☆

Safer Services

ELFT Patient Safety Plan

The ELFT safety plan, shown in the driver diagram below, approved at the beginning of 2023-2024, builds upon a wealth of safety improvement work that has been completed within the trust over the last decade. The mission is to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve, with five key drivers to achieve this mission.



There were four main areas of focus for the first year of the plan; these were chosen as potential enablers and catalysts for the changes in culture and systems that are fundamental to safety improvement:

- Developing our safety insight, involvement and improvement by transitioning to the new patient safety incident response framework (PSIRF)

- Transition to the new incident reporting system, InPhase, and the NHS national learning from patient safety events system (LFPSE)
- Development of ELFT staff skills in patient safety including engagement with the national patient safety syllabus
- Involvement of service users, carers and families.

Transition to PSIRF

Good progress has been made through the preparation stages of PSIRF in liaison with system partners in both ICBs, NHSE and our local staff and service users to identify the most effective way to tailor PSIRF to our local setting. Learning has been gained from early adopters and from trusts who have applied PRISF to similar services, and advice taken from our legal team and local coroners regarding application of PSIRF to our unexpected deaths. The focus has been on continuous learning, improvement and supporting those affected in line with NHSE recommendations.

Work undertaken on the PSIRF transition includes an indepth review of our safety themes; revision of our safety learning methods; improved shared learning approaches; improved safety learning forums and networks; proactive planning of annual safety priorities at Trust-wide level; impactful large-scale safety improvement work; involvement of our patient safety partners in all our safety work; development of a new 'people first' framework for supporting staff after incidents; new incident management pathway; and ICB involvement in safety review decision-making and sign off forums.

Transition to InPhase and LFPSE

The transition to InPhase has been well managed, with oversight of a project implementation steering group and project team. A high level of staff support has been provided in managing the transition including the development of a section in the ELFT Learning Academy, weekly online drop-in clinics and over 100 training sessions attended by over 1,000 staff.

InPhase information has been added to the Trust's corporate induction pack for new starters. Incident reporting data has been monitored in detail over the transition, a temporary impact was recognised on the number of incidents being reported in the period following the transition. Staff feedback is being sought via training sessions and enquiries received into the InPhase support email box. Responses received to date remain positive in respect of the system and accessibility. However, staff do report challenges particularly in relation to the clarity, tone and length of the mandated LFPSE question bank and in relation to the ease of report building.

Development of Staff Skills in Patient Safety

An ambitious programme of in person and remote internal and external PSIRF staff training delivered, in line with NHSE requirements. 240 staff in key roles have completed PSIRF training, and over 175 have had either formal or introductory training in conducting after action reviews, with a new ELFT internal AAR facilitator training launched in January. Our Patient Safety Specialists have also commenced the one-year NHSE Level 3-4 specialist patient safety training with Loughborough University. Five safety related e-modules have been launched on the ELFT Learning Academy with 243 staff having now completed at least one of these modules since their launch.

Work is taking place to embed human factors content into a number of our leadership development modules and our QI leaders' programme.

Involvement of Service Users, Carers and Families

Achievements this year include:

- Recruitment and embedding of two patient safety partner (PSP) roles
- PSP involvement in safety walkarounds, safety forums, PSIRF transformation work, carer strategy group, patient experience forum and improvement work
- Establishment of a working group to develop and test a range of ideas to improve our involvement of service users and carers to improve safety
- Addition of question on safety culture to our ELFT patient survey
- PSIRF training module on involving and supporting those affected by safety incidents.

Improving Safety Culture, Leadership and Just Culture Achievements

Achievements this year include:

- Safety reporting has been strengthened to support board to ward communication and monitoring of safety
- Strengthening of our safety incident decision-making and review processes, to enhance quality, reliability, and transparency, including a new daily incident review huddle and PSIRF decision-making panel
- New safety leadership roles including Director of Safety, Head of Incidents, PSIRF Lead and seven Patient Safety Specialists
- Strengthened Trust Patient Safety Forum with renewed focus on priority areas and expanded membership including FTSU guardian, directorate quality governance leads, QI colleagues, subject matter leads/experts, clinical leads and performance team colleagues
- Representation of ELFT safety leadership at ICB-level safety specialist, safety and PSIRF forums
- Extensive work, led by the interim Chief Executive and Chief Quality Officer, to co-design a common understanding of leadership at ELFT and creating a way for us to measure and improve our leadership across the organisation
- Development and introduction of a safety culture inpatient team staff self-assessment tool which is now embedded within our annual CQC readiness programme for all inpatient wards, with the aim of improving awareness, triggering safety culture conversations and improvement work
- Work on improved triangulation of service user experience data with our staff reported safety measures, including addition of a question into our patient survey specifically relating to safety culture
- Review of Trust disciplinary process and documentation to further incorporate the principles of a just culture
- Review of the speaking up/whistleblowing policy to support staff by identifying many ways in which concerns can be raised and escalated, and support resolution of concerns by managers wherever possible
- Guidance provided to all staff re raising/escalating concerns, signposting key contacts and policies as well as the clear parameters of FTSU and people and culture processes
- Ongoing work to embed respectful resolution across the Trust

- Training of first cohort of Schwarz Round facilitators and launch of Schwarz Rounds with community health services
- Review of our existing safety reporting and monitoring measures, against the Healthcare Foundation framework for measuring and monitoring safety and against what matters to our staff and service users
- Iterative improvements in the data being used to report on our safety work and outcomes, shifting towards more meaningful measures of improvement, learning and reliability of our safety systems.

People Participation and Coproduction

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 coproducing the planning, development, effective delivery and evaluation of all Trust services so that we can offer a better service for all.

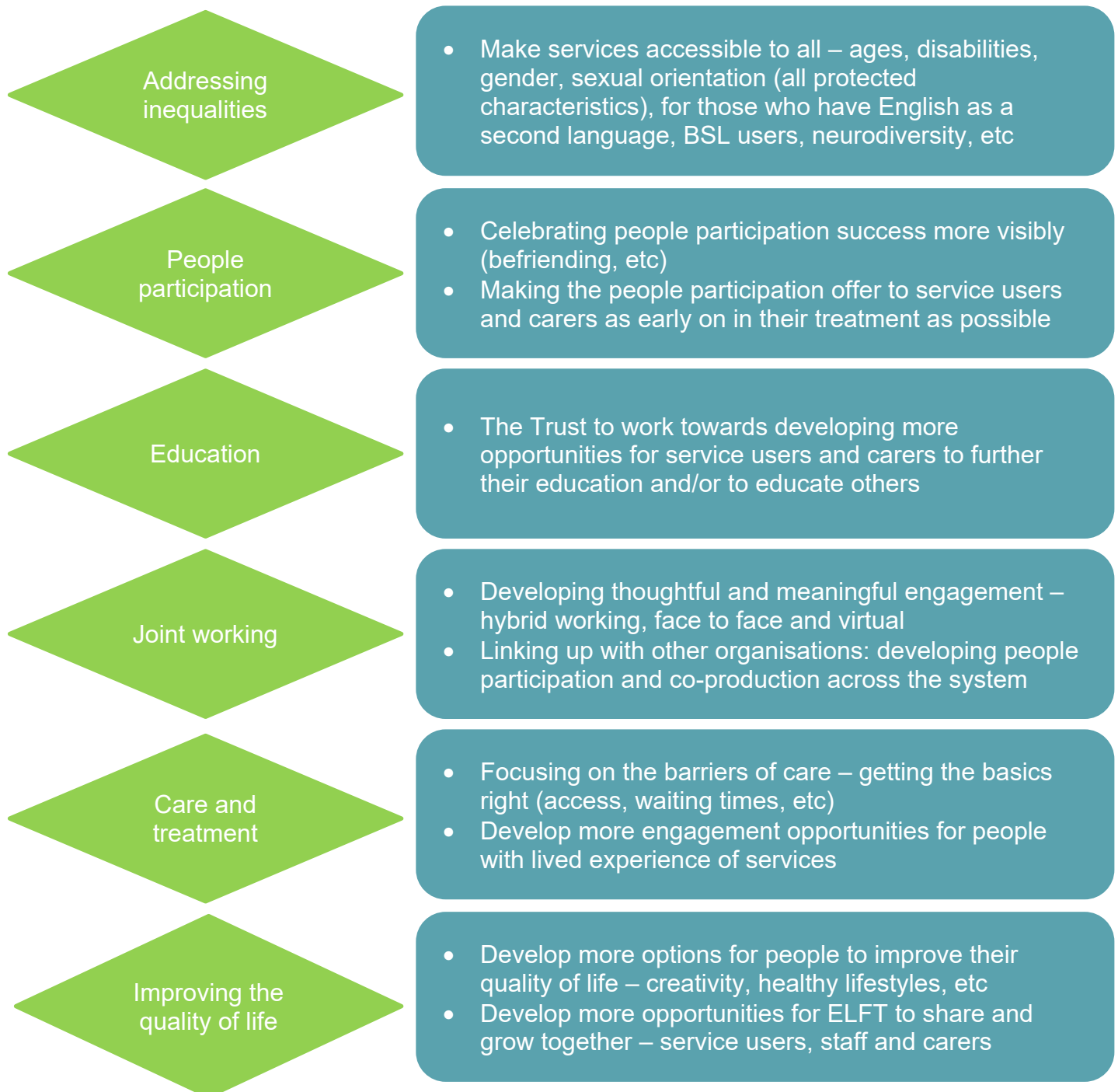
Our network of service-based Working Together Groups, which feed into the People Participation Committee of the Board, enable service users, carers, clinicians and other staff to work together to:

- 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 2023-2024 include:

- ELFT people participation is supporting Barts Health NHS FT (Newham University Hospital) with their people participation. We have two embedded people participation leads (PPLs)
- We are providing lead support and staff to support coproduction and people participation in both NEL ICS and BLMK ICS in our partnership collaboratives. There are two dedicated people participation leads, one for North East London Collaborative and one for Bedfordshire Luton & Milton Keynes Collaborative
- We have recruited three new people participation leads in estates and facilities equity, diversion and inclusion and primary care

- Our befriending service now has over 60 befrienders (all service users and carers) who are supporting over 300 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 100 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) as well as external partners
- Our peer support workforce continues to grow and expand into all services with 65/70 substantive peer support worker roles currently.

Stakeholder Relations

The Trust serves a population of more than two million across our two ICSs, and substantially more across our specialised commissioning partnerships in north-central and east London and the east of England. To ensure that we are maintaining focus on the delivery of the Trust strategy for the population we serve – to improve population health, quality and value for the population we serve, and to improve experience of our staff – and to deliver on our duty to collaborate, the Trust works extremely closely with a wide range of stakeholders. This work starts with service users and carers, residents and communities and deeply involves our voluntary sector partners, 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 wellbeing of the communities we serve. We are involved, committed and trusted partners in the two ICSs in which we work – BLMK and 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 the north central London CAMHS and perinatal mental health collaboratives in London.

In NEL we work very-closely with NELFT and the NEL ICB through our North East London Mental Health Learning Disability & Autism Collaborative (MHLDA) which has again in 2023-2024 had a major role in developing and mobilising our NEL-wide plans for mental health as part of operational planning for 2023-2024. Our NEL MHLDA Collaborative was one of the nine national provider collaborative innovators during 2023-2024, and was noted for the way in which lived experience leadership was and is central to the way in which the collaborative works. During 2023-2024, we have also further developed our Community Health Services Collaborative, with NELFT, the Homerton Hospital NHS FT and Barts Health NHS Trust as well as with other partners.

In BLMK-during 2023-2024 the Trust has worked closely 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, in particular in the extensive work we have done together to plan for the delivery of the NHS Long Term Plan for mental health. We have also worked together to plan for the launch of our new BLMK Mental Health Learning Disability & Autism Collaborative in early 2024-2025.

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 also continue to develop 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, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

Remuneration Report

I am pleased to present the remuneration report for the financial year 2023-2024 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 NHSE 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 are treated as senior managers.

In accordance with the requirements of the HM Treasury Financial Reporting Manual and reporting requirements issued by NHSE, 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 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 2023-2024

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

- Appointed Peter Cornforth and Susan Lees at their meeting in March 2023 as Non-Executive Directors from 1 April 2023
- Reappointed the following Non-Executive Directors for a further three-year term from 1 November 2023:
 - Richard Carr
 - Prof Dame Donna Kinnair
 - Deborah Wheeler
- Appointed Richard Carr as the Senior Independent Director from 1 November 2023 to 31 October 2026 and that his working days be extended from three to four days per calendar month to reflect the role's additional responsibilities
- Reappointed Deborah Wheeler as Vice-Chair for Bedfordshire & Luton and that her working days be extended from three to four days per calendar month to reflect the role's additional responsibilities
- Appointed Alison Cottrell at their meeting in March 2024 as a Non-Executive Director from 1 April 2024.

All appointments and reappointments were at the usual terms and conditions for non-executive directors.

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 2023-2024

During the year, the committee approved:

- In January 2024 a 5% cost of living uplift to be applied to the executive director and VSM pay scale as recommended by NHSE
- The appointment, remuneration and terms of office of the Chief Executive, Chief Finance Officer, Chief Medical Officer, Interim Chief Executive, Interim Chief Nurse and Interim Deputy CEO.

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.

Guidance in the setting of non-executive director remuneration is taken from NHSE and benchmarking with other similar NHS foundation trusts. Levels of remuneration also take into account the non-executive directors' time commitments and responsibilities, e.g. there is an increased time commitment for the senior independent director and vice-chairs.

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 additional 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 can serve two consecutive terms, dependent on confirmation of satisfactory ongoing performance. A third term of up to three years may be served subject to rigorous review and 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. However, to facilitate effective succession planning and the development of a diverse Board, this period of nine years can be extended for a limited time; the reason for extending should be clearly articulated and should have been agreed with NHSE. The Council is mindful of the need to ensure independence and progressive refreshing of the Board and consider this when deciding as to the reappointment of Non-Executive Directors. Account will also be taken of whether any extension beyond six years is likely to impair or could appear to impair a non-executive directors' independence.

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 Chair. Performance is assessed against individual objectives and the overall performance of the Trust. As the Chair has been appointed as the Joint Chair of ELFT and NELFT, the Senior Independent Directors of both Trusts undertake a joint review in line with a process agreed by both Councils.

Executive Directors (including the Chief Executive)

An incremental scale for people on Very Senior Managers (VSM) pay scales for those on VSM contracts. A 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 in line with recommendations from NHSE.

Where an executive director's salary has exceeded £150,000 per annum the necessary opinions have been sought from HM Treasury in line with the process set out by NHSE.

The 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. 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 main 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 executive directors and by the 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. To do this and remain competitive, the relevant Executive Team members are paid on medical consultant pay scales with enhancements.

Equity, Diversity and Inclusion Policy

Equity, diversity and inclusion are embedded in everything that the Trust does. We are committed to the principles of equity, 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 People & Culture Committee regularly receives reports on people, which includes matters of equity, diversity and inclusion. Updates to the committee and the Board also includes progress updates against the Trust's people equalities plans, and both have oversight of the 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. In addition, 2023 saw the first submission for the Medical Workforce Race Equality Standards (MWRES) and the first Bank Workforce Race Equality Standards (BWRES).

Service Contract Obligations and Policy on Payment for Loss of Office

Executive directors are contractually required to give six months' notice to terminate their employment. 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 Cavendish Square Group (CSG) Chief People Officer Network and taking account of the NHS Providers annual salary benchmarking survey analysis. These comparisons are also used to benchmark salaries when new posts are recruited to. The Trust has also reviewed and complied with the NHSE's salary guidance for Foundation Trusts to obtain a ministerial opinion where salaries exceed £150,000. The Trust has received confirmation 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 director appointments whose remuneration is above this threshold.

When decisions about the application of the annual cost of living awards for executive directors and non-executive directors as recommended by NHSE, information is provided about pay and conditions for staff employed on AfC 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 Nominations & Conduct Committee is responsible for selecting candidates to fill non-executive director vacancies, including the 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 Chair as chair of the committee, the 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 governor. The 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 well as the Chair's performance review, 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 committee met four times. Attendance requirements varied based on the business discussed. Attendance by committee members at committee meetings during 2023-2024 is as follows:

Committee member	Role	Attendance (actual/possible)
Julie Aduwa (from 1 November 2023)	Public Governor	2 of 2
Ken Batty (to 31 October 2023)	Senior Independent Director	1 of 1
John Bennett	Public Governor	3 of 4
Richard Carr (from 1 November 2023)	Senior Independent Director	1 of 1
Caroline Diehl (to 31 October 2023)	Public Governor	1 of 2
Mark Dunne	Staff Governor	1 of 4
Sade Etti (from 9 March 2024)	Appointed Governor	0 of 0
Susan Fajana Thomas (to 31 December 2023)	Appointed Governor	2 of 3
Caroline Ogunsola	Staff & Lead Governor	4 of 4
Jamu Patel	Public Governor	4 of 4
Eileen Taylor	Trust Chair	2 of 3
Hazel Thomas	Public Governor	3 of 4
Deborah Wheeler	Trust Vice-Chair	1 of 1

Decisions Made During 2023-2024

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 Peter Cornforth and Susan Lees as Non-Executive Directors with effect from 1 April 2023 and Alison Cottrell as a Non-Executive Director as of 1 April 2024
- Agreed the process for the recruitment of a non-executive director to fill the vacancy left by Ken Batty at the end of his third term
- Reappointed Richard Carr with effect from 1 December 2023 and Donna Kinnair and Deborah Wheeler with effect from 1 January 2024 as Non-Executive Directors for a second three-year term
- Reappointed Deborah Wheeler as Vice-Chair for Bedfordshire & Luton from 1 November 2023 to 31 October 2026, and increased her time commitment by one day to four days per calendar month
- Approved the process for the review of the Chair's performance undertaken jointly with NELFT
- Received a report on the Chair's progress against her objectives for the initial six months of the Joint Chair role from January to June 2023, and a further report on the satisfactory annual performance review as the Joint Chair following the first year in her role from January to December 2023.

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
- Identify and appoint candidates to fill executive director positions
- Determine their remuneration, allowances and other conditions of service including pension rights and any compensation payments, including the development of the remuneration policy
- Monitors the level and structure of remuneration for other VSMs, operating within the locally determined payscale
- Review reports on the executive directors' annual performance evaluations.

Membership and Meeting Attendance

Membership comprises of all 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 2023-2024 is as follows:

Committee member	Role	Attendance (actual/possible)
Aamir Ahmad	Vice-Chair (London)	4/4
Ken Batty	Senior Independent Director (chair of committee) (to 31 October 2023)	1/1
Paul Calaminus	Chief Executive (to 20 August 2023)	1/1
Richard Carr	Senior Independent Director (from 1 November 2023)	4/4
Anit Chandarana	Non-Executive Director	0/4
Peter Cornforth	Non-Executive Director	2/4
Sam Everington	Non-Executive Director	2/4
Donna Kinnair	Non-Executive Director	4/4
Sue Lees	Non-Executive Director	4/4
Lorraine Sunduza	Interim Chief Executive (from 21 August 2023)	3/3
Eileen Taylor	Trust Chair	4/4
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton) (chair of committee from 1 November 2023)	4/4

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 2023-2023

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

- Agreed the appointment and terms of office of:

- David Bridle as Chief Medical Officer from 2 May 2023
- Kevin Curnow as Chief Finance Officer from 31 July 2023
- Claire McKenna as Interim Chief Nurse from 21 August 2023
- Edwin Ndlovu as Interim Deputy CEO (Bedfordshire & Luton) from 1 December 2023
- Lorraine Sunduza initially as Interim Chief Executive from 21 August 2023 and as substantive Chief Executive from 17 May 2024
- Received satisfactory appraisals for all executive directors and assurance that all remained of 'good character' and continue to meet the Fit & Proper Persons Test
- As part of the approach to collective leadership, approved team objectives as well as individual and personal objectives for the executive directors
- Ratified the appointment of Charlotte August as Chair of Compass Wellbeing CIC.

Service Contracts: Non-Executive Directors

Name	Non-Executive Director Post	Term of Office	Appointment Date	Expiry of Current Term
Aamir Ahmad	Non-Executive Director	3 rd term*	1 November 2018	31 October 2025
Ken Batty	Non-Executive Director	3 rd term*	1 November 2016	31 October 2023
Richard Carr	Non-Executive Director	2 nd term	1 December 2020	30 November 2026
Anit Chandarana	Non-Executive Director	3 rd term*	1 November 2018	31 October 2025
Peter Cornforth	Non-Executive Director	1 st term	1 April 2023	31 March 2026
Alison Cottrell	Non-Executive Director	1 st term	1 April 2024	31 March 2027
Sam Everington	Non-Executive Director	2 nd term	1 January 2020	31 December 2025
Donna Kinnair	Non-Executive Director	2 nd term	1 January 2021	31 December 2026
Sue Lees	Non-Executive Director	1 st term	1 April 2023	31 March 2026
Eileen Taylor	Non-Executive Director	2 nd term	1 November 2018	31 October 2024**
	Trust Chair	1 st term	1 January 2023	31 October 2024**
Deborah Wheeler	Non-Executive Director	2 nd term	1 January 2021	31 December 2026

* 1st year of 3rd term of office

** 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
	Chief Medical Officer	2 May 2023	6 months
Paul Calaminus	Chief Executive <i>(to 20 August 2023)</i>	12 March 2021	6 months
Tanya Carter	Chief People Officer	1 July 2018	6 months
Kevin Curnow	Chief Finance Officer	1 July 2023	6 months
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	19 October 2017	6 months
Samanthi Gibbens	Interim Chief Finance Officer <i>(to 16 July 2023)</i>	1 July 2022	6 months
Philippa Graves	Chief Digital Officer*	1 July 2020	6 months
Claire McKenna	Interim Chief Nurse	21 August 2023	6 months
Edwin Ndlovu	Chief Operating Officer & Interim Deputy CEO	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
	Interim Chief Executive	21 August 2023	6 months
	Chief Executive	17 May 2024	6 months
Mohit Venkataram	Executive Director of Commercial Development <i>(to 30 April 2024)</i>	1 November 2016	6 months

* Non-voting

** Voting from 1 May 2024

Board Directors Remuneration

Senior Managers Pay 2023-2024 (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	20-25	0	0	20-25
Ken Batty	Senior Independent Director & Non-Executive Director <i>(to 31 October 2023)</i>	10-15	0	0	10-15
Richard Carr	Non-Executive Director & Senior Independent Director <i>(from 1 November 2023)</i>	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
Donna Kinnair	Non-Executive Director	15-20	0	0	15-20
Eileen Taylor	Chair	40-45	0	0	40-45
Deborah Wheeler	Vice-Chair (Luton & Bedfordshire) & Non-Executive Director	15-20	0	0	15-20
Peter Cornforth	Non-Executive Director <i>(from 1 April 2023)</i>	15-20	0	0	15-20
Susan Lees	Non-Executive Director (from 1 April 2023)	15-20	0	0	15-20
Paul Calaminus	Chief Executive <i>(to 20 August 2023)</i>	85-90	0	0	85-90
Tanya Carter	Chief People Officer	155-160	0	37.5-40	195-200
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	160-165	0	0	160-165
Philippa Graves	Chief Digital Officer	155-160	0	0	155-160
Edwin Ndlovu	Chief Operating Officer & Deputy CEO <i>from 1 December 2023</i>	155-160	0	5-7.5	160-165
Dr Amar Shah**	Chief Quality Officer	105-110	35-40	0	140-145
Lorraine Sunduza	Chief Nurse & Deputy CEO <i>(to 20 August 2023)</i> and Interim Chief Executive <i>(from 21 August 2023)</i>	180-185	0	37.5-40	220-225
Dr Mohit Venkataram	Executive Director of Commercial Development	175-180	0	0	175-180
Dr David Bridle	Interim Chief Medical Officer until became permanent on <i>2 May 2023</i>	160-165	15-20	0	175-180
Samanthi Gibbens	Interim Chief Finance Officer <i>(to 16 July 2023)</i>	40-45	0	0	40-45
Kevin Curnow	Chief Finance Officer <i>(from 31 July 2023)</i>	95-100	0	22.5-25	115-120
Claire McKenna	Interim Chief Nurse <i>(from 21 August 2023)</i>	80-85	0	0-2.5	80-85

* 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 band reflects Dr Shah's consultant role and board role, but not his secondments to NHS England and RCPsych.

Senior Managers Pay 2022-2023

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

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2023-2024 (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 31.03.2024 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2024 (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 31.03.2024 £000	Employers Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
Tanya Carter, Chief People Officer	2.5-5.0	0	20-25	0-5	188	65	293	0	40
Richard Fradgley, Executive Director of Integrated Care & Deputy CEO	0	40-42.5	45-50	115-120	758	164	1,021	0	0
Amar Shah, Chief Quality Officer	0	42.5-45	50-55	140-145	741	224	1,067	0	0
Paul Calaminus, Chief Executive Officer (to 20 August 2023)	0	12.5-15	60-65	165-170	1,082	60	1,372	0	0
Lorraine Sunduza, Chief Nurse (to 20 August 2023); Interim Chief Executive (from 21 August 2023)	0-2.5	50-52.5	55-60	145-150	762	278	1,142	0	39
Mohit Venkataram, Executive Director of Commercial Development	0	40-42.5	50-55	135-140	909	146	1,170	0	0
Philippa Graves, Chief Digital Officer	0	12.5-15	70-75	200-205	1,596	0	101	0	0
Edwin Ndlovu, Chief Operating Officer & Interim Deputy CEO (from 1 December 2023)	0	40-42.5	45-50	125-130	673	219	981	0	6
David Bridle, Interim Chief Medical Officer until became permanent on 2 May 2023	0	40-42.5	50-55	130-135	794	197	1,094	0	0
Samanthi Gibbens, Interim Chief Finance Officer (to 16 July 2023)	0	7.5-10	35-40	100-105	518	49	755	0	0
Kevin Curnow, Chief Finance Officer (from 31 July 2023)	0-2.5	0	35-40	0	349	85	543	0	24
Claire McKenna, Interim Chief Nurse (from 21 August 2023)	0	20-22.5	40-45	105-110	744	53	934	0	0

Richard Fradgley, Amar Shah, Lorraine Sunduza, Mohit Venkataram, Philippa Graves. Edwin Ndlovu, David Bridle and Claire McKenna are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2022-2023

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

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 Board during 2023-2024.

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 Trust in the financial year 2023-2024 was £205,000-£210,000 (2022-2023, £195,000-£200,000). This is a change between years of 4.6%, split as follows:

- Salary & Allowances of £170,000 - £175,000 (2022-23, £160,000 - £165,000). This is a change between years of 5.6%
- Performance pay and bonuses (Clinical Excellence Awards) of £35,000 - £40,000 (2022-23, £35,000 - £40,000). There is no change between years.

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 staff at the Trust as a whole, the range of remuneration in 2023-2024 was from £11,863 to £253,500 (2022-2023 £13,891 to £219,830). The percentage change in average employee remuneration (based on total for all staff on an annualised basis divided by full time equivalent number of employees) between years is 5.3%, split as follows:

- Salary & Allowances average per WTE £50,922 (2022-23, £48,307). This is a change between years of 5.3%
- Performance pay and bonuses (Clinical Excellence Awards) average per WTE £10,230 (2022-23, £9,191). This is a change between years of 11.3%.

19 employees received remuneration in excess of the highest-paid director in 2023-2024. 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.

2023-2024

	25 th percentile	Median	75 th percentile
Total pay and benefits, excluding pension benefits	£30,279	£42,470	£56,034
Salary component of total remuneration	£27,028	£35,619	£50,056
Pay and benefits excluding pension: pay ratio for highest paid director	6.9:1 (£207,500 being the mid-point of highest paid director/ £30,279 being 25 th percentile of employee remuneration)	4.9:1 (£207,500 being the mid-point of highest paid director/ £42,470 being median employee remuneration)	3.7:1 (£207,500 being the mid-point of highest paid director/ £56,034 being 75 th percentile of employee remuneration)

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 25 th 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 75 th percentile of employee remuneration)

Director Expenses

There was a total of £3,417.49 of non-taxable expenses claimed for 2023-2024 financial year by 11 out of a total of 22 Directors (£1,973.32 claimed for 2022-2023 by eight 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

£127.11 was claimed by one Governor during 2023-2024 out of 51 in office during that period (£30 was claimed by Governors in 2022-2023). Expense claims are made and processed in line with Trust policy.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

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 third year and continues to support the delivery of the Trust strategy, future of HR and organisational development work led by NHS England the NHS People Plan and Promise.

Given the national staffing challenges across multiple professional groups. In addition to the cost-of-living crisis, there has been industrial action across multiple sectors, but particularly within the NHS. The impact of high sickness absence, and that staff may be feeling tired and burned out. It is even more important to recognise the link between positive staff experiences and the impact on patient care. The Trust is committed to ensuring that every member of staff feels valued and can contribute to the best of their ability.

The 2022-2026 Trust people plan 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 is regularly reported to the People and Culture Committee and the Trust board.

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

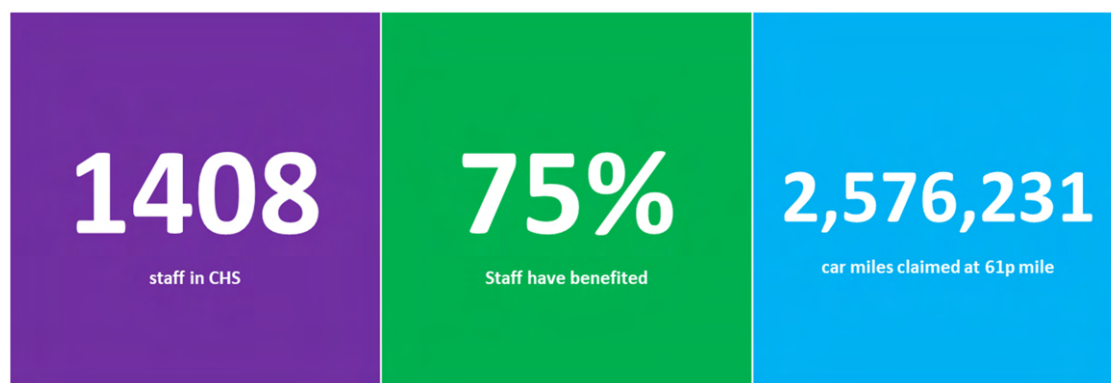
The Trust has continued to develop its well-being offering to staff throughout 2022-2023. These offers have continued to address the needs of staff and continues to include positive emotional, physical and social well-being.

The Trust has long recognised the connection between staff wellbeing, satisfaction and happiness, and the care and treatment we provide, the current context has been challenging with systemic issues impacting staff experience.



In the Trust's continued focus on staff wellbeing, it has been necessary to support staff with specific initiatives to reduce the burden of the cost-of-living crisis. Specific initiatives have included enhancement of mileage rates, targeted at our community health services staff who use their own transport to visit service users in their homes; the introduction of a cost-of-living coordinator to assist staff with information, tips, education and webinars; money management workshops to empower staff to manage their financial resources more effectively and pension workshops to encourage staff to think about the importance of saving for their future retirement in the light of changes to the NHS Pension Fund.

Between 1 April 2023 and 31 March 2024, 2,576,231 miles were claimed at the increased rate which positively impacted over 1,400 staff.

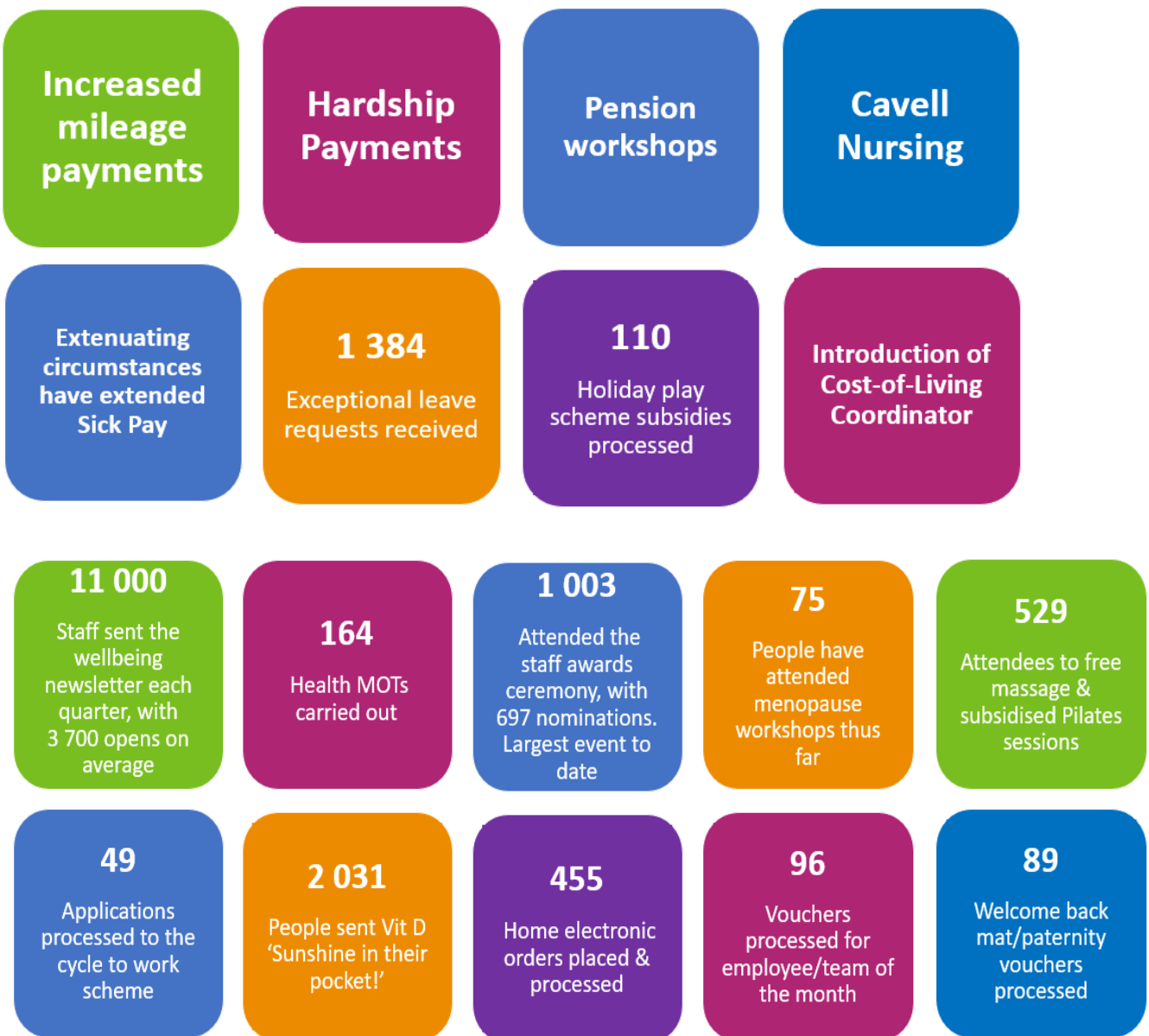


The Trust continue to offer a plethora of wellbeing and engagement initiatives to staff via regular wellbeing bulletins and magazines, hosting inductions and by visiting teams and services across the Trust via wellbeing roadshows. The Trust regularly capture feedback from staff via various qualitative measures as well as via the National Quarterly Pulse Survey.

During the year, numerous Trust wide wellbeing campaigns took place, focussing on men's health week, women's health (self-sustainable period pantry and menopause workshops), MOT health checks for all and staff recognition by way of the annual staff awards ceremony. This year's 'Sunshine in my Pocket' campaign saw the team dispatching 2,031 three-month packs of Vitamin D to staff members during the winter. Three cohorts of non-violent resistance parent classes have been run by internal staff and a parent. The workshops focus on non-violent resistance, an approach to communicate effectively, establish boundaries and improve family relationships.

Lorraine Sunduza, ELFT CEO, is the Trust's Wellbeing Champion. The forum meets regularly to discuss and shape the Trust's wellbeing initiatives.

Below is a snapshot of some of the well-being initiatives that have been implemented:



In addition, we have for a second year running implemented a winter incentive payment for Bank staff.

- Ongoing occupational health support.
- Procured a new Employee Assistance Provider (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 2022-23, the scheme was run again in 2023-2024. 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 over 2,000 staff. We have received really positive feedback about the difference that the vitamin D supplements are making.

Non-Violence Resistance Workshops (NVR)

As part of our staff support, we are now on the fourth 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.

Health and Safety at Work

The Chief Operating Officer & Deputy CEO is the executive director lead for health and safety matters and is supported by the Chief Nurse, the Chief People Officer, estates and governance directorates, staffside 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

As at March 2024, the Trust vacancy rate is 6.90% reduced from 8.70% in March 2023 and has been on a downward trajectory since December 2023. The current vacancy rate ranges between 0.01% in specialist services to 20.90% in community services, 13.8% in Bedfordshire.

In terms of the Trust-wide people metrics, there have been improvements in turnover which was 19.49% in March 2023 reduced to 16.82% in March 2024.

Time to hire has reduced to 35.25 days against a Trust-wide target of 43 days. The launch of Trust-wide targeted recruitment drive has meant a more strategic approach to recruitment to reduce the number of single advertisements that have been placed because we are doing more targeted and collective recruitment campaigns and less individual job adverts to maximize use of resources and to improve economies of scale.

There has been a significant increase in the number of internationally recruited roles. In 2022-2023 there were 46 whole time equivalent role recruited increasing to 114 whole time equivalent in 2023.

Retention

The Trust was successful in joining the NHSE retention exemplar programme. A people promise manager has been appointed and commences employment in June 2024 to lead on the retention work.

The Trust has served notice to NEL ICS to cease delivering the NEL Mass Vaccination/Workforce Management Model at the end of June 2024.

Equity, 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

equity, diversity and human rights policy in place and a strategy for its effective implementation. The Trust has embedded values-based recruitment 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 an 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 2023 to 31 March 2024 included over 20 Team of the Month awards winners and over 55 awards to Employee of Month winners. Last year also saw 73 staff members being recognised for their exceptional continuous NHS service, with 65 staff members receiving a bronze award (20 years' service), seven staff members receiving a silver award (30 years' service) and one employee receiving a gold award (40 years' service). Additionally, in April 2024, the Trust launched its first ever staff recognition platform, Highfive, in partnership with Vivup (the Trust's current cycle to work and home electronics scheme provider). The platform enables staff to continuously recognise the hard work and tireless dedication of their colleagues and encourages staff to actively appreciate one another as part of their daily work lives.

In October 2023, the annual staff awards ceremony took place at the Troxy in Limehouse, East London. The ceremony was deemed a huge success and was the Trust's largest staff awards ceremony to date. In the lead up to the event, 697 staff nominations were received. Over 1,100 ELFT staff and their guests attended the evening (excluding the VIP guest list as well as those who volunteered on the night), and over 745 ELFT staff members and their families tuned in to the live stream feed of the event.

Learning and Development

The ELFT Learning Academy (ELA) has been online for two years, and in that time its usage has widened to now include over 350 personal development courses that are available to staff across the trust. It is becoming the one-stop-shop for all learning with many of the different professions having dedicated pages for their specific personal development plans are on track to launch the supervision elements in April 2024 to expand on personal development and wellbeing using the Trialog tool.

Appraisals

The 2023 appraisal process for non-medical staff ran from April to June and followed the same approach of the previous year. This approach is designed to shift the conversation into 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 has been warmly received by managers and appraisees due to the simplicity of the process, the openness of the questions and the training and support.

Appraisal is hosted within ELA where there is a dedicated page where staff can access the classroom or on-demand training and find their forms, or the forms of their teams if they are a manager.

The Trust achieved a 69% completion rate (for agenda for change staff) during the cycle, which then rose to 79% by the end of the year as new starters took the opportunity to have an appraisal as part of their onboarding.

Statutory and Mandatory Training

The reviewed the statutory and mandatory training requirements to better utilise the capabilities of ELA and rethink the way that statutory and mandatory training was assigned to staff.

The new approach was adopted in February 2023 which had an expected impact on compliance, and it dropped to 72%. Throughout the rest of the year the learning & development team has worked alongside trainers and colleagues from the directorate management teams to create local action plans and address specific requirements to support the areas back towards the Trust compliance target. This effort has paid off and as of the 31 April 2024 compliance had climbed to 88.5% with further actions and activities in place to raise this further.

Supervision

The Trust has been working on a project to embed a new approach to supervision for all staff groups (except medical) staff, and this has resulted in the creation of a new suite of tools available through ELA in which staff can capture their managerial, professional, and clinical supervision records.

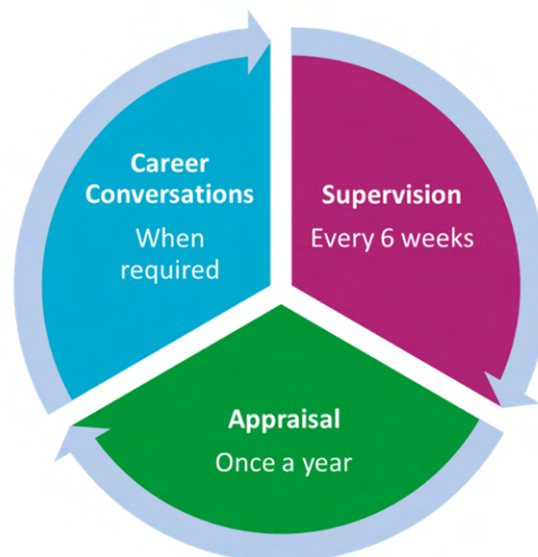
This will also the Trust to have a clear picture of supervision completion, but also to help shape the structure of these conversations to ensure at the heart of each there will be a focus on contribution, development, and wellbeing.

Alongside the tools and forms there is also training and guidance available for managers, supervisors, and staff to help embed a culture of quality into these valuable conversations.

The first wave of tools for managerial, professional, clinical and group supervision are planned for launch in April 2024.

Career Conversations

In addition to the above, the Trust has launched a career conversations tool, which is a process that was started in appraisal 2023 and now has its own place on ELA. It is designed to allow staff to have a conversation about their career outside of their appraisal and supervision, in a space that is specific to this discussion. Whilst it is expected that most discussions will take place with a line manager the tool will allow this conversation to happen with any other staff member and will support people to increase the breadth of their discussions and include potential career changes. The system is being built now and will launch in July 2024 following completion of the appraisal window.



Appraisal, supervision and career conversations are separate tools, but are linked in approach and intent to support the contribution, growth, and wellbeing of staff.

Apprenticeships

ELFT has 184 apprentices on the programme; 51 of whom were recruited directly into their apprentice role and 133 existing staff who are completing an apprenticeship as part of their personal development and growth.

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. In the last year, 64 apprentices completed their course in a range of programmes, including our first level 7 solicitor apprentice graduate, qualifying in the first quintile in the country.

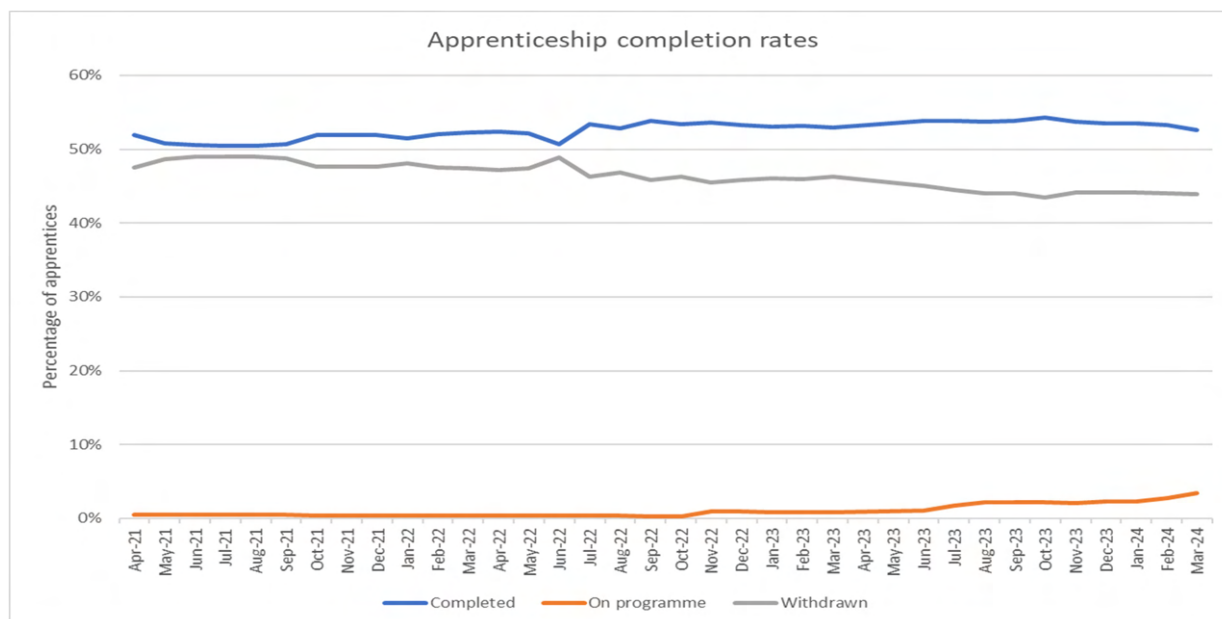
The Trust's National Apprenticeship Week 2024 events attracted the largest numbers yet, engaging with 500+ people across the week. The week involved in-person events, webinars, and a visit from Dr Navina Evans, NHS E's Chief Workforce, Training and Development Officer, who met with our apprentices to discuss their stories and ideas for change.

2023-2024 was also a significant year for raising the profile of the Trust's podiatry apprenticeships, as we saw our talented podiatry apprentice, Phoebe Edwards, receive Apprentice of the Year gold award at the Our Health Heroes Awards 2024, organised by Skills for Health. The public and healthcare professionals vote for this prestigious national award.

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

The learner journey has been at the heart of our improvement activity with a small increase in numbers currently on the programme; however, there has been a small downward trend in completion rates and apprentices withdrawing from the programme.

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, we have provided £68,814 in support of this activity.

Leadership Activity



Following a process of consultation and co-production the Trust has published a new set of leadership behaviours that describe how leadership should be at ELFT.

All ELFTs people are leaders, regardless of their job title or grade, and the behaviour framework include a set of behaviours for all staff, as well as additional behaviours for those who lead teams and for more senior managers.

These behaviours have now been embedded into the Trust's leadership development and personal development training courses to help embed this across our entire population. They have also been included into induction and appraisal, so they are part of the first and then ongoing conversations with our staff.

The delivery of leadership courses increased throughout 2023-2024 with courses designed for leaders with differing needs.

'Stepping into leadership' is 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.

ELFT lead programme is focused on managers who lead a team and across four modules helps learners to understand how they approach leading a team, and how they can enhance their work with a new set of skills and confidence to utilise them and six cohorts of staff attended this course during the year.

This year also saw another edition of the successful senior clinical leaders' programme where 36 leaders attended modules designed to help them lead in our complex clinical environment.

In December 2023 the alumni of the previous 12 months of courses attended a reconnection event which brought learners of all the courses together to consider how they have applied their learning, work together to suggest new content for the courses and receive some new learning from some inspirational external speakers. This was event was hugely successful and will be repeated in the future.

Organisational Development (OD)

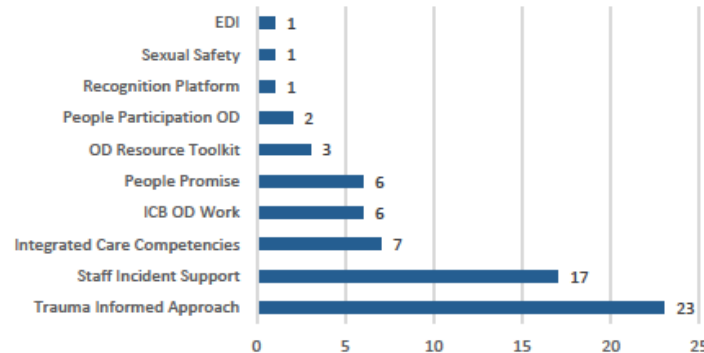
The total number of sessions delivered by the OD team in 2023-2024 was 503, compared to 579 in 2022-2023. Most OD interventions took place for Trust-wide services (152 interventions), followed by Tower Hamlets mental health services (99 OD sessions) and corporate services (67 OD sessions). The least number of OD sessions were in specialist children and young people's service (SCYPS).

503

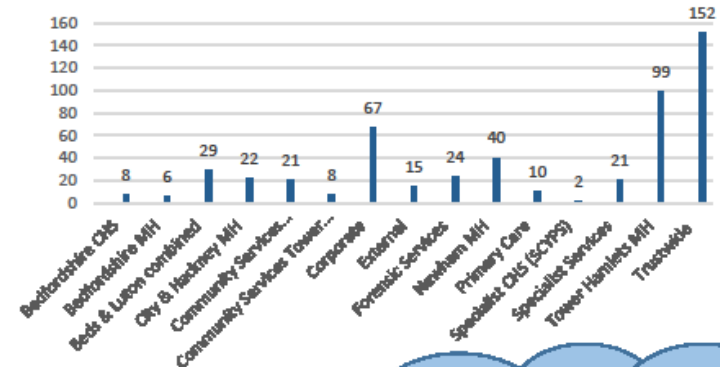
OD Interventions held
from 1st April 2023 –
31st March 2024



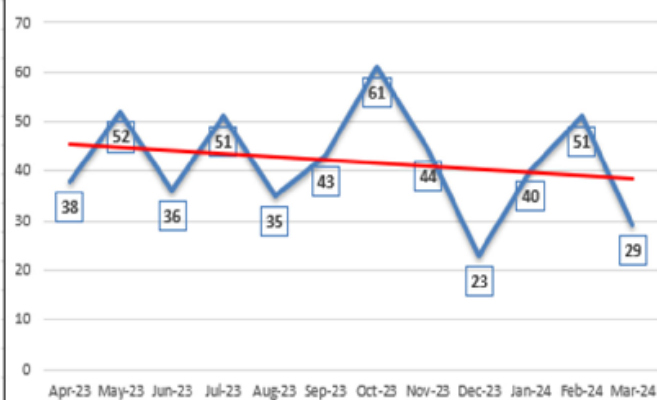
OD project Work 2023/24



Number of OD Interventions by Directorate



OD Interventions 2023-2024



95
Coaching/Mentoring
Sessions
267
Scoping/Planning
Sessions
106 OD Facilitations
held with Teams

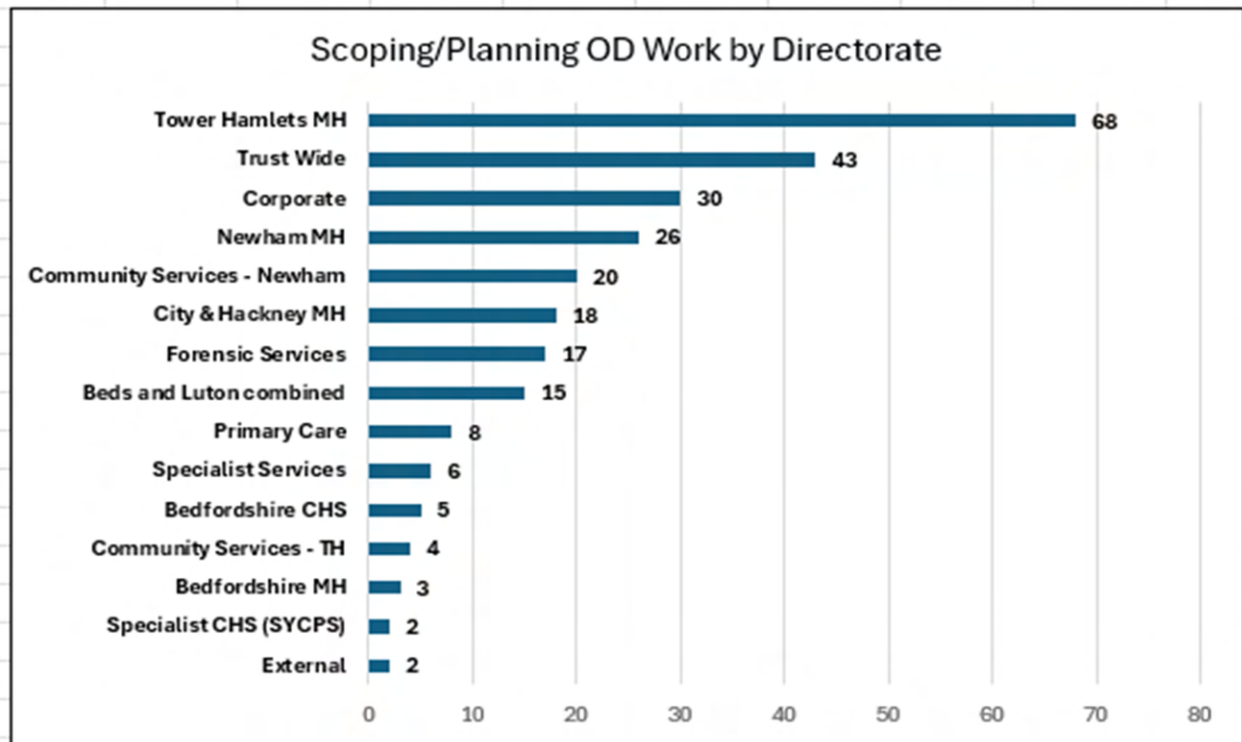


Thanks for arranging
this away day, it was
thought through
about this change as
this is going to work
so well. Also, the
away day structure
was so brilliant.

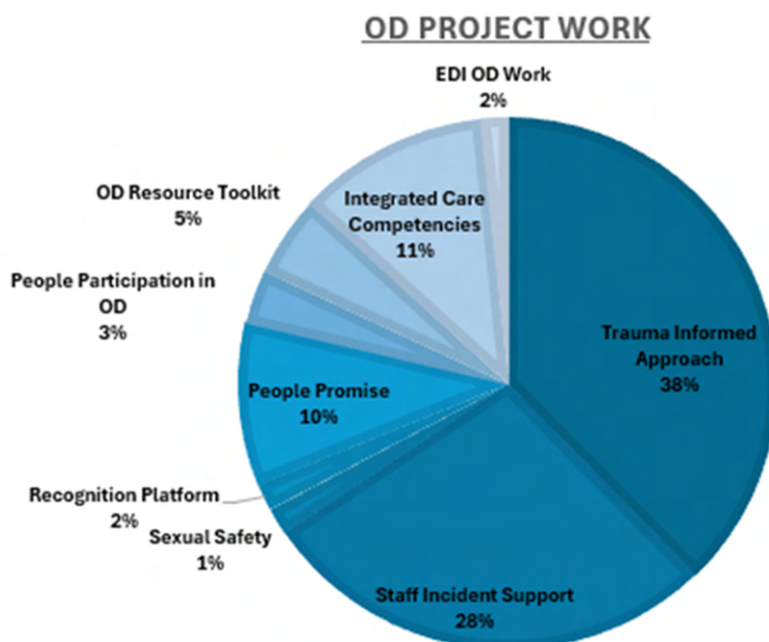
It was great to talk through
some of the difficulties we face
as leaders, thinking about team
culture and how to manage our
stress, seek help and also learn
that we cannot change
everything all at once.

Brilliant session! Feeling very
inspired. I know what my next
steps are and am keen to now
take action.

Most of the OD work was on planning and scoping sessions for future OD facilitation sessions (53%). This is where the OD consultant contracts with the client team/individual staff and develops the plan and outcomes for bespoke team interventions. Tower Hamlets mental health services had the most scoping/planning sessions (25%), followed by Trust-wide (16%).



There are a number of OD projects across the Trust, as detailed below. Most of this project work is looking to embed a trauma informed approach in the team OD sessions as well as across corporate teams and the wider Trust. The Trust has developed the framework to support staff following an incident and this project is ongoing. Other project work is detailed below, including the development of an OD resource toolkit for teams, development of a sexual safety charter, etc.



People Relations

The employee relations case load across the Trust has remained high throughout 2023-2024 with 50% of the cases being disciplinarys. Sickness absence cases have increased across the year with a 29% increase in the short-term sickness absence cases.

The fair treatment process (FTP) continues to see a sustained reduction in the number of staff suspended, the majority being placed on restricted duties/redeployed as an alternative. A recent analysis of cases indicates that the ratio of racialized staff to white staff going through disciplinary cases is 3.4:1.

The senior people relations team are currently reviewing the disciplinary process and documentation to further incorporate the principles of a just culture. The FTP is being reviewed and strengthened to give greater guidance as to when it would be appropriate to proceed to a formal investigation and how many situations can be managed at an informal level and consideration of whether disciplinary is the correct policy to be following. The intention is that this amendment will ensure the fair treatment process is consistently applied in all cases. Once the amendments are finalised, the manager training will be updated, and the advisers will work with the senior manager completing the form to ensure consistency and in turn the implementation of a just culture.

Over the last year the fair treatment pre-capability management checklist for managers has been implemented with the aim of reducing the number of disabled staff entering the formal capability process. There have been no disabled staff entering the formal capability process since the introduction of the form.

During 2023-2024 the Trust has delivered the three-day course on HR skills for managers to approximately 143 managers across the Trust. The feedback has been positive; however, managers have indicated that a three-day course may not be suitable for all due to capacity. Considering the feedback, the course has been re-configured to modular sessions which can be booked separately which will allow managers to undertake refresher sessions on topics. Additional training has been delivered to managers including commissioning managers training, investigation officer training, chair of hearings training, and MHPS training for medical directors.

All staff who have been through the disciplinary process, capability process and respect and dignity at work/grievance processes have been surveyed. There were a number of responses to each, containing some insightful and very useful qualitative feedback. The two main themes of the survey were the length of time processes took and communication. The feedback will enable us to improve the training, process and policy as well as further developing our trauma-informed approaches.

The respectful resolution pathway has been incorporated into the new dignity at work policy. The policy is structured around the respectful resolution pathway, which provides a framework to address inappropriate behavior. The pathway also provides information on how to build a psychologically safe environment in which staff can mention issues respectfully and without fear of victimisation. In addition, respectful resolution courses have been made available on ELA. It is anticipated that the incorporation of the pathway will reduce the number of formal dignity at work cases being undertaken.

Industrial action

Junior doctors and consultants were the only staff group to meet the threshold to take industrial action this year. Junior doctors took strike action on 25 days during the period March 2023 to February 2024 with numbers declining from 70% in the early days to around 28% towards the end of the year. Consultants took strike action on five days between September 2023 and October 2023.

Strong partnership working arrangements fared the Trust well in minimising the impact and disruption to services. Medical managers and trade union partners worked well together to ensure patient safety was at the forefront of planning. There was an increase in staffing costs of around £230,000 as a direct result of covering staff while they took strike action.

Partnership Working and Consultation

The Trust has maintained effective partnership working with trade unions and staffside representatives, despite the ongoing industrial action. We have maintained relationships through the formal Trust-wide Joint Staff Side Committees (JSC) and Joint Local Negotiating Committees (JLNC) as well as informal communications. 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

The Trust is committed to creating a culture where staff can speak up and raise their concerns. Speaking Up is speaking up about anything that gets in the way of colleagues doing a great job. There are a variety of ways staff can speak up and raise their concerns. We encourage staff to discuss their concerns with their line manager in the first instance. If this is not always possible, for whatever reason, staff can also speak to:

- Their line manager's line manager
- Supervisor
- Service lead
- Clinical lead
- Directorate lead
- Professional lead
- Raise an incident via InPhase
- Speak to the people and culture team
- Speak to their union/union rep.

Freedom to Speak Up (FTSU)

However, if staff do not feel they can speak up to those listed, or they already raised their concerns but did not receive feedback or see any improvement, then they can speak to the Freedom to Speak Up Guardian (FTSUG) for support. The FTSUG offers a confidential route to raise concerns. ELFT staff have a clear, confidential, and safe process to raise concerns about any matter that is damaging to patient care, or which puts patients at risk.

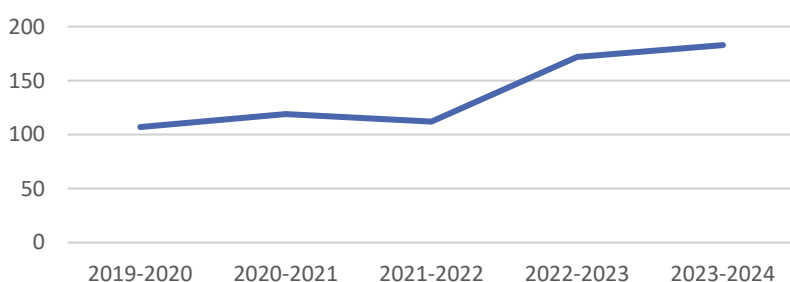
The Trust appointed to the FTSUG role in October 2017 and implemented the standard integrated policy which was adopted in line with recommendations of the review by Sir Robert Francis into whistleblowing in the NHS.

The new FTSU policy for the NHS (national policy) was implemented by ELFT in November 2022. All NHS organisations are required to adopt this national policy as a minimum standard to help normalise speaking up for the benefit of patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately.

FTSU Concerns Raised

183 concerns were raised to FTSU between 1 April 2023 to 31 March 2024. Depending on the nature of the concern raised, they are generally escalated to the directorate leads and/or the people and culture team. Quarterly meetings are also held with directorate leads and the people business partners to discuss and triangulate what has been raised via FTSU and through the directorate directly. The 'learning from' is also captured and directorates share how they have embedded that learning moving forward.

FTSU Concerns Raised Yearly

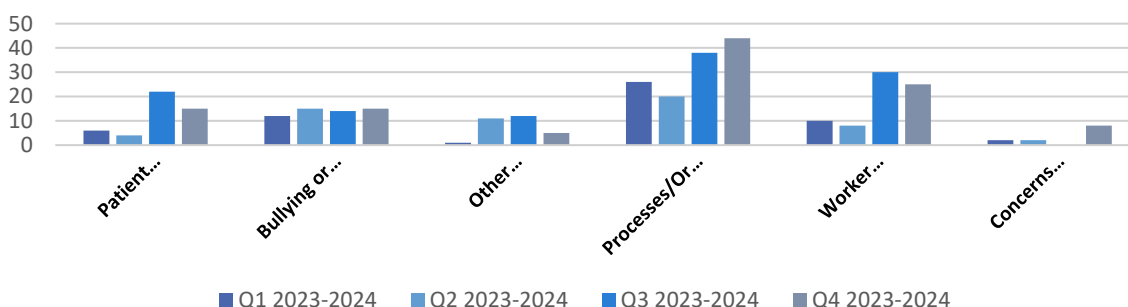


Y axis = number of concerns

FTSU Concern Broad Themes

The most common themes of concerns raised relate to those of processes/ organisational structure/other, worker safety and/or worker wellbeing and staff experiences of behaviours that amount to bullying and/or harassment.

FTSU Concerns - Broad Themes 2023-2024



**Total number of themes will not correspond with the total number of cases raised, as a concern raised by one member of staff can relate to multiple themes.*

Raising Concerns Through FTSU

The [FTSU intranet](#) page is updated regularly and includes ways in which staff can obtain advice or raise a concern; all referrals will be treated in the strictest confidence by the FTSUG and can be submitted anonymously:

- Email the FTSUG via the confidential inbox: elft.freedomtospeakup@nhs.net
- Call the FTSUG directly on 07436 027388
- Complete the [Online FTSU referral form](#)
- Complete a MS forms online where staff can share an experience, suggest an improvement or raise a concern

- Contact one of the local FTSU Champions
- Write to the FTSUG at the Trust head office
- 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
- Staff can also contact the Senior Independent Director
- Raise whistleblowing concerns via *Protect – Speak Up, Stop Harm* (<https://protect-advice.org.uk/>)
- Raise concerns via staffside/trade unions.

Depending on the nature of the concern raised, feedback is given via the FTSU Guardian, directorate lead, service lead or by a member of the people and culture team.

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

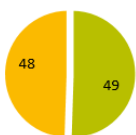
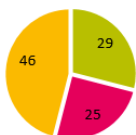
The Trust employs two LCFSSs and reports on counter fraud activity are regularly submitted to the Trust's Audit Committee. Further details are set out in the report on the Audit Committee within this annual report.

2023 NHS National Staff Survey

The National NHS Staff Survey 2023 took place during October 2023 to November 2023. As with previous years, we used the provider Picker to conduct the survey. The results are highlighted below.

This report summarises the findings from the core [NHS Staff Survey 2023*](#) carried out by Picker, on behalf of [East London NHS Foundation Trust](#). Picker was commissioned by [23 Mental Health and Mental Health Community Trusts](#) organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 118 questions were asked in the 2023 survey, of these, **113** can be compared to 2022 and **100** can be positively scored. Your results include every question where your organisation received at least 10 responses (the minimum required).

7152 Invited to complete the survey	7141 Eligible at the end of survey	42% Completed the survey (2976)	52% Average response rate for similar organisations	33% Your previous response rate
71% q25c. Would recommend organisation as place to work 67% q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation 84% q25a. Care of patients/service users is organisation's top priority		Comparison to 2022**  <ul style="list-style-type: none">■ Significantly better■ Significantly worse■ No significant difference	Comparison with average**  <ul style="list-style-type: none">■ Significantly better■ Significantly worse■ No significant difference	

The overarching themes emerging are:

- Equity, diversity and inclusion.
- Flexible working and retention.
- Staff safety and wellbeing.

The NHS Staff Survey draws on item banks within the survey to report all 118 survey questions on nine people promise elements. These elements measure the extent to which the Trust is compassionate and inclusive; staff feel recognised and rewarded, staff have a voice that counts; safe and healthy; always learning, working flexibly and work as a team; as well as staff engagement and morale.

Across the people promise elements, the Trust response is higher than the national average on all eight people promise elements*. Compared with other mental health, learning disability and community health trusts, the Trust score is higher than the average on five of the elements and slightly lower than the average on the three following elements:

- we are recognised and rewarded
- we work flexibly
- morale.

A staff engagement score is generated by drawing on nine questions from the overall survey. 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. The Trust score is consistently higher for staff engagement compared to the national average as well as the average of other mental health, learning disability and community health trusts.

People Promise Element	Average National Overall	Overall Average MH & LD and MH, LD & Community	ELFT	ELFT Compared to National Average	ELFT compared to MH & LD and MH, LD & Community
We are compassionate and inclusive	7.30	7.58	7.60	↑	↑
We are recognised and rewarded	6.00	6.43	6.39	↑	↓
We have a voice that counts	6.72	6.98	7.09	↑	↑
*We are safe and healthy	-	-	-	-	-
We are always learning	5.64	5.92	6.18	↑	↑
We work flexibly	6.28	6.83	6.67	↑	↓
We are a team	6.80	7.17	7.21	↑	↑
Staff engagement	6.89	7.11	7.33	↑	↑
Morale	5.95	6.18	6.15	↑	↓

* Note. 2023 results for 'We are safe and healthy' have not been reported upon, across all Trusts, due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

49 Questions are significantly better than in 2022. 48 questions were not significantly different. No questions were significantly worse.

Using a summary table provided by Picker, the below are the five most and least improved questions when compared to only ELFT answers from 2022.

Most improved scores	Org 2023	Org 2022
Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	39%	32%
Q24e. Able to access the right learning and development opportunities when I need to	68%	60%
Q3i. Enough staff at organisation to do my job properly	37%	29%
Q12f. Never/rarely feel every working hour is tiring	57%	50%
Q8a. Teams within the organisation work well together to achieve objectives	60%	54%

Most declined scores	Org 2023	Org 2022
Q7i. Feel a strong personal attachment to my team	67%	68%
Q2c. Time often/always passes quickly when I am working	74%	75%
Q13d. Last experience of physical violence report	88%	89%
Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	73%
Q15. Organisation acts fairly: career progression	56%	57%

Below are the five questions that came out better and worse when compared to other trusts in our comparison group.

Top 5 scores vs Organisation Average	Org	Picker Avg
Q25c. Would recommend organisation as place to work	71%	64%
Q25a. Care of patients/service users is organisation's top priority	84%	78%
Q8a. Teams within the organisation work well together to achieve objectives	60%	54%
Q3f. Able to make improvements happen in my area of work	67%	61%
Q25b. Organisation acts on concerns raised by patients/service users	80%	74%

Bottom 5 scores v Organisation Average	Org	Picker Av
Q4c. Satisfied with level of pay	31%	35%
Q18. Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	69%	73%
Q12b. Never/rarely feel burnt out because of work	31%	34%
Q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	71%	75%
Q22. I can eat nutritious and affordable food at work	54%	57%

Staying with the comparison against other trusts, all 118 survey questions have been placed into nine themes based on the NHS people promise elements.

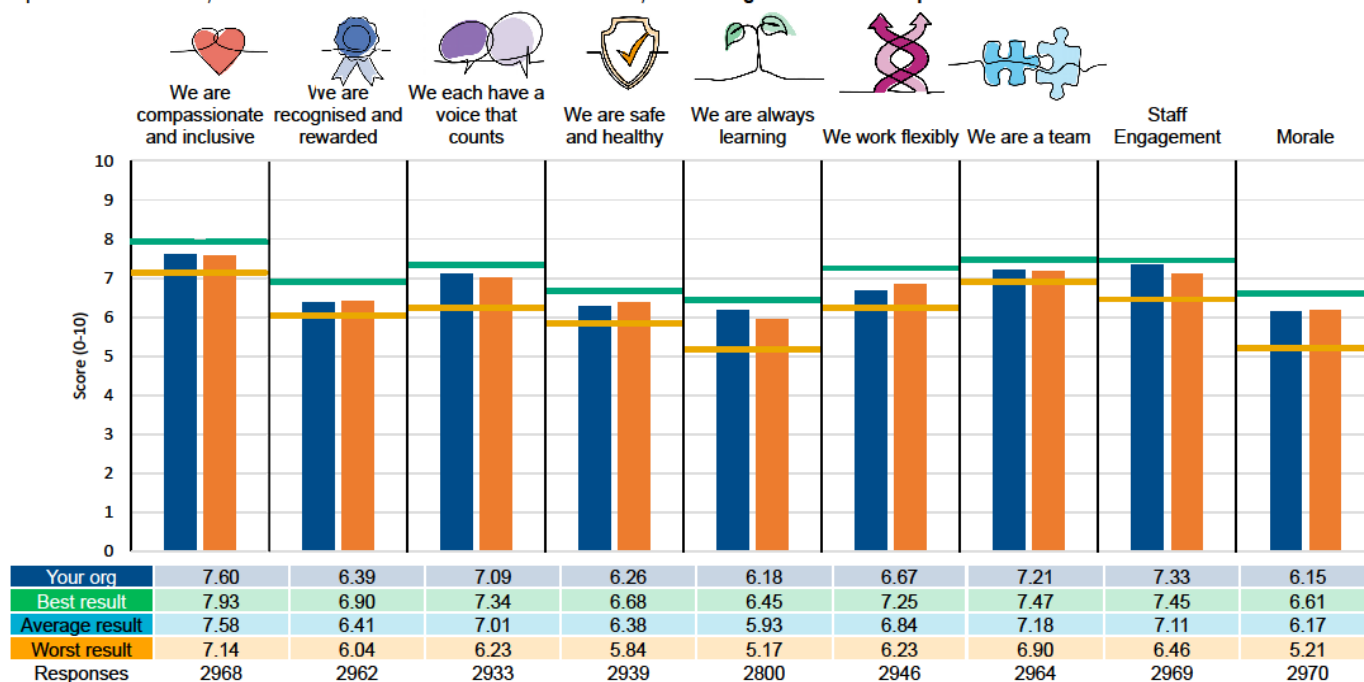
The NHS People Promise elements cover the following domains:

- We are compassionate and inclusive
- We are recognised and rewarded
- 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 nine people promise questions, for the most part, the Trust response is either similar to the national average or higher. In two elements however, the Trust is slightly below the average result for 'we are safe and healthy' and 'we work flexibly'.

People Promise elements and themes: Overview

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.

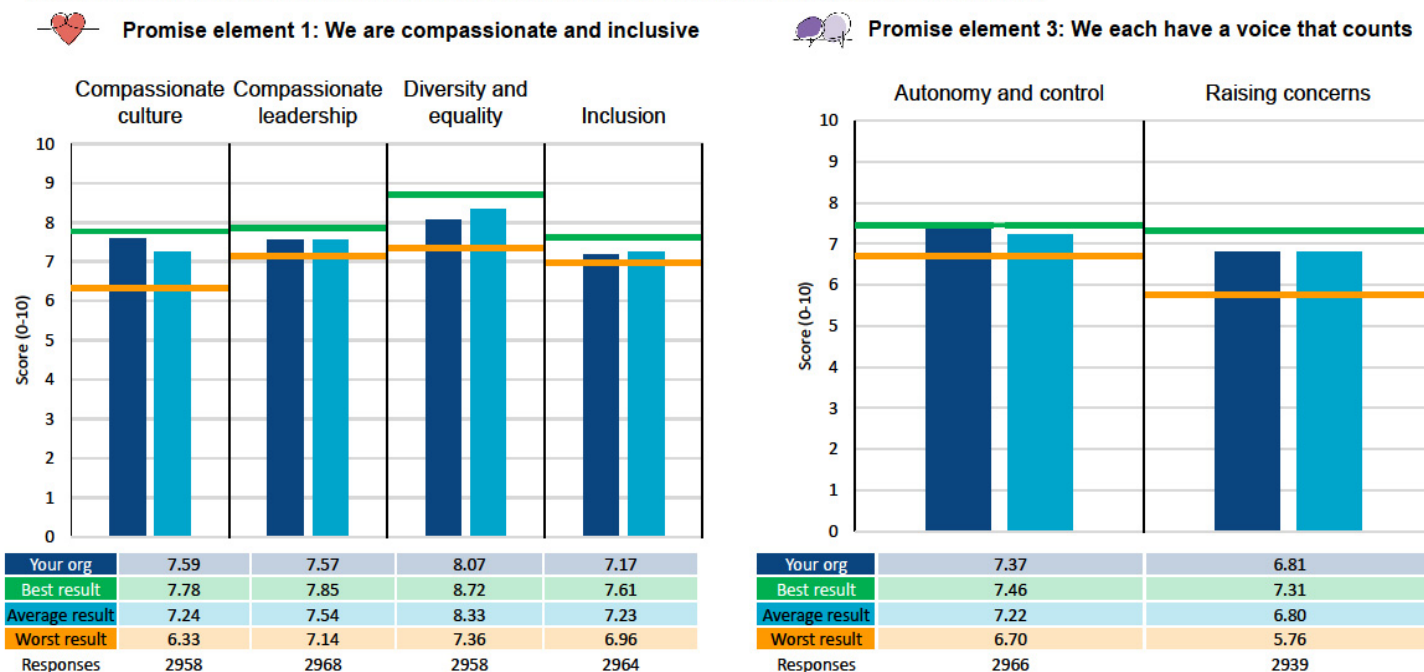


East London NHS Foundation Trust Benchmark report

People promise element 1: We are compassionate and inclusive: The diversity and equality as well as the inclusion indicators are below the average whilst the remaining two indications (compassionate culture and compassionate leadership) are higher than or similar to the national average respectively.

People promise element 3: We each have a voice that counts: For this indicator the Trust is above the national average.

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.



Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

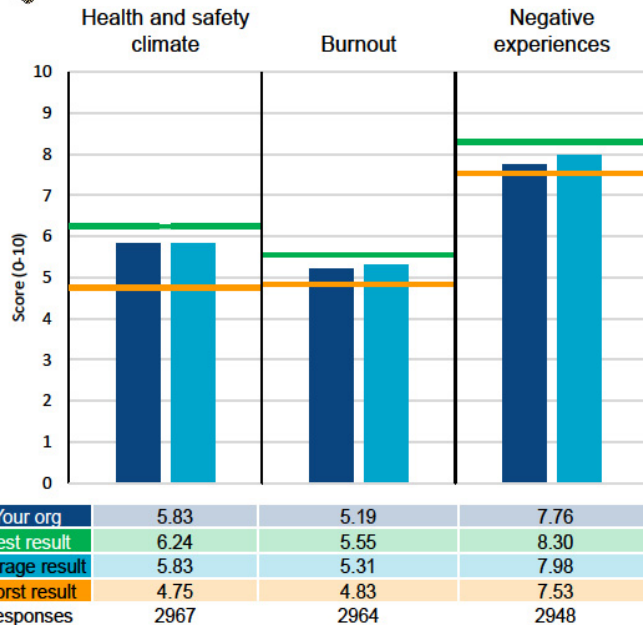
People promise element 4: We are safe and healthy: The Trust scored the same as the national average for health and safety climate. However, for burnout and negative experiences the Trust is below average.

People promise element 5: We are always learning: For both these indicators, development and appraisals, the Trust is above average.

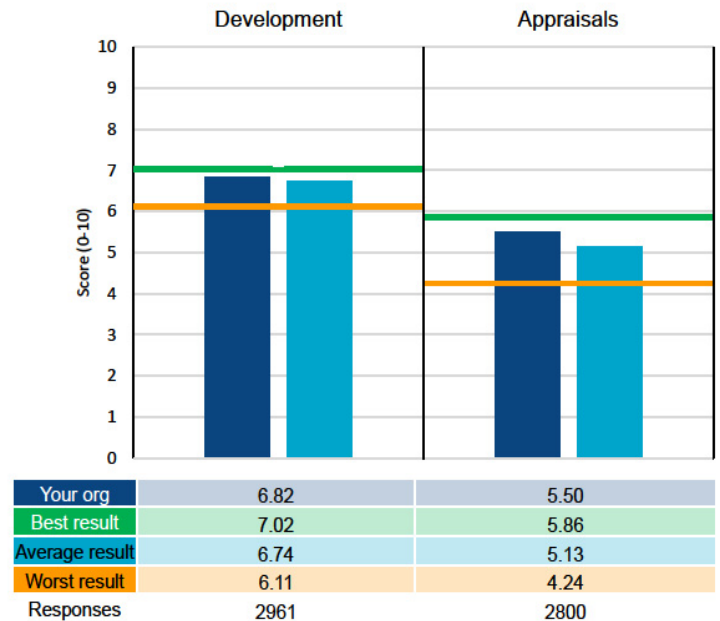
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



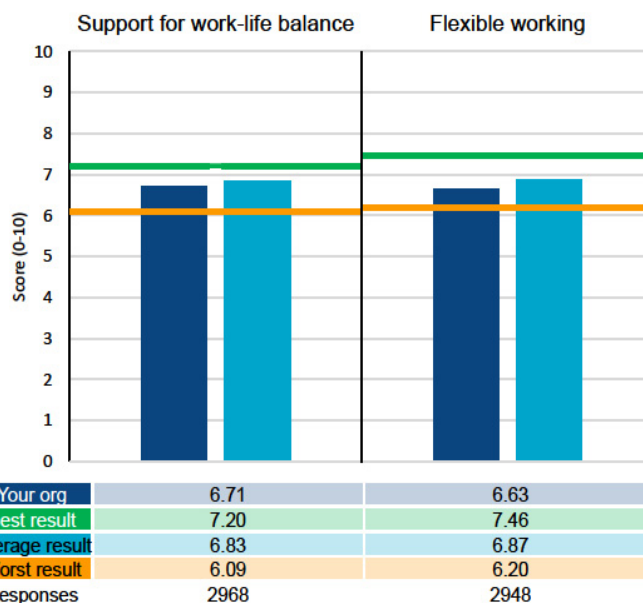
People promise element 6: We work flexibly: The Trust is slightly below the national average for both these indicators, support for work-life balance and flexible working.

People promise element 7: We are a team: For these indicators, the Trust is just above the national average for both team working and line management.

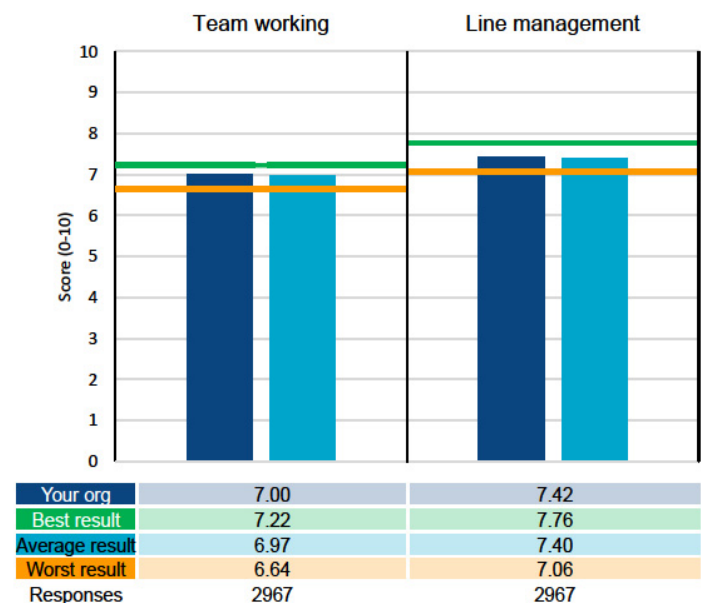
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



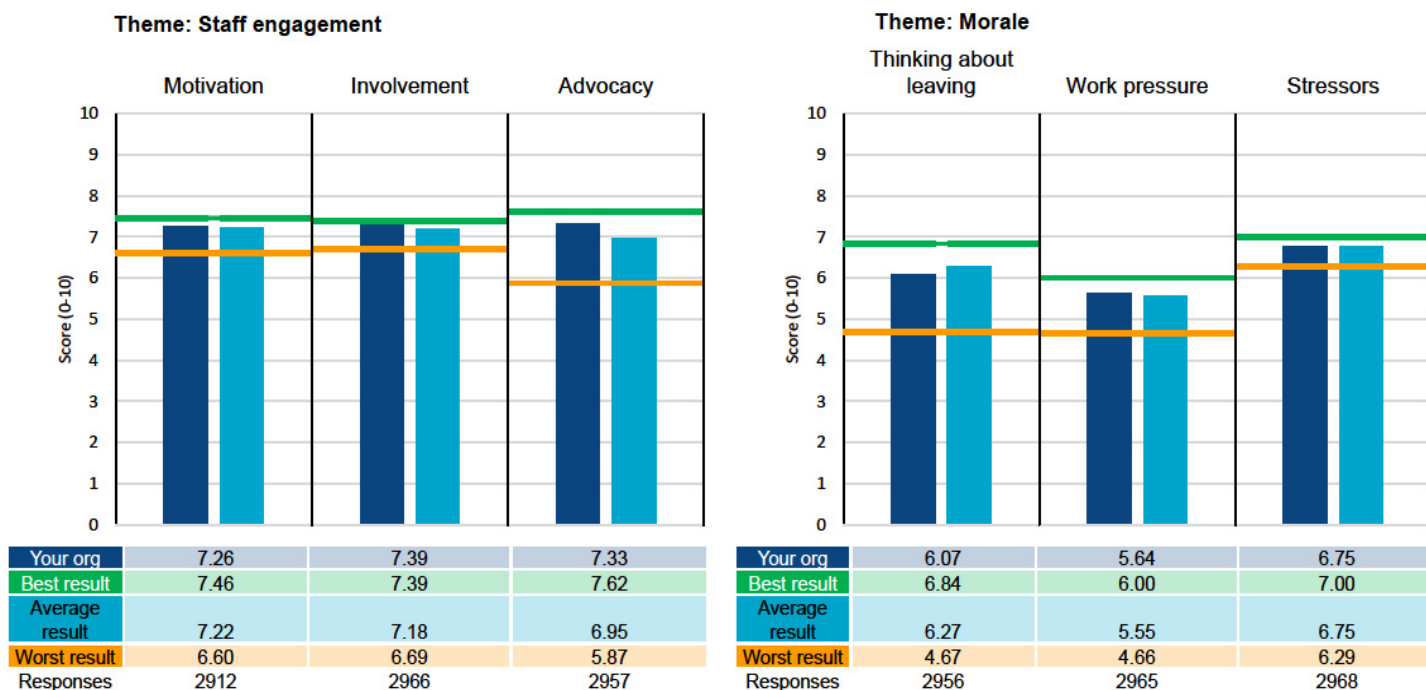
Promise element 7: We are a team



Staff Engagement: On all three indicators for staff engagement (motivation, involvement and advocacy), the Trust is above the national average.

Morale: In terms of staff 'thinking about leaving', the Trust is below the national average. For 'stressors', the Trust is equivalent to the average and for the 'work pressure', the Trust scored positively, in that they are above the national average.

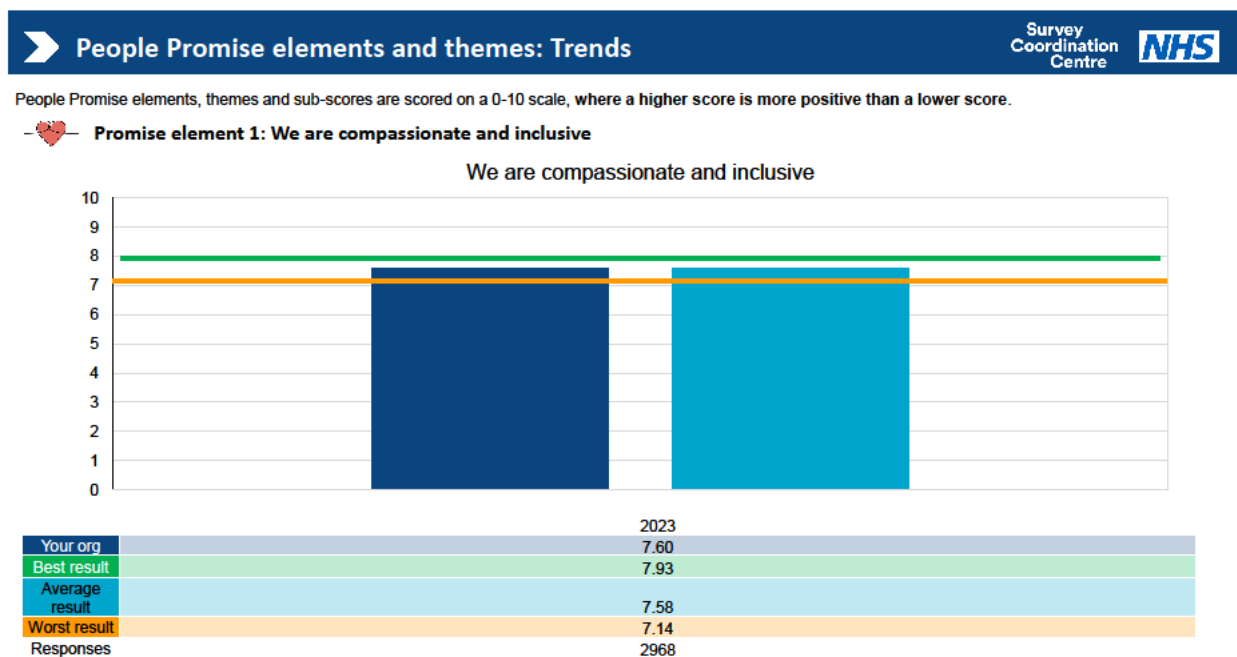
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The wellbeing and engagement team are reviewing the Trust-wide results, and the people business partners are working with service directors and the wellbeing team to review local response rates. Actions to address these gaps will be linked to results and plans will be implemented.

The NHS National Staff Survey draws on nine questions (from the overall survey) to create a staff engagement score. This staff engagement score measures 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. Below the dark blue column represents ELFT. Indicating that in terms of staff engagement, we are above average, when compared to other Trusts. We are currently at a staff engagement score of 7.33, with the average trust in our comparator group being 7.11.

Staff Engagement



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

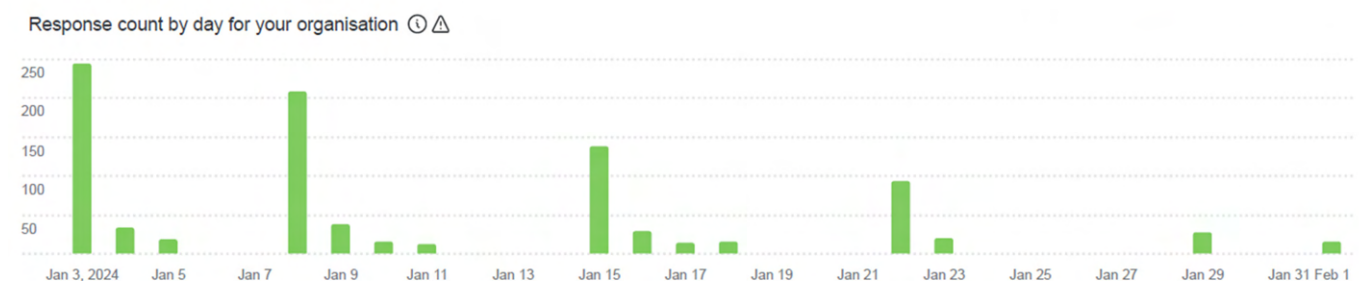
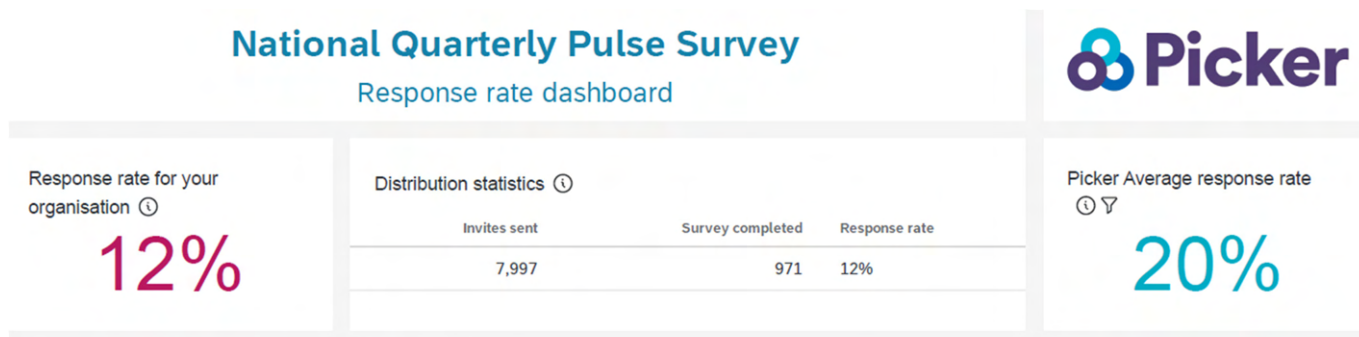
Questions	Organisation 2023
Description	n = 2976
Not experienced physical violence from managers	99%
Not experienced physical violence from other colleagues	98%
Not experienced unwanted behaviour of a sexual nature from other colleagues	96%
Feel trusted to do my job	91%
Feel my role makes a difference to patients/service users	91%
Not experienced discrimination from manager/team leader or other colleagues	90%
Not experienced harassment, bullying or abuse from managers	90%
Received appraisal in the past 12 months	89%
Last experience of physical violence reported	88%
Not experienced discrimination from patients/service users, their relatives or other members of the public	88%

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

Questions	Organisation 2023
Description	n = 2976
Never/rarely find work emotionally exhausting	18%
Never/rarely worn out at the end of work	21%
Never/rarely frustrated by work	26%
Have realistic time pressures	28%
Appraisal helped me improve how I do my job	29%
Never/rarely feel burnt out because of work	31%
Satisfied with level of pay	31%
Never/rarely lack energy for family and friends	35%
Appraisal left me feeling organisation values my work	36%
Enough staff at organisation to do my job properly	37%

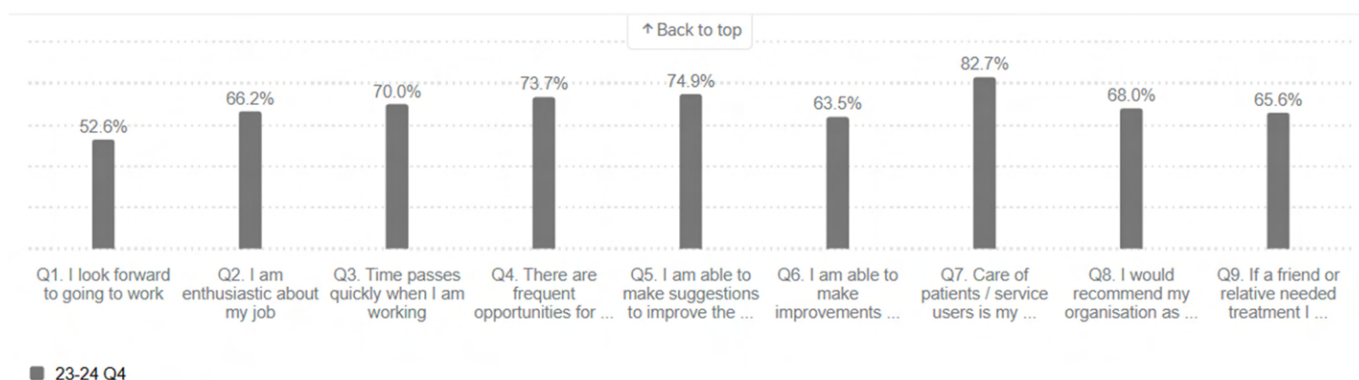
National Quarterly Pulse Survey

As of January 2022, NHS England mandated a new National Quarterly Pulse Survey. Aligning to the NHS National Staff Survey, we use Picker to run this survey and this quarter's NQPS ran from 4 January 2024 - 31 January 2024. Please see below bullet points for a summary of the results as well as further graphs:



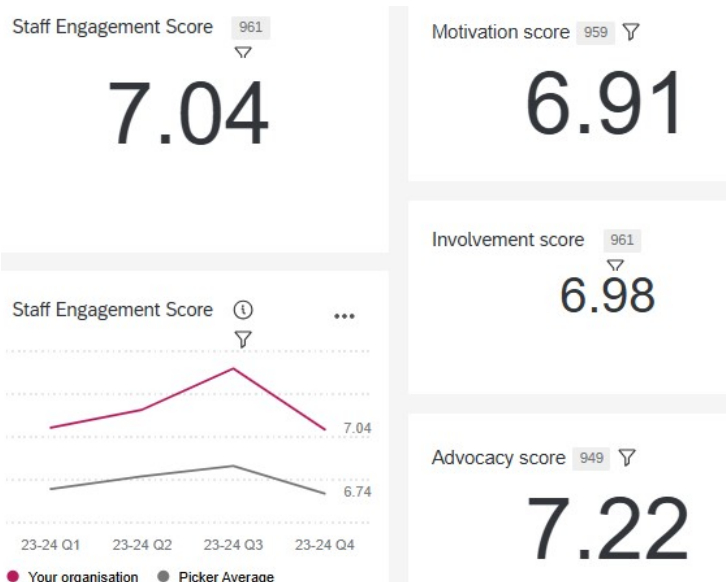
The Trust received a response rate of 12% (consistent with the response rate of the previous quarter) but unfortunately still a bit lower than that of the Picker average response rate of 20%.

- Corporate services and primary care yielded our highest response rates of 24% each.
- Our bank response rate was the lowest at 4%.



The Trust response, consisting of 971 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:

- 68% of staff would recommend the Trust as a place to work.
- 65.6% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.



Motivation Question Scores

Q1: I look forward to going to work

6.33

Q2: I am enthusiastic about my job

7.01

Q3: Time pass quickly when I am working

7.39

Involvement Question Scores

Q4: There are frequent opportunities for me to show initiative in my role

7.11

Q5: I am able to make suggestions to improve the work of my team or department

7.19

Q6: I am able to make improvements happen in my area of work

6.64

Advocacy Question Scores

Q7: Care of patients/service users is my organisation's top priority

7.87

Q8: I would recommend my organisation as a place to work

6.95

Q9: If a friend or relative needed treatment, I would be happy with the standard of care provided by my organisation

6.85

The Trust's NQPS staff engagement score is 7.04, higher than that of the Picker average engagement score of 6.74.

Summary of Performance

The staff survey draws on nine questions from the overall survey 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 2023

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.

RESPONSE RATE



42%

Average response rate for similar organisations in 2023 was 52%

STAFF ENGAGEMENT



7.3

The average score for the trust in 2022 was 7.2

Our staff engagement score is an average score of the answers to the nine questions relating to staff motivation, involvement and advocacy.

TOP THREE MOST IMPROVED AREAS COMPARED TO 2022

32%



2022

39%



2023

Your health: DON'T work any additional paid hours per week for this organisation, over and above contracted hours.

60%



2022

68%



2023

Your personal development: Able to access the right learning and development opportunities when I need to.

29%



2022

37%



2023

Staff levels: Enough staff at organisation to do my job properly.

TOP THREE AREAS TO IMPROVE COMPARED TO 2022

68%



2022

67%



2023

Your team: Feel a strong personal attachment to my team.

75%



2022

74%



2023

Your job: Time often/always passes quickly when I am working.

89%



2022

88%



2023

Safety at work: Last experience of physical violence reported.

ABOUT THE EAST LONDON FOUNDATION TRUST



67% of staff...

felt they were able to make improvements happen in their area of work.



67% of staff...

would be happy with the standard of care provided by the organisation if a friend/relative needed treatment.



84% of staff...

felt the care of patients/service users is the organisation's top priority.

In partnership with:



East London
NHS Foundation Trust

Contact us

www.elft.nhs.uk

020 7655 4000

elft.communications@nhs.net

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.

We are in year two of a three-year plan focusing on equity, 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 2024 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 and the Trust Board through regular people plan updates.

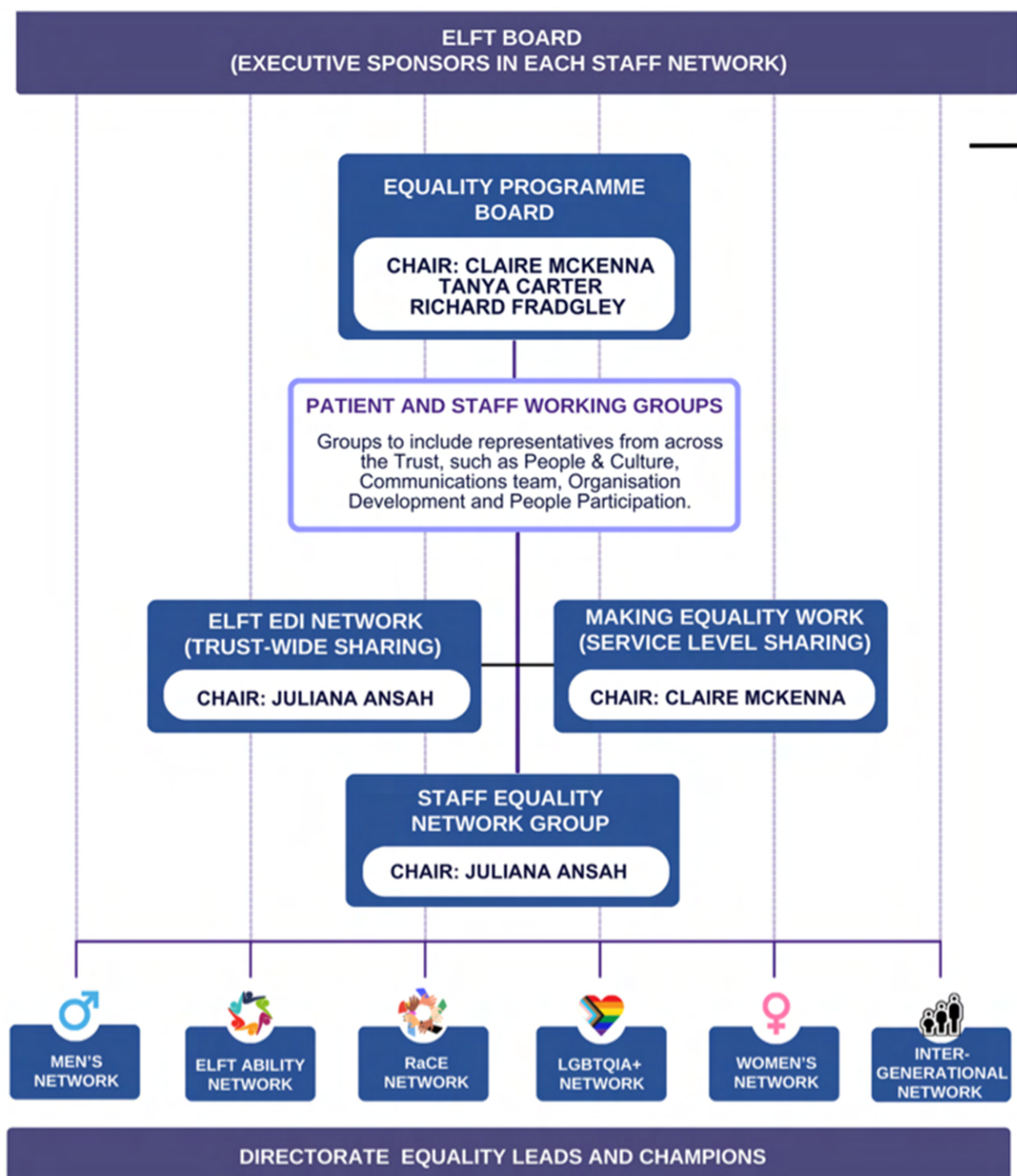
Going Forward

In 2024-2025, the Trust's people plan will continue to aim to achieve the following:

- Continue the roll out of the ELFT Learning Academy, phase 2 Trialog
- 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
- Running Affinity groups on Antisemitism, Islamophobia and other subjects.
- 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
- Embed the leadership and culture framework across the Trust
- Continue to facilitate new ways of working to ensure that the best use of highly trained professionals is being made
- 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
- More health promotion events for staff.

Equity, Diversity and Inclusion: Staff

In 2023, the Trust implemented the EDI governance structure. This framework is overseen by the Equality Programme Board and establishes a system for collaboration among various equality-related groups, committees, and staff networks.



Workforce Race Equality Standard (WRES)

WRES 2023 Insights

The Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The purpose of the WRES is to identify inequity and agree action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Summary of findings

- Metric 1: There is an overrepresentation of BME staff in Band 1-4 for both clinical and non-clinical roles
- Metric 1: Band 8a-8b non-clinical continues to see a downward trend whereas clinical roles are seeing a steady year on year increase
- Metric 3: Relative likelihood of BME staff entering the formal disciplinary process is significantly greater than white staff and has doubled since 2022. It is also more than double the national average
- Metrics 4-8: All metrics relating to staff experience, continue to deteriorate.
- For Ethnicity African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment.

In summary, in 2023 reporting, there is still an over representation of BME staff in Bands 3-6, specifically in clinical roles. However, in the clinical roles, there has been improved BME 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 BME representation in all bands clinical and non-clinical roles except for nonclinical Bands 1-4 and Band 8a and 8b.

There has been a decrease in the likelihood of BME staff that have been appointed from shortlisting from 1.23 in 2022 to 1.40 in 2023 this means that white staff are 1.40 more likely to be appointed from shortlisting than their BME colleagues.

The overall number of disciplinary cases has increased for both white and BME staff in the latest report. The number of BME disciplinary cases is still higher than white staff. The likelihood has increased from 1.045 in 2022 to 2.91 in 2023 which means that BME staff are 2.91 times more likely to enter the formal disciplinary process when compared their white colleagues. This likelihood is significantly greater than white staff and has doubled since 2022. It is also more than double the national average.

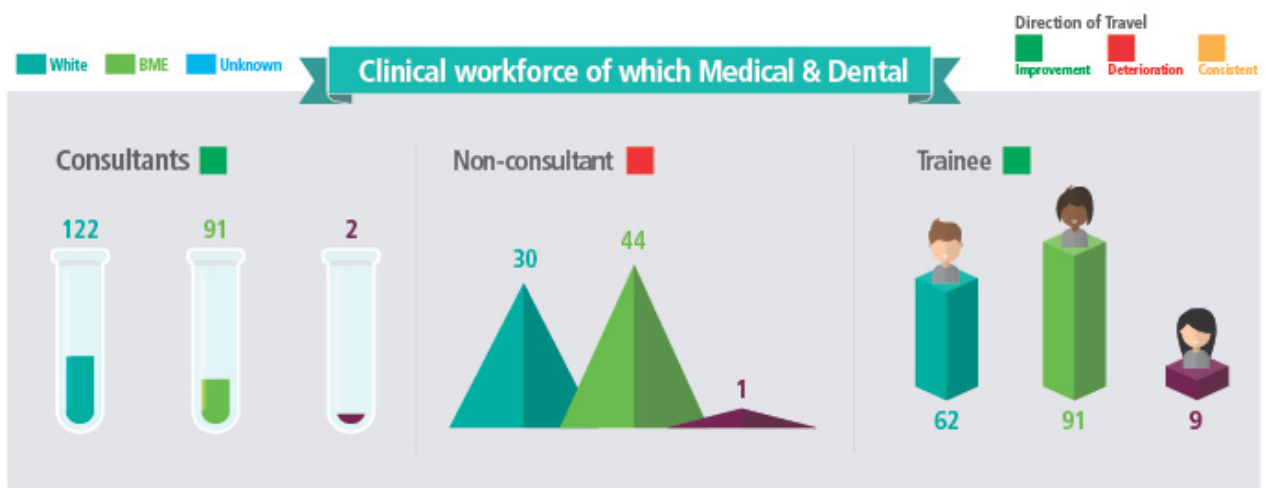
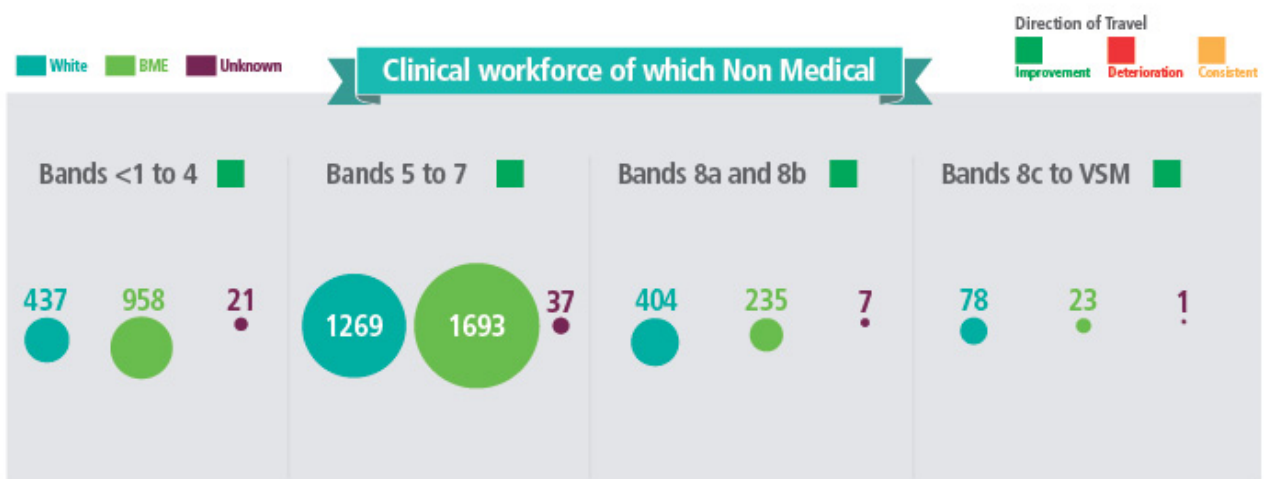
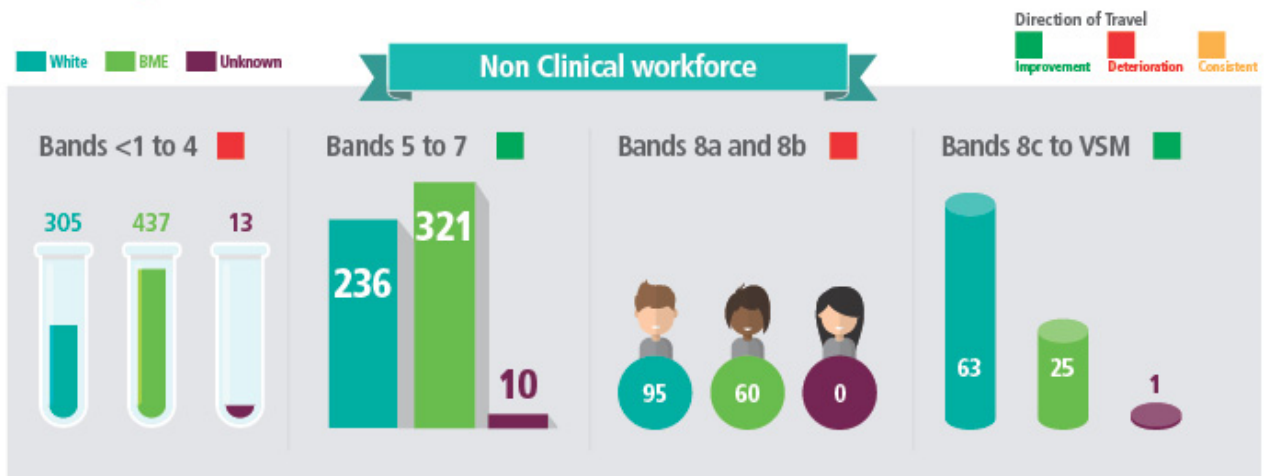
The fair treatment process has further managed to sustain a reduction in overall suspension slinked to disciplinary action. However, in terms of reducing inequity in formal disciplinary action, it is still inconclusive.

Respectful resolution is still being trialled and embedded in to the existing policies and procedures. Staff who have been through the disciplinary process have been surveyed and we are refining the process. We are also developing a resolution policy and have delivered training for investigating managers and chairs. We have commissioned external investigations where necessary to help to expedite timescales. Lastly, training has been organised for managers and people relations advisers to address matters informally without the need to progress to formal disciplinary processes.

2023 NHS Workforce Race Equality Standard (WRES) Infographic



2023 NHS Workforce Race Equality Standard (WRES)



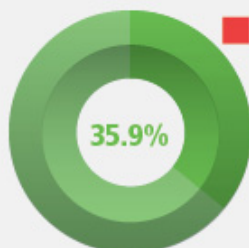
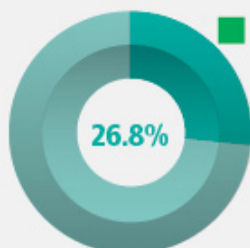


2023 NHS Workforce Race Equality Standard (WRES)

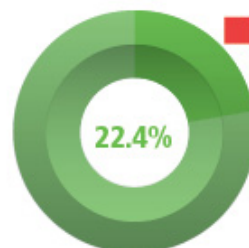
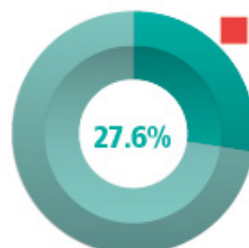
White BME Unknown

Direction of Travel
Improvement Deterioration Consistent

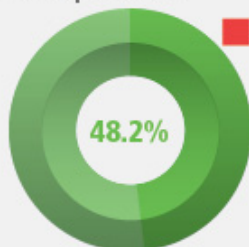
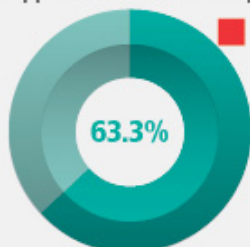
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



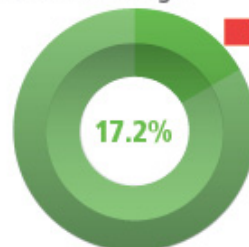
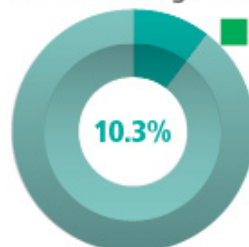
% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% 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



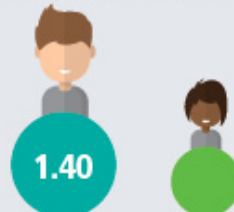
*Data lifted from the 2022 Staff Survey



2023 NHS Workforce Race Equality Standard (WRES)

Likelihood of staff being appointed from shortlisting across all posts

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



Deterioration

The gap in likelihood has increased from 2021 - 2022

White BME Unknown

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

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



Deterioration

The gap in likelihood has increased from 2021 - 2022

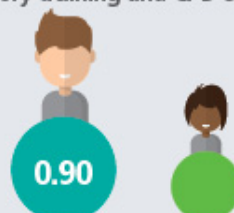
Direction of Travel

Improvement Deterioration Consistent

White BME Unknown

Relative likelihood of staff accessing non-mandatory training and CPD

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



Consistent

The gap in likelihood has been consistent from 2022 - 2023

Direction of Travel

Improvement Deterioration Consistent

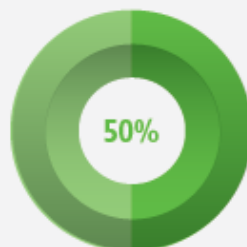
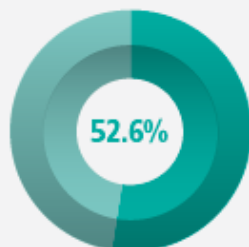


2023 NHS Workforce Race Equality Standard (WRES)

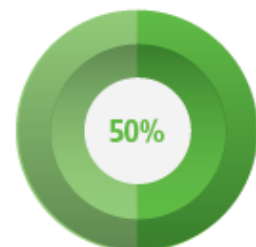
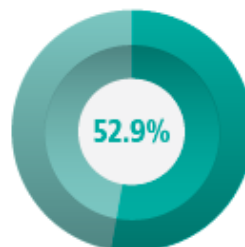
White BME Unknown

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

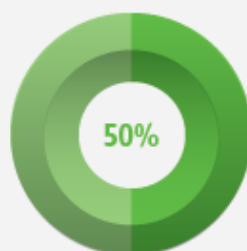
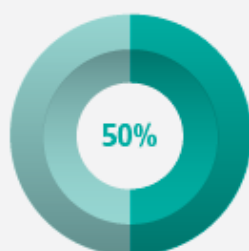
Total Board members - % by Ethnicity



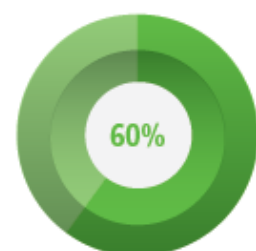
Voting Board members - % by Ethnicity



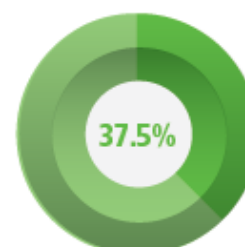
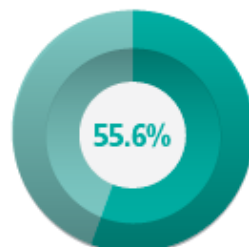
Non Voting Board members - % by Ethnicity



Executive Board members - % by Ethnicity



Non Executive Board members - % by Ethnicity



The Medical Workforce Race Equality Standards 2023

2023 was the first time we saw reporting on the Medical Workforce Race Equality Standards (MWRES) and the Bank Workforce Race Equality Standards (MWRES). Equality purpose of MWRES is to report identified racial disparity experienced by BME doctors in terms of recruitment, promotion, pay, experience of bullying and harassment, and representation in senior positions.

The purpose of BWRES is to understand the detail of the active bank workforce and key elements of its demographics by position as this has not previously been measured across the NHS and to support NHS England's strategic aim of improving the quality of bank provision as a flexible option for staff.

MWRES

The publication of the National MWRES report in 2021 identified the racial disparity experienced by BME doctors in terms of recruitment, promotion, pay, experience of

bullying and harassment, and representation in senior positions. The following are highlighted within the report as key findings:

- No Asian or Black medical directors in 2021/22 or 2022/23
- There is a significantly greater number of Asian consultants compared to Black consultants
- Clinical Excellence Awards are divided and distributed in an equal share amongst all eligible consultants. In 2023 the number awarded by ethnicity was White (108), Asian (56) and Black (9)
- One Black consultant was appointed in 2022/23, compared to 11 White and 6 Asian.

The report contains the MWRES actions, intended to support the achievement of national strategic EDI outcomes, which are to:

- Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care.
- Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010 and the Messenger Review.
- Support the levelling up agenda by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce.
- Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

BWRES

BWRES identifies ethnic representation of staff across clinical Bands. There is a large representation of both Black men and Black women in clinical Band 3-5 roles. White and Asian bank staff make up the highest number of medical and dental bank staff, compared to significantly fewer Black staff on medical and dental bank.

The report highlights gender disparity in bank staff. Overall, there are more women on bank than men, which is also reflected for each ethnic group. Black women represent the largest number of bank staff, followed by White women, and Black men. Black bank staff represent the highest group entering the formal disciplinary process. This is reflective in Metric 3 of WRES, where BME staff are almost three times more likely to enter the formal disciplinary process.

Workforce Disability Equality Standard (WDES)

WDES 2023 Insights

The 2023 report highlights a decline in the number of disabled staff in non-clinical Bands 1-4 and Bands 8a-8b alongside an ongoing underrepresentation of staff declaring a disability. To address this, the Trust has undertaken data cleansing exercises to improve the accuracy of disability data. Efforts have focused on enhancing data quality within ESR by encouraging staff to update their equalities information via self-service with particular attention to new starters and disabled staff who acquire a disability after recruitment.

Ongoing communications campaign using agreed key messages on disability has helped raise awareness of the importance and value of recording equalities data. As part of our broader commitment to equity, we recognise the need for a more accurate and comprehensive evidence base and will use a range of Trust-wide communications initiatives to further promote data accuracy and engagement.

In 2023 disabled staff were 0.7 times more likely than non-disabled staff to be appointed from shortlisting. There was no significant change from the previous year. The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff has significantly improved from 11.65 times likely to 3.82.

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.

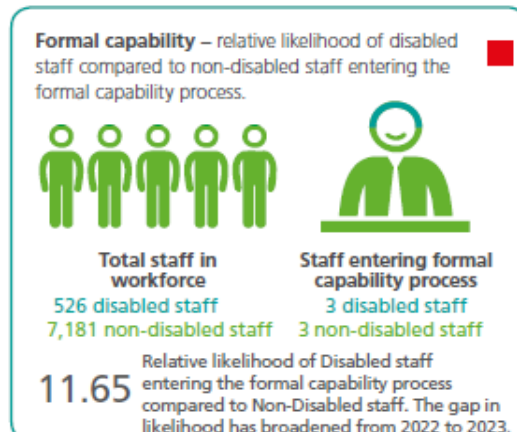
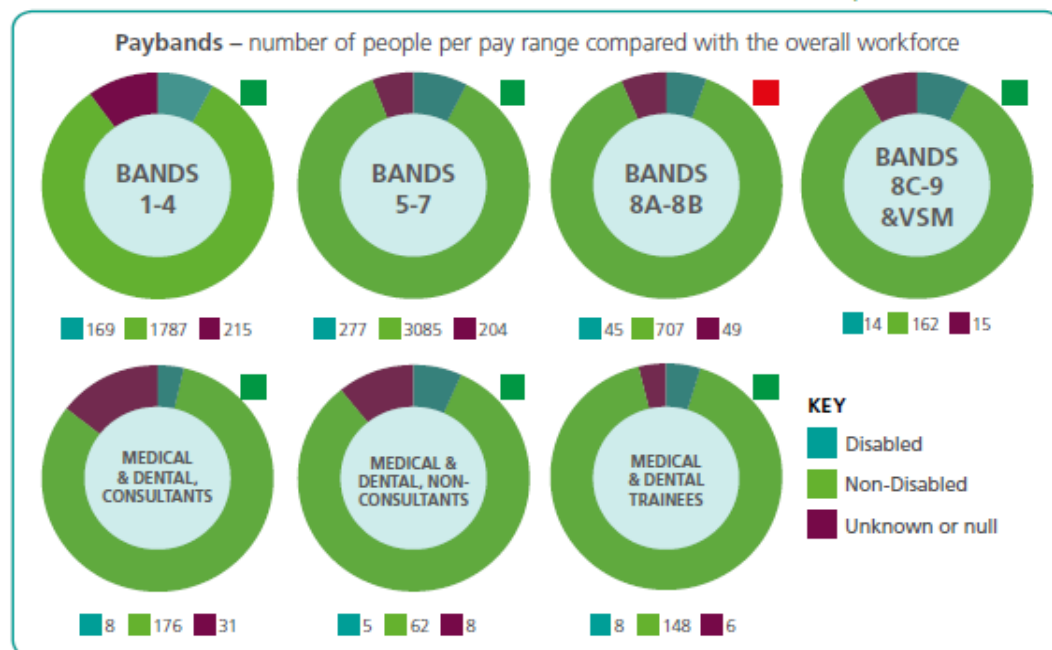
An in-depth analysis of the NHS National Staff Survey results has been undertaken to consider the experience of disabled staff and how this has changed over a five-year period. This analysis has been used to support the development of an integrated and ambitious three-year WDES action plan for 2023 to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

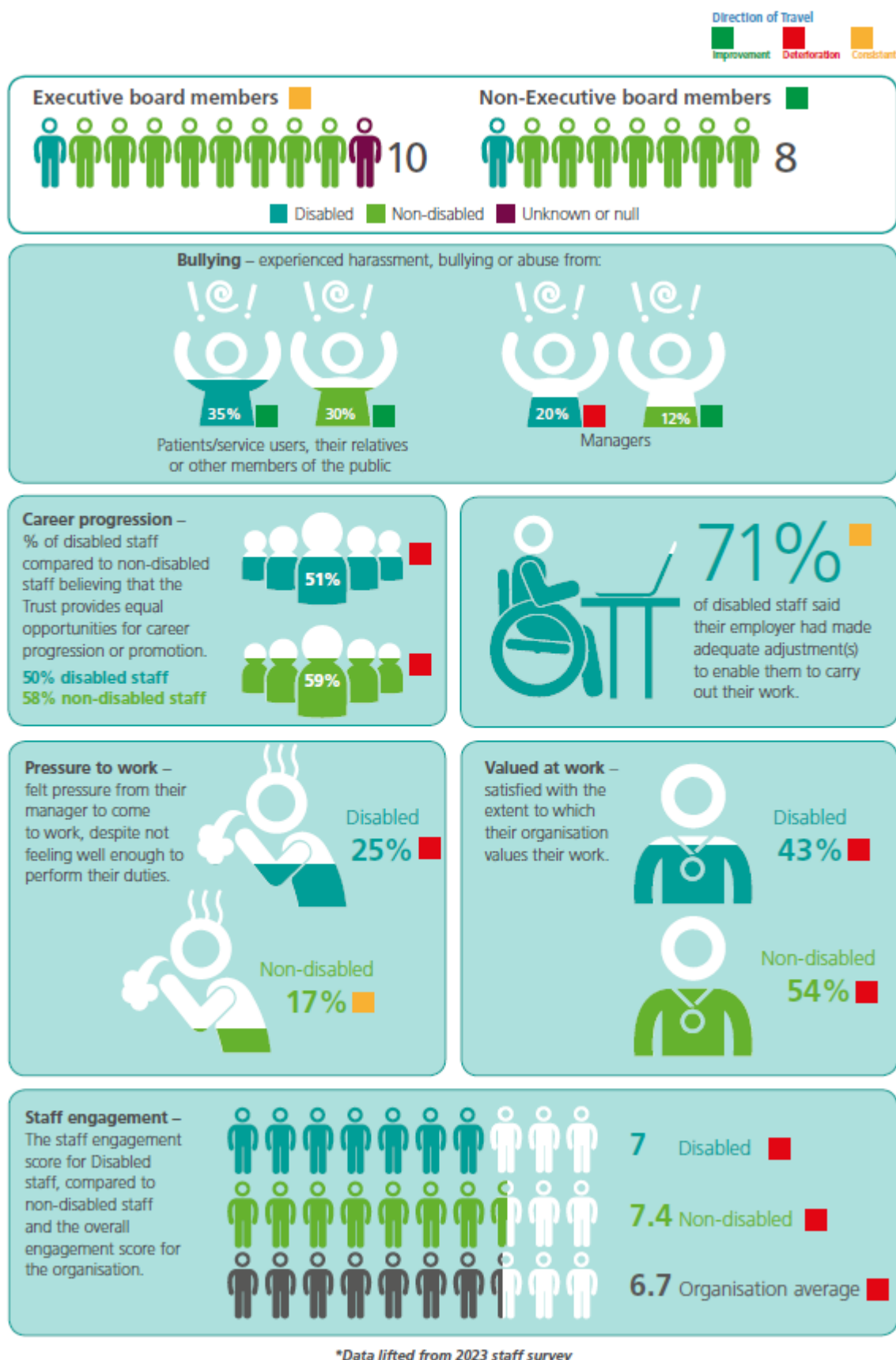
2023 NHS Workforce Disability Equality Standard (WDES) infographic

WORKFORCE DISABILITY EQUALITY STANDARD



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.





In 2024, the Trust will work to deliver the following:

- Implement and deliver the Patient and Carer Equality Plan/Strategy
- Build on our anti-racism work to enable the Trust to become an anti-racist and multi-cultural organisation. This includes implementing the:

- Workforce race equality plan
- Workforce disability equality plan
- Workforce high impact plan
- Gender pay gap
- Deliver the identified actions in the NHS England sexual safety charter, including addressing violence against women and girls
- Measure the impact of established Equity, Diversity, and Inclusion (EDI) action plans
- Throughout 2024 the Trust will run Affinity groups focusing on priority areas such as antisemitism, Islamophobia, and other relevant priority areas.

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 six staff equality networks at the Trust: ELFT Ability Network; Intergenerational Network; LGBTQ+ Network; RaCE Network; and the Women's Network. In 2023 we created a Men'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.



Lesbian, Gay, Bi-Sexual, Trans, Queer/Questioning, Intersex, Asexual Plus (LGBTQIA+) Network

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

The network also provides an opportunity for LGBTQIA+ 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 LGBTQIA+ inclusion and makes LGBTQIA+ experiences more visible in the wider Trust. We also want to empower all staff to step up as LGBTQIA+ 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 LGBTQIA+ colleagues a critical voice and helps ensure that LGBTQIA+ inclusion is embedded across the Trust.

Activities during the year included:

- Tiffer Hutchings and Naomi Rule joined Richard Harwin as co-leads
- Re-launch of LGBTQIA+ Staff Network with four levels of membership (Active, Inclusive, Private, Ally) and since then 125 new members have joined the Network
- New network logo which was co-produced
- We have established bi-sexual and trans representatives within the Network
- Continued high levels of engagement with the network - on average, 30 attendees at our network meetings
- New lanyards to incorporate intersex/ inclusive flag
- Charity LGBTQIA+ calendar is now available to all staff with donations going to both ELOP (local LGBTQ charity) and Rainbow Bedfordshire
- Stonewall have asked us to present at their annual conference on topic of 'A Practical Guide to Inclusion on a Budget' after attending our conference
- Launch of weekly safe space for our LGBTQIA+ community
- Attendance at Black Pride along with RaCE network
- LGBTQIA+ Conference took place on 9 February 2024 with the theme 'Bringing Your Whole Self to Work'. Over 100+ delegates attended and the conference was very well-received. There was a great response to our tote bags and calendars



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 LGBTQIA+ staff network brought an eruption of colour to the streets of central London on Saturday 1 July 2023 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 LGBTQIA+ people, allies, and staff gave out thousands of flags with a QR code linking to resources on the ELFT website. ELFT proudly marched with our blimp which proved to be very much a crowd pleaser.





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.

2023 activities included the following:

- Regular Newsletters
- Hosted ELFT Ability sessions on a variety of different topics, including neurodiversity, stammering
- Attended ELFT all staff equality engagement event
- Represented ELFT Ability at BAME, LGBTQIA+ and women's network conferences
- Supported Black Pride and London Pride
- Supporting managers with enquiries
- Supporting staff with adjustment needs, working with managers and HR for changes to be made
- Partnership meeting with spinal injury association and trust to support specific work programme
- 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 2023 Workforce Disability Equality Standard.
- Supporting communications with intranet accessibility
- Helping the Trust to focus on improving its WDEs scores and thinking about systems to be put in place to improve workplace adjustment processes.

The network's annual conference was originally planned for 8 December 2023; however, due to accessibility issues this was moved to 22 February 2024 where a stimulating line-up of speakers dazzled and provoked debate with over 100 people attending.

Dr Mohit Venkataram opened the event setting the context of a day of speakers and discussion focused on disability and social justice. He shared how his own illness and the resulting after-effects of deafness and balance issues had re-shaped his work life and made him aware of how appreciated workplace modifications and changes in colleagues' behaviour were (for example, sitting on his hearing side).



Chair Eileen Taylor paid tribute to Mohit for his leadership and for championing at an executive level the needs of people with a disability. She applauded the work of the ELFT Ability network in bringing into focus the changes needed in the Trust to ensure that ELFT can recruit the best people and attract talent.



Interim Chief Executive Lorraine Sunduza set out her vision for building an organisation where everyone is able to work to their optimum and have a fulfilling work life. She noted that representation matters and that if people who use our services see people with disabilities enabled to work in the organisation, it sent a strong message about inclusivity. Keynote speaker, Dr Amy Kavanagh (@BlondeHistorian), gave a riveting presentation about the everyday obstacles she has faced as someone registered blind. Dr Nasser Siabi OBE from Microlink plc spoke about why it is important that organisations assess the disability needs of their staff and action the equipment needs that arise from it.

And finally, Shannon O'Neil used the Family Fortunes gameshow format to talk through feedback from staff with a disability from the 2022 staff survey.



RaCE & Culture Equity (RaCE) 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 to address inequalities and advance race equality.

The network continued hosting the monthly Food for Thought sessions for our network members – but with a twist as we incorporated a more structured session rather than a completely open forum and entwine the sessions with important dates and events that coincide at the time.

On 26 January 2024, a webinar was held to commemorate Holocaust Memorial Day, which was particularly significant due to the current affairs in the world today.

February 2024 focused on Race Equality Week where we held five-day challenge sessions covering various topics including micro-aggression, public praise, different

cultures, a culture of belonging, and the big promise. Attendees at these sessions gave insight on problem areas where support is required. Resource packs were sent to support and generate more discussions within local teams. Unconscious bias – check your blind spots webinar also took place which was in response to members' requests.

In March 2024 guidance from the NHS Muslim Network was circulated for Muslim staff and colleagues to help best support Muslim colleagues during the month of Ramadhan, as well as signposts to Ramadhan events that were taking place.

Ramadhan and Eid Special webinar facilitated on 5 April 2024 celebrated our Muslim colleagues and reflections of the holy month were shared.

Stephen Lawrence Memorial Day commemorated with a special Food for Thought session and presentation in April.

We have also collaborated to recruit participants from our network to join a research project - time to talk about staff trauma in inpatient mental health.



Intergenerational Network

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

Since the previous network lead left in March 2023, the position has remained vacant. However, we are pleased that Shalini Rattan has recently been appointed as the new network lead and are excited there is an opportunity to develop this network; we look forward to providing more updates over the coming year.



Women's Network

The ELFT's Women's Staff Network leads on equity, diversity and inclusivity for women in the Trust.

We represent and reach out to women to listen and share experiences, offer opportunities, inspiration, education, support and resources, and solidarity to ELFT women. The network support ELFT as an employer to improve its EDI plan and offer, and flexible career and role options and offer for women. In doing so, communicating and providing a safe space for group events, monthly educational lunch-breaks and live meetings for staff to connect.

The intranet page has been refreshed and membership, introduced monthly educational meetings and a bulletin with resources for learning and self-development, and during the year we supported the development of ELFT's Period Pantry.

Other events during 2023-2024 included:

- Online International Women's Day in March 2023, available to view on the intranet

- Hosted a hybrid breakfast with Lorraine (the Interim CEO at the time) to mark International Women's Day in March 2024 with over 100 attendees! All staff networks were represented to support intersectionality and many of our male allies were there to listen and be the change ELFT women ask for
- Supported the opening of Newham Recovery College in September 2023
- Menopause Day lunch in Luton in October 2023 to promote our menopause guidance
- In November and December 2023 ran hybrid events to mark 16 Days Global Action - Violence Against Women and Girls/Children
- Supported all other EDI networks by attending all their events.

The priorities for the coming year are:

- A monthly safe space lunch meetings in May (coffee roulette has been replaced with the safe space meeting)
- Working with the RaCE network – addressing EDI and Intersectionality in the network spaces: Initial proposal being developed to launch a series of collaborative events across various networks. Early discussions have taken place to hold a protected listening space for black and global majority women. This will inform further ideas for areas of work (such as health/social/professional areas of need that specifically impact this group of women) which we can then respond to
- Future plans would involve the development of similar spaces (e.g. men's & RACE, women's & LGBTQIA+, ability & RaCE, etc). Scoping exercise to take place following development of proposal
- People participation to plan a QI project on younger staff
- Support more doctors to join and actively participate
- Supporting intersectional conference organisation
- New straw pens, biodegradable fans and three break- point lanyards merchandise sourced
- Support a range of meetings and away days to extend the reach of the network and ELFT's menopause guidance, and to ask ELFT to create menstrual guidance and support this too
- Continue to support all network events, Pride, Black Pride, Ability, FTSU
- Support the new parents' network and the sexual safety charter working group.

Men's Network

The Men's Network lead was appointed in December 2023, with the position becoming vacant in April 2024. The role has been advertised, applicants shortlisted, and we are currently in the interview process. We hope to appoint a new lead soon and will focus on setting up the network and developing its strategy during the first year, with the support and guidance of the other networks and the network sponsor.

Staff Profile

2023-2024

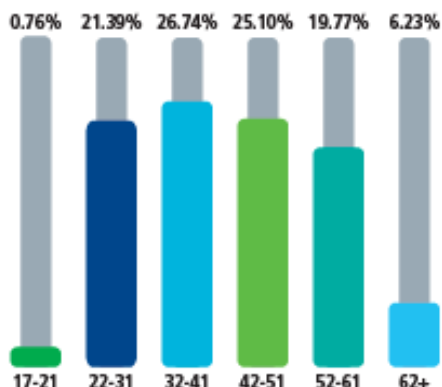


OUR TRUST PROFILE

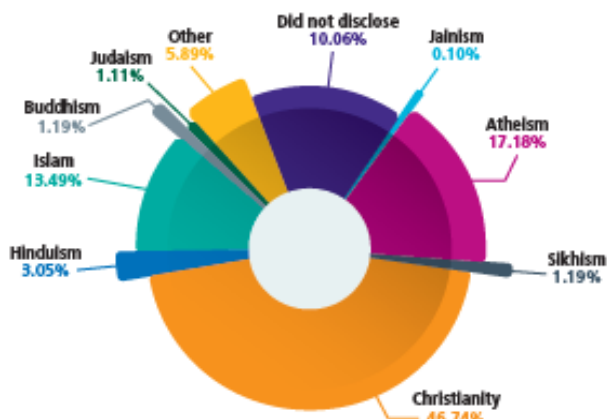
1 April 2023 - 31 March 2024



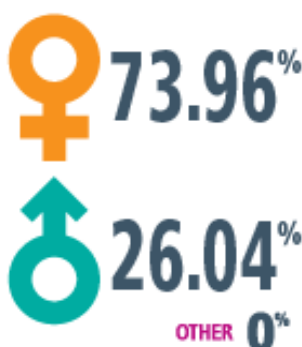
AGE GROUP



RELIGIOUS BELIEF



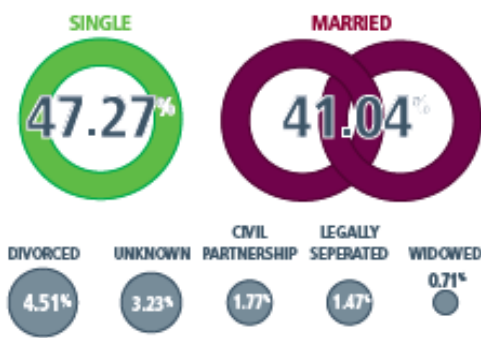
GENDER



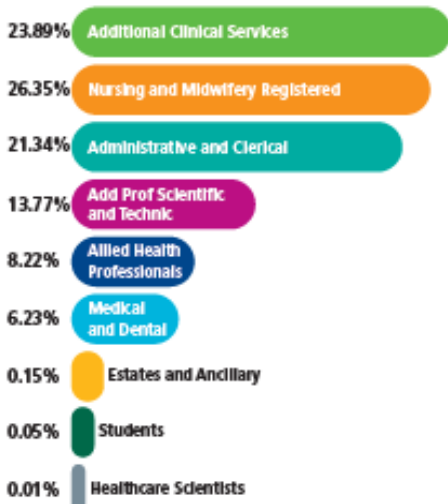
DISABILITY



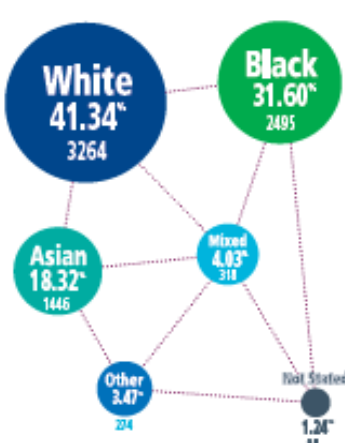
MARITAL STATUS



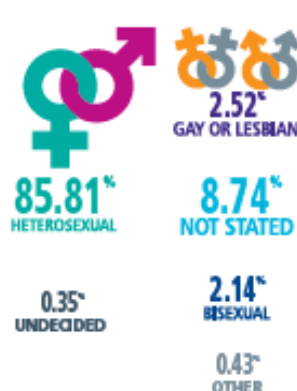
STAFF GROUPS



ETHNIC ORIGIN



SEXUAL ORIENTATION



Trust HQ, Robert Dolan House, 9 Alie Street, London, E1 8DE

T: 020 7655 4000 (switchboard)

E: elft.communications@nhs.net

www.elft.nhs.uk

Staff Costs (subject to audit)

	Permanent Staff £000	Other Staff £000	20223/24 Total £000	20222/23 Total £000
Salaries and wages	300,291	49,815	350,106	330,451
Social security costs	42,184	-	42,184	37,997
Apprenticeship levy	1,881	-	1,881	1,696
Employer's contributions to NHS pensions	41,320	-	41,320	36,946
Pension cost - other	128	-	128	251
Pension costs- employer contributions paid by NHSE on provider's behalf	17,956	-	17,956	16,065
Agency/contract staff	-	32,739	32,739	30,306
Total staff costs	403,760	82,554	486,314	453,712

Average Staff Numbers WTE basis (subject to audit)

Staff Group	Total	Permanent	Other
Medical and dental	546	425	121
Administration and estates	1,650	1,489	161
Nursing, midwifery and health visiting staff	4,105	3,062	1,043
Scientific, therapeutic and technical staff	2,074	1,963	111
Other	5	5	0
Total average numbers	8,380	6,944	1,436

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, 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 2023-2024 was 10.4 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 2023-2024	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
6,784	70,358	10.4	2,476,263	114,137

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 have 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 2024 earning at least £245 per day:

The total number of existing engagements as of 31 March 2024	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 2024 and earning more than £245 per day:

Number of off-payroll workers engaged during the year ended 31 March 2024	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 28 exit packages agreed in 2023-2024 totalling £0.641m (9 in 2022-2023 totalling £0.306m). The amounts disclosed for the exit packages are inclusive of Employer's National Insurance contributions where relevant.

Exit Packages 2023-2024	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	4	25	9	50	13	75
£10,001 - £25,000	6	99	2	37	8	136
£25,001 - £50,000	4	144	0	0	4	144
£50,001 - £100,000	2	156	0	0	2	156
£100,001 - £150,000	1	130	0	0	1	130
Total	17	554	11	87	28	641

Exit Packages: Other Departures 2023-2024	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	9	80
Exit payments following employment tribunals or court orders	2	7
Total	11	87

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 2022-23	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	6	41
Total	6	41

There were no non-contractual payments requiring HM Treasury approval in 2023/24.

Trade Union Facility Time

For the period 1 April 2023 – 31 March 2024

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%
--	------

Expenditure on Consultancy

During 2023-2024 £316,000 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 new *Code* for NHS provider trusts came into force on 1 April 2023.

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 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 2023 to 31 March 2024.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

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.*

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
- 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 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.

Governors had previously 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 in-person Board meetings has also offered further opportunity to network with Board directors.

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) in support of the Trust's financial viability and sustainability aims. 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 2023-2024

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:

Supporting the 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. After a successful recruitment process, Eileen Taylor took up the role on 1 January 2023
- Governors have considered the performance review and objectives of the chair for the initial six-months review, and the full year performance review
- Governors have been mindful that at least initially the chair would need to spend more time in her new Trust at NELFT to familiarise herself with its service, staff and geography; they supported the chair by appointing two vice-chairs for London and for Bedfordshire & Luton
- During the review process governors were cognisant of the differences in culture and approach between both Trusts and both Councils of Governors and managed these in a respectful and constructive approach
- Throughout, governors kept a clear focus on the benefits of the joint role and collaboration for our service users and the populations both Trusts serve.

Strategic priorities

Arising from a previous QI project, the Council is unique in England in setting its own strategic priority themes for the coming meetings; these are addressed by presentations usually introduced by non-executive directors and prepared by executive directors, followed by discussing a question in groups. The outcome of these discussions is collated and themed and fed back to the relevant teams or directorates. For the current year, governor priority themes largely dovetail with the Trust's strategic priorities and Marmot Trust ambitions:

1. Prevention
2. Staff Wellbeing
3. Equality, diversity and inclusion
4. Communication
5. Access to services.

Enabling conversations

Throughout the year, governors have fed back to the Trust challenges our communities or our staff face when accessing our services or when working for the Trust. This is a great opportunity for governors to ensure the voice of the people we serve is heard at Board and elsewhere and enables helpful conversations to take place. Examples include:

- Governors raising the problems City of London service users face accessing services based in Hackney, leading to conversations around ensuring that services such as recovery college courses are accessible in both the Borough and the City
- Governors raised the issue of some mental health patients attending A&E in crisis experiencing long waits until a bed could be found for them. This led to helpful conversations with borough directors and non-executive directors around receiving

assurances that plans are in hand to improve the situation, which is a nationwide challenge, as much as possible

- A staff governor was approached by members of a team going through a lengthy and difficult restructuring which led to a conversation with the executive director responsible for the service which in turn enabled the director to approach the team direct and air any grievances
- Governors asked for a development session around the Trust's psychological services which was framed around how these services in particular support the Trust in achieving our population health ambitions.

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.

Following on from the review of our membership strategy our new membership engagement plan has enabled to focus on what is important to our member and service users, staff and communities.

With our focus on *connection*, the new plan's aim is for a membership which connects the Trust to all the communities we serve, helping us to shape the services we deliver has allowed a different approach to connecting with both internal Trust teams and external partners. We held our first face to face meetings in July when we celebrated 75 years of the NHS and plans are underway for joint members 'pop up' meetings later this year.

We have adopted a 'plan on a page' approach similar to the Trust strategy. The plan was approved by the Council and the Board's People Participation Committee in March 2024.

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 2023-24, Governors:

- Raised concerns about availability of mental health service in the City of London – both community mental health and recovery college activities are based in LB of Hackney and are often not easily accessible by public transport.
- Raised ongoing concerns about service delivery around the redesigned phlebotomy service
- Shared their concerns about the way services communicate with our service users and the wider public – from basic issues such as how to answer the telephone or word letters to a more in-depth review of the purpose and distribution of *Trusttalk*
- Raised staff concerns about the process of a departmental restructuring
- Held important and at times difficult discussions around the challenges posed to our diversity by the conflict in Israel and in Gaza, focusing on anti-Semitism and Islamophobia
- And raised concerns around the at times lengthy wait of our service users who attend A&E departments in crisis for a space on a mental health ward.
- Governors once again held two annual plan meetings with members and the wider public and, on the basis of their feedback, agreed their own set of priorities for the Trust's Annual Plan; examples are requests for an improved offer for carers; a specific focus on drug and alcohol abuse throughout all our mental and community health service; and providing better information about ELFT services as well as services provided by others such as voluntary organisations.

Taking decisions

Governors are required by law to take certain decisions in Council; those made following recommendation from the Nominations & Conduct Committee are detailed in the remuneration report section of the annual report. In addition, as previously mentioned the Council 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 (two vacancies as of 1 November 2023)	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 2024)	1
	Education Sector (vacancy as of 31 March 2024)	1
	Voluntary Sector	1

Council of Governors Elections

2023 saw Governor elections for 11 vacancies across four constituencies. Workshops for prospective candidates were held during July, and elections commenced on 15 July 2023 with the nominations closing on 4 August 2023. Nominations were sought through postal and regular email invitations, via the Trust website as well as social media. Unlike in previous years, none of the elections were contested due to the low number of nominations and all nominees were elected unopposed.

There was one nomination for two vacancies in Hackney, and the nominee who was elected unopposed decided to step down before the start of their term which left two vacancies for public governors in the Borough. In line with our election rules, it was agreed in discussion with our City & Hackney Governors to carry these vacancies and fill them in the normal course of the 2024 Council elections.

Public and staff governors are elected for a three-year period starting on 1 November; 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 elected unopposed is as follows:

Name	Constituency
Dafni Boula	Luton
Jamu Patel (3rd term)	Luton
**Elaine Kennedy	City and Hackney
Reno Marcello (2nd term)	City of London
Patrick (2nd term)	Staff
Mark Dunn (2nd term)	Staff
Elizabeth Maushe	Staff
Caroline Ogunsola (3rd term)	Staff
John Peers	Staff
Sharmeen Sheikh Sultana	Staff

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 who were both re-elected to their roles following their re-election as governors in 2023. 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 across a broad spectrum of issues from the financial impact of system to the quality of service delivery such as at times long wait in A&E for service users in mental health crisis, to the impact of the new Right Care Right Person collaboration with the police and to learning from serious incident reviews.

Non-executive directors now introduce major agenda items at Council meetings: at the March 2024 meeting, Professor Sir Sam Everington (a GP in Tower Hamlets) took a creative approach in leading the discussion around the strategic priority theme of prevention which focused on our work in primary care. 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 started in 2023, providing governors with an

opportunity not just to learn more about specific services but also to observe non-executive directors in carrying out their role and create a closer relationship with them.

As previously mentioned, 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 2023-2024 these included:

- 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.

A new set of priorities were set in November 2023 for 2024-2025:

- Prevention
- Staff Wellbeing
- Equality, diversity and inclusion
- Communication
- Access to services.

One strategic priority is reviewed in depth at each Council meeting usually through a presentation by a member of the executive team 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 approach 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 are 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 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 and the Board the opportunity to flexibly respond to, discuss and receive assurance around issues of concern which often governors themselves had raised with the Trust, for example around the implementation of the Right Care, Right Person model with the Metropolitan and Bedfordshire Police, or the challenge of patients clinically ready for discharge who cannot be discharged due to challenges often around supporting housing or social care.

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 (SID) changed in the year, with longstanding SID Ken Batty retiring from the Board and Richard Carr being appointed. The new SID held induction sessions with the Lead and Deputy Lead Governors and 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 SSID proactively speaks with

the Lead and Deputy Lead Governors as well as introducing this year holding a private session with all governors during his preparation for the chair's performance review. Governors can contact the SID if they have concerns regarding any issues that have not been addressed by the Chair, Chief Executive or 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, the quality report and the report on the People Participation Committee 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.

Governors now join non-executive directors at site visits; this is a new development and non-executive directors value the governor perspective while it is also a good opportunity for governors to learn about services as well as observe the non-executive directors in their role. Governor feedback is always shared with the leading non-executive director on the visit to inform their own report to the Board.

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 Council now receives updates on the implementation of the plan at each meeting; in addition, an annual update is provided to the People Participation Committee.

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. A track of any queries is maintained to ensure a timely and full response; outcomes and themes are shared with the Council as appropriate.

Governors have agreed to institute exit interviews with departing governors; this was piloted in 2023 and will be taken forward in this and in coming years. The interviews focus on the following questions:

- What do you wish you knew at the beginning of your tenure that you know now?
- What advice would you give to new Governors?
- Do you have any other recommended changes, comments or observations related to the effectiveness of the Council of Governors

As of 2024, any responses to these questions will flow into the Council improvement plan.

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
- **Regular drop-in sessions** for all governors at certain points, for example a recent session was held to update governors on progress in the recruitment of a substantive Chief Executive
- **Governor open forums:** 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 patient safety and PSIRF or the way the Trust's psychological therapies contribute to its population health ambitions
- **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 opportunity to observe these meetings virtually has enabled more governors to attend and to have more input through the chat function, and receive responses to queries at or after the meeting
- **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 have as a standing item a closer look at a specific performance issue

- Routine attendance and agenda item presentations by Board 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 including 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 649 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 staff, to gain a wider understanding of our services. They also attend external events such as their local HealthWatch meetings or governor and public meetings arranged by the ICSs 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 events including their Governor Focus Conference; regular events such as the monthly webinar on the future of primary care and other events such as staff network conferences.

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

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

This 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, 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

This 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 five 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 *Trusttalk* magazine
- Reviewed opportunities for joint working with local partners and Trusts 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 exit survey for governors leaving the Trust.

Significant Business & Strategy Committee

This committee works to support the Council in reviewing business opportunities potentially 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 what focusing on population health as ELFT's core strategy means in terms of what the Trust focuses on. Governors draw on the guidance and support of Dr Mohit Venkataram, the Executive Director of Commercial Development and other executive leaders as required. 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 2023-2024. 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 unique framework provides further information and assurance from the Board and key principles to support governors in making informed decisions which was approved by Council in July 2023. Governors have found this way of approaching difficult challenges very helpful – it was one they used when being asked to make a decision on the recruitment of a Joint Chair, and one they will take

forward and adapt in a time where the Trust has to meet challenging financial saving targets.

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 2023-2024

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	3/8
Yesmin Begum	1 st term	2022-2025	6/8
John Bennett	3 rd term	2022-2025	4/8
Gren Bingham	1 st term	2021-2024	7/8
Rofikul Islam	1 st term	2021-2024	3/8
Public: Newham			
Bilal Ahmad (to 14 Sep 2023)	1 st term	2022-2025	0/3
Shirley Biro	3 rd term	2021-2024	8/8
Peter Landman	3 rd term	2022-2025	5/8
Stella Oloyede	1 st term	2022-2025	4/8
Sarifa Patel (from 29 Sep 2023)	1 st term	2023-2025	3/5
Hazel Thomas	1 st term	2021-2024	5/8
Public: Hackney			
Caroline Diehl	2 nd term	2021-2024	7/8
Darlene Dike (to 31 October 2023)	1 st term	2020-2023	0/3
Adam Forman (to 31 October 2023)	1 st term	2020-2023	3/3
Beverley Morris	2 nd term	2021-2024	5/8
Patricia Wheeler	1 st term	2021-2024	3/8
Public: Rest of England			
Julia Aduwa	1 st term	2021-2024	3/8
Public: City of London			
Reno Marcello	2 nd term	2023-2026	6/8
Public: Luton			

Name		Term	Attendance (actual/possible)
Fatima Begum	1 st term	2021-2024	6/8
Dafni Boula (<i>from 1 Nov 2023</i>)	1 st term	2023-2026	5/5
Jamu Patel**	3 rd term	2023-2026	8/8
Rachel Williams (<i>to 2 Sep 2023</i>)	1 st term	2022-2023	1/2
Public: Bedford			
Cass Howes	1 st term	2022-2025	3/8
Felicity Stocker	2 nd term	2021-2024	6/8
Public: Central Bedfordshire			
Elizabeth Birch	1 st term	2022-2025	7/8
Bob Cazley	1 st term	2022-2025	8/8
Larry Smith	3 rd term	2021-2024	5/8
Suzana Stefanic	2 nd term	2022-2025	3/5
Staff			
Patrick Adamolekun	1 st term	2020-2023	7/8
Victoria Aidoo-Annan (<i>to 31 October 2023</i>)	2 nd term	2022-2023	0/3
Mark Dunne	2 nd term	2023-2026	5/8
Love-Jane Egbe	1 st term	2022-2025	7/8
Tony Isles (<i>to 31 October 2023</i>)	1 st term	2020-2023	0/3
Graham Manyere (<i>to 12 Jun 2023</i>)	1 st term	2021-2024	0/1
Elizabeth Maushe (<i>from 1 Nov 2023</i>)	1 st term	2023-2026	2/5
Caroline Ogunsola*	3 rd term	2023-2026	7/8
John Peers (<i>from 1 Nov 2023</i>)	2 nd term	2023-2026	4/5
Betsy Scott	2 nd term	2021-2024	3/8
Kathryn Smith	1 st term	2022-2025	1/8
Sharmeen Sheikh Sultana (<i>from 1 Nov 2023</i>)	1 st term	2023-2026	3/5
Appointed: Bedford Borough Council			
Martin Towler (<i>from 1 Jul 2023</i>)	1 st term	Jul 2023	1/7
Jim Weir (<i>to 5 Jun 2023</i>)	2 nd term	Aug 2019	0/1
Appointed: Central Bedfordshire Council			
Gareth Mackey (<i>from 16 Jun 2023</i>)	1 st term	Jun 2023	0/7
Tracey Stock (<i>to 5 Apr 2023</i>)	1 st term	Sep 2021	0/1
Appointed: City of London			
Rehana Ameer	2 nd term	Oct 2017	0/8
Appointed: Clinical Commissioning - VACANCY			
Appointed: Education Sector - VACANCY			
Appointed: Hackney Council			
Sade Etti (<i>from 29 Feb 2024</i>)	1 st term	Feb 2024	2/3
Susan Fajana-Thomas (<i>to 1 Dec 2023</i>)	3 rd term	Dec 2014	3/4

Name		Term	Attendance (actual/possible)
Appointed: Luton Council			
Khtija Malik	2nd term	Feb 2020	7/8
Appointed: Newham Council			
Mumtaz Khan	1 st term	Aug 2022	1/8
Appointed: Tower Hamlets Council			
Gulam Choudhury	1 st term	Aug 2022	0/8
Appointed: Voluntary Sector			
Viv Ahmun	2nd term	Aug 2020	1/8

* *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 2023-2024 there have been various opportunities for providing support to governors with their training and development including:

- A series of bite-size induction events 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
- 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 understanding the work of Compass, ELFT's Community Interest Company and how it ties in with our the Trust's strategic objectives; PSIRF and the work of the Trust's recently recruited Director of Patient Safety; developing the learning disability and autism service; the contribution of psychological services to achieving our population health ambitions; trauma-informed care and on antisemitism/Islamophobia, (the latter informed by recent developments in Israel/Gaza)
- As previously mentioned, joint visits to Trust's services with non-executive directors providing governors with 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 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 more than an essential and valuable asset – it is an ‘opportunity’ for both us and our local communities, more now than ever before as we continue 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. With our wider focus on health, we have also shared information for other Trusts and healthcare partners assisting 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 focus over the next few years. We are now actively inviting our colleagues working in people participation to join our membership to ensure that there is every opportunity to hear their voice.

As at 31 March 2024, the Trust had 8,532 public members and 7,856 staff members.

Membership size and movements	
Public constituency	2023-2024
At year start (1 April 2023)	8,741
New members	2
Members leaving	212
At year end (31 March 2024)	8,532
Staff constituency	2023-2024
At year start (1 April 2023)	7,162

New members	1,982
Members leaving	1,288
At year end (31 March 2024)*	7,856

Analysis of current membership	
Public constituency	Number of members
Age (years):	
0-16	4
17-21	13
22+	7,715
Ethnicity:	
White	3,031
Mixed	384
Asian or Asian British	2,251
Black or Black British	1,651
Other	175
Socio-economic groupings	
AB	1,813
C1	2,464
C2	1,868
DE	2,342
Gender analysis	
Male	3,200
Female	5,282

The analysis section of this report excludes:

- 800 public members with no stated dates of birth
- 1,040 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 Trust continues to roll out our membership engagement plan which was developed and launched during 2023. The first year has given us the opportunity to try new ideas that ensure we change with the needs of our both of communities and partners.

This year the focus has been to open the channels of engagement and listen to the voice of our community, specifically:

- Working with people participation (PP) and meeting with the Trust's Working Together Group, gathering feedback for an easier to understand application form
- Offering membership opportunities to the PP members ensuring their voice is not lost when they leave our services
- Held our first face to face meetings, with a community fayre approach
- Held annual planning sessions and reinstating the 'you said, we did' approach
- Reviewed the Trust's magazine *Trusttalk*
- Varying members email topics to include other Trusts, signposting to self-care topics.



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.

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. A common theme heard by governors and the Trust is communication, part of our plan is to ensure that communication is more than sending out information, our plan highlights how engagement is not driven by increasing the size of your inbox, but by giving opportunities to create meaningful engagement.

Member Meetings

The Trust held two great community health fayres in Bedfordshire and in London in July 2023 to support the Trust in reconnecting with our members and to celebrate the NHS 75th birthday. The fayres were the first in person meetings the Trust have held since pre the pandemic. They were a massive success, attendees told us how important these events are for the community and the benefit of being able to meet face to face was paramount for engagement. There was a wide range of stalls representing both our services as well as external organisations from within our health care system including representatives from the smoking cessation team, the NHS organ donation team, healthy eating advice and governors from a neighbouring trust; they were all there to support a healthy living space for the community.

Plans are underway to hold members pop-up meetings within the local communities and will be advertised via social media and emails to members.

Annual Members Meeting

A Trust-wide annual members meeting (AMM) was held on 8 February 2024 when both governors and members formally received the annual report and accounts for 2022-2023 and the auditor's report on them. The meeting was held virtually.

The AMM 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 more than 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 what our focus on population health means in practice (based on a prior discussion at the SBSC, see above)
- In addition, the meeting received an update about governor's impact in the previous year and an update on the implementation of the membership engagement plan.
- Members also received a general overview of 2022-23 by Trust Interim Chief Executive Lorraine Sunduza.

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 on 4 December for Luton and Bedfordshire and for London on 20 December 2023.

The London event included an introduction by Richard Fradgley, Executive Director of Integrated Care & Deputy CEO and Dr Amar Shah, Chief Quality Officer 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 additionally updates about adult mental health and community health 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 Strategic Objectives	Priorities
Improved population health	<ul style="list-style-type: none"> • Easily accessible communication on services available – not just ELFT, but those of other Trusts, voluntary and community organisations, local authorities and others: “Bridge the gap between services available and those who may not know they exist or how to access them” • Organise showcasing events locally offering signposting, support, information, advice • Greater focus on drug and alcohol services (run by ELFT or others) – help improve our/others’ services? How can we improve access? • Campaign around risks of alcohol consumption (see recent WHO advice) • (Re?)-Establish an Older People’s champion • Tackle social isolation and loneliness
Improved experience of care	<ul style="list-style-type: none"> • Improved offer of courses for the Bedfordshire & Luton recovery college held in Luton • Improve offer for carer – review progress on carer strategy; improve respect for carers in line with Trust values • Secure long-term future of the Lighthouse in Leighton Buzzard • More use of Zoom technology to bring patients, MDT, GPs and carers together for case review discussions • Advice for service users on the benefits of setting up Powers of Attorney for when they are acutely unwell • Increase the offer of meaningful activities for patients on mental health wards • Review service for older adults – are we doing well? How do we know?
Improved staff experience	<ul style="list-style-type: none"> • Staff support to dovetail with staff needs, retention and local recruitment
Improved value	<ul style="list-style-type: none"> • Regular communication about progress of and challenges around Bedfordshire new build

These themes were ratified by the Council at its meeting on 19 January 2024 and will flow, as Council of Governors priorities, into the Trust's annual plan. In addition, a progress update will be requested for the November 2024 Council meeting prior to the 2025 annual plan meetings.

Members Communications

Members are also kept up to date with developments at the Trust by:

- Receiving the Trust's newsletter *Trusttalk*
- 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 2024.

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, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025



Kevin Curnow
Chief Finance Officer
East London NHS Foundation Trust

18 March 2025

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 *NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- 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 be 'L. Sunduza', enclosed within a circular flourish.

Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

Annual Governance Statement 2023-2024

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

Introduction

Our 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. It 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.

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 2024 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 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. 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 Guardian, and the Trust's Freedom to Speak Up (whistleblowing) policy. Concerns can also be raised via the Senior Independent Director.

The Trust ensures that staff are equipped to manage risk in a variety of ways and at different levels of strategic and operational function, for example safeguarding adults and children, resuscitation skills and prevention and management of violence and aggression. All staff, regardless of role or grade, are required to complete health and safety, fire safety, infection control, conflict resolution, equality and diversity, moving and handling, information governance and data security training. The Oliver McGowan training on learning disability and autism was introduced during the year for all staff. Compliance with training and updating standards is monitored centrally and reviewed by the People & Culture Committee. Training compliance is also monitored at team level on an ongoing basis through reports from the Trust's learning management system – ELFT Learning Academy (ELA). Trends are reported to directorate management teams to maintain focus and oversight.

Staff are trained in various aspects of risk management included as part of the on-boarding process for new staff. The training is designed to provide an awareness and understanding of the risk management framework, the risk management process and to give practice experience of completing risk assessment paperwork. New training was introduced during the year to support staff with the new InPhase system for recording patient safety incidents, risk and assurance which replaces Datix. Root-cause analysis training is provided to staff members who have direct responsibility for risk and incident management within their area of work.

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.

During the year the Trust introduced InPhase, a new patient safety incident, risk and assurance system which brings together reporting on incidents, claims, complaints and Patient Advice & Liaison Service (PALS), clinical alert system (CAS), CQC compliance, policy, National Institute for Health & Care Excellence (NICE), legal, audit and FTSU. This system is currently also being developed to manage the risk registers including the BAF, providing a coordinated and aligned approach to governance, risk and compliance.

The Trust maintained its commitment to learning from experience and sharing good practice and encourages the use of reflective practice. The quality report presented at each Board meeting provides an overview of quality across the Trust incorporating the two main domains for assurance and improvement. The assurance report will cover a specific theme and will focus on both Trust and system learning, and actions being taken to further strengthen practice.

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 where the total score is an indicator to the seriousness of the risk. Each risk is allocated an executive director lead and a lead Board committee, and these risks are reviewed at each committee meeting. The Board regularly reviews the complete BAF at its meetings in public usually through the Audit Committee assurance report.

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 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.

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.

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.

During February 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 subsequent report highlighted both areas of positive practice including safe and clean ward environments, service improvements following learning from serious incidents, Trust-wide improvements in observations and robust incident investigations by staff with the inclusion of patients and families. Areas for improvement included availability and accuracy of statutory and mandatory training and staff compliance, access to regular supervision and annual appraisals, conducting consistent environmental checks and improving the serious incidence process. The Trust's response to this inspection is included in the annual report and further detail on our CQC inspections is available both in the Trust's separate quality accounts and on the CQC website.

Following a CQC comprehensive inspection and well-led review in 2021, the Trust was rated 'outstanding' for the third consecutive time; there have been no changes to this overall rating.

Complementary to quality assurance is the Trust's approach to quality improvement (QI) which is aimed at embedding a culture of continuous improvement and innovation across the Trust particularly providing an infrastructure to tackle the most challenging and complex issues in an inclusive way to ensure everyone is involved in improving the area where they work or receive services.

Further detail on our quality management approach is included in the main body of the annual report.

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 (directorates) risk registers are reviewed regularly at directorate performance meetings as well as the Service Delivery Board. The risk and assurance team receives risk registers from directorates as well as copies of committee and sub-group meetings. Directorate representatives attend key committees of the healthcare governance framework ensuring formal channels of reporting, wide staff involvement, and sharing of learning. The implementation of incident and other risk-related policies and procedures throughout the Trust ensure the involvement of all staff in risk management activity.

The Trust demonstrates a high level of commitment to safety as a core concern and focus with well-embedded processes for the oversight and management of patient safety including Trust-wide safety huddle structures, local safety leadership forums and executive and non-executive directors' walkround programmes. Safety reporting is wide-ranging across the Trust with relevant safety information presented to the Board within the performance, quality, people and safer staffing reports.

The integrated quarterly patient safety report presented to the Quality Assurance Committee provides an update on the status of patient safety in the Trust based on the triangulation of safety data, performance of our safety management systems and progress on the Trust's safety plan development; the report also includes updates on safety learning and improvement work taking place. The Quality Assurance Committee also has oversight on quality and safety reports from directorates.

The Quality Committee and Patient Safety Forum oversee reports on all key safety areas including safeguarding, health and safety, security, infection control, central alerting system, medicines safety, serious incidents, prevention of future deaths reports, complaints, claims, restrictive practices, use of force and safety improvement areas with cascades to the Quality Assurance Committee by exception reporting. During the year the Trust continued to focus on transitioning to the NHS patient safety incident response framework (PSIRF) with a particular emphasis on continuous learning, improvement and supporting those affected in line with NHSE recommendations. The development of staff skills in patient safety including engagement with national patient safety syllabus also continued.

Safety risks are identified and managed through the programme of environmental risk assessments, and all sites are required to complete risk assessments in key areas including ligature risk management, violence and aggression, security, falls and manual handling. Completion of these are routinely monitored by the Health & Safety Committee.

The Trust's arrangements for emergency planning, resilience and response and business continuity continued to be reviewed and strengthened during the year. The Trust participated in the annual assurance exercise carried out by NHSE which assesses compliance against the core standards for emergency prevention, preparedness and response (EPPR) and the Trust was fully compliant.

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.

An internal audit review of the Trust's risk management was undertaken in Q4 as part of the internal audit plan for 2023-2024. 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 estates, safeguarding and specialist children and young people's services (SCYPS) 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.

Trust's Major Risks

The BAF includes eight 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 2023-2024 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 continued increased demand for services, the challenges with workforce recruitment and the impact of the strikes, 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 which remained as 'significant'.

Risk Description	Risk Score 2023-2024				
	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	16 ↑	16 ↔	16 ↔	16 ↔	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 issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction	20 ↑	20 ↔	20 ↔	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	16 ↑	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	20 ↔	20 ↔	20 ↔	20 ↔	8

BAF 1 and 2: The Trust is continuing to work purposefully and proactively to be a trusted system partner in our ICSs and place-based partnerships. The continued pressures and significant demand plus funding restraints remains a challenge; however, we are working

with the ICBs and partners to develop system financial plans. There are also risks associated with the number of patients who are clinically ready for discharge but have no appropriate accommodation to move to contributing to higher spend on inpatient provision including private sector beds which results in diverting resources and attention from preventative community interventions which contribute to improved population health. There is, however, continued progress in developing integrated models of care, both within Trust services, and across other partners, including primary care, social care, acute Trusts and the voluntary sector; with partnership work under way to address variation in virtual ward development; although further development is still required. We are also working closely with both Bedfordshire, Luton & Milton Keynes (BLMK) and North East London (NEL) Integrated Care Boards (ICBs) to ensure the right skills, capacity and capability are within our places to support integrated care.

BAF 3: The Trust continues to develop the areas which contribute to people participation including our service users, carers, peer support workers, volunteers, befriending, the Academy of Lived Experience, and the Integrated Care Systems (ICSs). There is, however, some variation across the Trust in the level of patient, service user and wider involvement in the planning and delivery of services. The Trust is working in partnership with the ICSs in developing and embedding their approach to people participation and coproduction to reduce variation.

BAF 4: The challenges include continued high demand in crisis services and bed occupancy, a growing waiting list particularly for adult ADHD and adult autism, delays for patients in ED, and the significant numbers of clinically ready for discharge patients in acute admission beds which is also impacting on financial spend. The Trust declared an internal business continuity event during 25 March – 5 April 2024 to help teams respond to what were current system wide operational pressures, and also to proactively help clinical teams' preparations for the Easter weekend. An exit plan is in place to manage the use of out of area placements, and demand surge work is being undertaken with system partners to ensure a coordinated and safe response.

BAF 5: The impact of the industrial action during the year has been well managed with the services with all shifts covered; however, the Trust has continued to focus on staff wellbeing. The number of people metrics are progressing in the right direction and there has been an improvement in the staff engagement survey results although response rates remain low. There has been a focus on reducing agency spend across all staff groups, and particularly in corporate services. The range of initiatives to support with staff retention continues to be implemented and turnover rate has reduced over the last six months but remains above target.

BAF 7: Cyber security risks continued to escalate during the year; however, the internal approach to response and education is showing results; significant progress has been made in terms of cyber remediation plan, cloud infrastructure architecture and migration, improvements in digital infrastructure and governance. Given the decreasing capital departmental expenditure limit (CDEL) and increased fragility of the estate, the Trust is working with industry leaders to identify radical opportunities to ebb the degradation of the environment. Outages related to links, air conditioning, firewalls and remote access and e-prescribing have impacted Trust-wide; robust plans are in place to address but given the number of changes at once, and size of the changes, a large business change programme is being developed to accompany this along with strong executive and clinical leadership.

BAF 8: Challenges remain with identifying and embedding recurrent financial viability/savings schemes that will offer longer term financial sustainability. The Trust has strengthened the support structure and focus on the identification and delivery of schemes with the aim of having a positive impact with delivery keeping pace with the plan. The Trust recognises the financial challenges and associated risks that exist at local, ICS and national levels.

In February 2024 the Board commenced a detailed review and reframing of the BAF using a QI approach with the aim of understanding the root cause and effect of the issues and the inclusion of the impact of system and environmental factors. Work is ongoing to reframe the risks and agree the target scores, mitigating actions and trajectories, as well as revising the reporting template to provide greater clarity, alignment and assurance.

The current rapidly changing health and social care landscape – both nationally and locally – combined with wider system pressures including demand and financial, 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 are continuing to put pressure on our financial plan. 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. The key issues and opportunities facing the Trust are outlined in the main annual report.

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 is 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. 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 scope of work includes the identification and monitoring of risks relevant to the work of each committee. The responsibilities of directors and staff are set out in job descriptions and are monitored through the Trust performance review process.

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

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 ICSs) in which we work –BLMK and 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 child and adolescent mental health services (CAMHS) and perinatal collaboratives in London.

In NEL we work increasingly closely with North East London NHS FT (NELFT) and NEL 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 & 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 which ensures people with lived experience are 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 at 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. The Trust has continued to engage actively with governors and our members in reporting on our performance and planning for the future. Our governor development programme has continued to provide updates and training throughout the year facilitated by our executive directors and service directors. Governors are now also included in the programme of non-executive director visits to services. Details of the meetings, briefing sessions and training for governors is included in the annual report, and have covered a range of topics including the development of PSIRF, the contribution of psychological services to achieving our population health ambitions, and understanding financial performance of the Trust.

During the year there was a focus on continuing to roll out the Trust's membership engagement plan in particular to open the channels of engagement and listening to the voice of our communities, e.g. the annual planning sessions informed attendees of the work the Trust has been undertaking to deliver our strategy, our involvement with the ICSs and our forward plans; as well as providing an opportunity for our members and the public to share their views and feedback. Further details are included in the main annual report.

Staff

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 continued national staffing challenges across the NHS, 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 ELFT people plan and reflects our 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 continued to focus on stabilising the workforce given the increasing turnover and staff shortages with an increased focus on recruitment and retention. Work is continuing to identify and implement new roles to enable skill mixes to address areas that are difficult to recruit to. We are committed to creating opportunities for our local population to join ELFT and establishing attractive roles to create a sustainable workforce. International recruitment is progressing, and the Trust is aiming to establish a robust pipeline of international recruits. In addition, the Trust continued to be the lead employer for the deployment of vaccination staff for NEL, leading on all recruitment, on-boarding and training activity on behalf of partner NHS organisations in NEL.

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. Progress updates are provided to the People & Culture Committee 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. The Trust's arrangements for ensuring that equality, diversity and human rights are integrated into our core business is described in the performance and staff sections of the annual report.

Climate Change Obligations

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a green plan following the guidance of 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 & 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, efficient and effectiveness of the use of resources. Both the Audit and Quality Assurance Committees routinely review the outcomes and recommendations of the internal audit reports including the management response and progress against action plans. A review of individual internal audit reports is now undertaken 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. There has continued to be a proactive communications approach to raise awareness amongst staff.

During the end of year accounts production process, we identified some legacy issues relating to the valuation and depreciation of both leasehold and freehold properties. Following consultation with the regional and national finance teams adjustments were made to the asset useful lives resulting in higher depreciation charges which led to higher in-year depreciation and negatively impacted the financial position. The Board, the Audit Committee and Finance, Business & Investment Committee were regularly apprised of the position who acknowledged the openness and transparency in surfacing this issue. Plans are in place for more in-depth work on the Trust's asset valuations.

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). The Chief Quality Officer is supported by the Data Protection Officer. 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. 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 EPRR team.

There were ten reportable incidents via the Data Security and Protection Toolkit in 2023 – 24. These included 20,000 letters not generated from RiO to GPs (this did not meet the threshold for ICO reporting due to low levels of harm); array drives failing at Trust headquarters causing unavailability of systems (also did not meet the threshold due to robust business continuity plans); four where emails were sent using carbon copy instead of blind carbon copy; and four where incorrect attachments were sent. None met the threshold for notification to the Information Commissioner.

Data Quality and Governance

The Trust has clear governance and leadership arrangements in place. 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 2023-2024 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 Service Delivery Board and operational meetings. 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.

Roles and responsibilities in relation to quality are clearly defined and incorporated where appropriate into job descriptions. When new ways of collecting, monitoring or reporting data are agreed, details are circulated to all staff together with relevant guidance; briefing

sessions and training will also be provided to ensure that staff have the necessary knowledge and skills to implement new ways of working that will improve the quality of our services.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS 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 any weaknesses and ensure continuous improvement of the system is in place.

Progress against actions is 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 2023 to 31 March 2024 confirms that there have been no issues identified as part of the internal audit work that is considered as requiring reporting as a significant control issue within the Trust's annual governance statement. The following final internal audit opinions were issued during the year:

- Substantial assurance:
 - Data Security & Protection Toolkit
- 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):
 - Learning management system – mandatory training
 - Charity funds
 - Risk management
 - Capital projects – wifi upgrade programme
- Partial assurance:
 - Freedom to Speak Up
 - Business continuity
 - Capital projects – rolling redecoration programme.

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 2023-2024 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
- 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
- Other Board committees will also receive internal audit reports relevant to their responsibilities
- 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
- The Integrated Care & Commissioning Committee reviews arrangements for partnership and collaborative working and commissioning responsibilities including associated risks

- The People & Culture Committee reviews recruitment, retention, and staff wellbeing and development
- 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; service user led accreditation; and 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 2023 to 31 March 2024 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"*.
- Our regular reporting to NHS England provides additional assurance regarding the Trust's governance arrangements and compliance with the Trust's provider licence.

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. Other internal and external reviews, audits and inspections provide sufficient evidence to state that no other significant internal control issues have been identified during 2023-2024.

There remain risks facing the Trust in 2024-2025 and beyond regarding delivery of our plans, the efficiency requirements and the changing NHS system landscape in respect of ICSs 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, OBE
Chief Executive
East London NHS Foundation Trust

18 March 2025

CONTACT US

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

Switchboard Telephone Number: **020 7655 4000**

Email: **elft.communications@nhs.net**

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

This page is intentionally left blank

FINANCIAL STATEMENTS

East London NHS Foundation Trust

Audited Annual Accounts
for the year ended 31 March 2024

Audited Annual Accounts for the year ended 31 March 2024



FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2024, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

A handwritten signature in black ink, appearing to be 'L Sunduza', written over a light blue horizontal line.

Lorraine Sunduza, OBE
Chief Executive Officer

Date: 18 March 2025

Audited Annual Accounts for the year ended 31 March 2024



Statement of Comprehensive Income for the year ended 31 March 2024

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	668,998	612,040
Other operating income	4	24,346	27,299
Total operating income from continuing operations		693,344	639,339
Operating expenditure	5	(697,868)	(637,629)
Operating surplus from continuing operations		(4,524)	1,710
Finance income	8	6,986	3,011
Finance expenditure	9	(7,387)	(3,017)
PDC dividends payable		(6,651)	(6,151)
Net finance costs		(7,052)	(6,157)
Share of (loss) / profit of joint venture	28.4	(201)	(256)
Other gains/(losses)		(347)	6
Operating surplus / (deficit) for the year from continuing operations		(12,124)	(4,697)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	11.1	(9,427)	(5,760)
Revaluation to revaluation reserve	11.1	4,024	27,863
Share of other comprehensive (expense)/income from joint ventures	28.4	8	68
Remeasurements of the net defined benefit pension scheme asset	19.2	(1,115)	5,463
Other reserve movements		2,033	-
Total comprehensive income/(expense) for the year		(16,601)	22,937

The notes on pages 8 to 43 form part of these accounts.

Audited Annual Accounts for the year ended 31 March 2024



Statement of Financial Position as at 31 March 2024

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	12	3,220	-
Property, plant and equipment	11	270,023	289,709
Right of use assets	13	79,210	80,438
Investment property		148	157
Investment in joint ventures	28	1,787	1,980
Trade and other receivables	14	444	565
Net defined benefit pension scheme asset	19.1	377	1,493
Total non-current assets		355,209	374,342
Current assets			
Inventories		557	344
Trade and other receivables	14	34,050	42,097
Assets held for sale	11.5	350	1,075
Cash and cash equivalents	15	116,413	134,546
Total current assets		151,370	178,062
Current liabilities			
Trade and other payables	16	(73,690)	(97,496)
Borrowings	18	(15,248)	(11,941)
Provisions	20	(438)	(4,887)
Deferred income	17	(7,368)	(13,126)
Total current liabilities		(96,744)	(127,450)
Total assets less current liabilities		409,835	424,954
Non-current liabilities			
Borrowings	18	(88,416)	(82,658)
Provisions	20	(496)	(649)
Total non-current liabilities		(88,912)	(83,307)
Total assets employed		320,923	341,647
Financed by			
Public dividend capital		118,885	112,578
Revaluation reserve		94,688	99,779
Income and expenditure reserve		107,350	129,289
Total taxpayers' equity		320,923	341,647

The notes on pages 8 to 43 form part of these accounts.

Lorraine Sunduza, OBE
Chief Executive Officer

Date: 18 March 2025

Audited Annual Accounts for the year ended 31 March 2024



Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2023	112,578	99,779	129,290	341,647
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(10,430)	(10,430)
Surplus / (deficit) for the year	-	-	(12,124)	(12,124)
Revaluations to revaluation reserve	-	4,024	-	4,024
Impairments charged to revaluation reserve	-	(9,427)	-	(9,427)
Transfer to retained earnings on disposal of assets	-	(776)	776	-
Share of other comprehensive expense from joint ventures	-	-	8	8
Remeasurements of the net defined benefit pension scheme asset	-	-	(1,115)	(1,115)
Public dividend capital received	6,307	-	-	6,307
Transfer of excess depreciation over historic cost depreciation	-	1,087	(1,087)	-
Other reserve movements	-	-	2,033	2,033
Taxpayers' equity at 31 March 2024	118,885	94,688	107,350	320,923

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.

Income and expenditure reserve

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

Audited Annual Accounts
for the year ended 31 March 2024



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

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£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
Surplus / (deficit) for the year	-	-	(4,697)	(4,697)
Revaluations to revaluation reserve	-	27,863	-	27,863
Impairments charged to revaluation reserve	-	(5,760)	-	(5,760)
Share of other comprehensive income 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

Audited Annual Accounts
for the year ended 31 March 2024

Statement of Cash Flows
for the year ended 31 March 2024



		2023/24	2022/23
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		(4,524)	1,710
Non-cash income and expense:			
Depreciation and amortisation	5	38,061	24,456
Impairments and reversals of impairments	5	4,532	4,755
Non-cash movements in on-SoFP pension asset		(11)	272
(Increase) / decrease in receivables and other assets		8,515	(20,801)
(Increase) / decrease in inventories		(212)	159
Increase / (decrease) in payables and other liabilities		(29,143)	6,143
Increase / (decrease) in provisions	20	(4,602)	781
Net cash generated from / (used in) operating activities		12,616	17,475
Cash flows from investing activities			
Interest received		6,672	3,011
Purchase of intangible assets		(34)	-
Purchase of property, plant, equipment		(17,942)	(17,444)
Sales of property, plant, equipment and investment property		736	-
Net cash from / (used) in investing activities		(10,568)	(14,433)
Cash flows from financing activities			
Public dividend capital received		6,307	8,849
Capital element of lease liability repayments		(12,778)	(10,967)
Capital element of PFI payments	23.3	(1,905)	(660)
Other interest (pension fund liabilities)	19.2	(361)	(317)
Interest element of lease liability repayments	13.3	(863)	(791)
Interest paid on PFI obligations	23.3	(3,072)	(1,909)
PDC dividend paid		(7,509)	(5,509)
Net cash (used in) / generated from financing activities		(20,181)	(11,304)
Increase / (decrease) in cash and cash equivalents		(18,133)	(8,262)
Cash and cash equivalents at 1 April		134,546	142,808
Cash and cash equivalents at 31 March	15	116,413	134,546

Audited Annual Accounts for the year ended 31 March 2024



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 2023/24 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:

Critical accounting judgements

- Department of Health and Social Care guidance specifies that the Trust's specialised 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.

Key sources of estimation uncertainty

- Property asset valuations are provided by independent, qualified valuers. Valuations are subject to general price changes in property values across the UK. Asset values might vary from their real market value when assets are disposed of. A 1% variation in value would result in a £2.3m increase or decrease in the value of land & buildings and a 5% variation would result in an £11.5m increase or decrease in the value of land & buildings. Refer to Note 11.

The key estimates 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.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.3 Critical accounting judgements and key sources of estimation uncertainty (continued)

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 £0.8m, and the investment properties by £0.1m.

- Estimation by the actuaries of the net asset 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 19.

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 under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

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 2023/24 payment under this scheme is included in fixed payments from commissioners based on assumed delivery.

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 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. 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 NHS 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.

1.4.1 Other forms of income - Grants and donations

Government grants are grants from government bodies other than income from commissioners or 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. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

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 annual leave entitlement 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 two 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 for Health and Social Care in England and Wales. The schemes are not designed to be run in a way that would enable employers 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. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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 Statement of Comprehensive Income 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.

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 be provided 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;

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.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.7 Property, plant and equipment (continued)

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

The Trust commissioned independent RICS qualified valuers, Montagu Evans, to carry out a valuation of land and buildings at 31 March 2024.

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.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost, as this is not considered to be materially different from current value in existing use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.7 Property, plant and equipment (continued)

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of 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 that arises from a clear consumption of economic benefit or of 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 expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful 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. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.7 Property, plant and equipment (continued) Private Finance Initiative (PFI) transactions (continued)

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI liabilities

IFRS 16 liability measurement principles have been applied to PFI, service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

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

1.8 Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.8 Intangible assets (continued)

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

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
Software licences	3	5

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 3.51% applied to new leases commencing in 2023 and 4.7% to new leases commencing in 2024.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.9 Leases (continued)

The Trust as a lessee (continued)

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.

Initial application of IFRS 16 in 2022/23

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

The standard was 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 were only 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 were not 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 contained 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 were made in respect of leases previously classified as finance leases.

Audited Annual Accounts for the year ended 31 March 2024



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. Cash, bank and overdraft balances are recorded at current values.

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 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
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 21 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 NHS Resolution 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, i.e., 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.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

1.12 Financial assets/liabilities classified as subsequently measured at amortised cost (continued)

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses. Expected credit losses are estimated via a provision matrix that considers different categories of debt. This takes into account an assessment of past performance, current/future market and general economic conditions and any other considerations relevant to specific categories of debtor.

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.

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 based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital 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, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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 calculated is not revised should any adjustment to net assets occur as a result of 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.

IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021. Standard will be adopted by the 25/26 FReM, with limited options for early adoption.
IFRS 18 Presentation and disclosure in financial statements	Not UK-endorsed. Applies after 1 January 2027.

The application of IFRS 17 Insurance Contracts would not have a material impact on the accounts for 2023/24, were it applied in that year.

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

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.

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.

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.

Audited Annual Accounts for the year ended 31 March 2024



Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2023/24 £000	2022/23 £000
Mental health services		
Block contract / system envelope income	376,525	351,235
Services delivered as part of a mental health collaborative	39,941	34,922
Clinical income for the secondary commissioning of mandatory services	49,369	44,122
Other clinical income from mandatory services	51,042	35,009
Community services		
Block contract / system envelope income	107,686	99,438
Income from other sources	26,323	17,125
All services		
Agenda for change pay offer central funding *	156	14,124
Additional pension contribution central funding **	17,956	16,065
Total income from activities	668,998	612,040

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	70,860	79,779
Integrated Care Boards and Clinical Commissioning Groups	485,734	445,627
NHS foundation trusts	10,480	6,174
NHS trusts	61,698	60,506
Local authorities	29,818	19,017
Department of Health and Social Care	13	-
Non NHS: Other ***	10,395	937
Total income from activities	668,998	612,040

* Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

** 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.

*** In 2022/23 income from Primary Care was included within Other Operating Income.

Audited Annual Accounts for the year ended 31 March 2024



Note 4 Other operating income

	2023/24	2022/23
	£000	£000
Research and development	1,903	2,284
Education and training	14,438	15,254
Rental revenue from operating leases	370	375
Reimbursement and top up funding	-	3,434
Consumables (inventory) donated from DHSC group bodies for COVID response	56	331
Other income *	7,579	5,621
Total other operating income	24,346	27,299

* This includes recharges for capital charges on digital systems hosted by the Trust.

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

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	13,074	4,066

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2024	31 March 2023
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised: within one year	7,368	13,126
Total	7,368	13,126

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:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	668,998	612,040
Income from services not designated as commissioner requested services	24,346	27,299
Total	693,344	639,339

Within the 2023/24 financial statements, management has taken the view to define the following as commissioner requested services (the same services were defined as such in the prior year):

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

Audited Annual Accounts for the year ended 31 March 2024



Note 5 Operating expenses

	2023/24 £000	2022/23 £000
Purchase of healthcare from NHS and DHSC bodies	45,320	38,872
Purchase of healthcare from non NHS bodies ¹	22,756	19,035
Employee expenses - non-executive directors	204	195
Employee expenses - staff & executive directors	486,314	453,712
Supplies and services - clinical	8,358	7,367
Supplies and services - general	26,914	21,405
Drug costs	5,611	5,658
Establishment	6,779	4,778
Research and development	2,517	2,106
Transport	5,722	4,464
Premises	30,258	28,877
Movement in credit loss allowance: contract receivables	(139)	23
Depreciation on property, plant and equipment	38,061	24,331
Amortisation on intangible assets	-	125
Impairments/(Reversals of impairments)	4,532	4,755
Audit fees payable to the external auditor		
audit services- statutory audit ²	141	139
Internal audit costs	85	73
Clinical negligence	1,841	1,458
Legal fees	685	594
Consultancy costs	316	984
Education and training	4,836	6,093
Redundancy	614	745
Hospitality	220	106
Insurance	298	265
Other services, eg external payroll	1,049	943
Losses, ex gratia & special payments	250	87
Other	4,326	10,439
Total	697,868	637,629

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 £141k (excl. VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2024.

Audited Annual Accounts for the year ended 31 March 2024



Note 6 Limitation on auditor's liability

The Trust's auditor, Mazars LLP, have not limited their liability in respect of their audit.

Note 7 Employee benefits

	2023/24	2022/23
	£000	£000
Salaries and wages	350,106	330,451
Social security costs	42,184	37,997
Apprenticeship levy	1,881	1,696
Employer's contributions to NHS pensions	41,320	36,946
Pension cost - other	128	251
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	17,956	16,065
Agency/contract staff	32,739	30,306
Total staff costs	486,314	453,712

Note 8 Finance Income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	6,552	2,789
Other finance income	434	222
	6,986	3,011

Note 9 Finance Expenses

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	863	791
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	3,072	1,909
Remeasurement of the liability resulting from change in index or rate*	3,091	-
Total interest expense	7,026	2,700
Other finance costs	361	317
Total finance costs	7,387	3,017

Audited Annual Accounts for the year ended 31 March 2024



Notes to the Accounts

10 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

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. 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'.

Audited Annual Accounts
for the year ended 31 March 2024

Note 11.1 Property, plant and equipment - 2023/24

	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 2023	26,549	230,475	231	933	4,939	116	56,035	3,582	322,860
Additions	-	6,026	-	109	727	-	8,006	295	15,163
Impairments charged to revaluation reserve	(513)	(8,914)	-	-	-	-	-	-	(9,427)
Reclassifications	-	227	-	(521)	-	-	294	-	-
Revaluations	(943)	(5,701)	14	(412)	-	-	-	-	(7,042)
Transfers to assets held for sale	(105)	-	(245)	-	-	-	-	-	(350)
Valuation/gross cost at 31 March 2024	24,988	222,113	-	109	5,666	116	64,335	3,877	321,204
Accumulated depreciation at 1 April 2023	-	2,858	-	-	3,578	64	23,918	2,733	33,151
Provided during the year	-	13,617	4	-	653	18	9,946	326	24,564
Impairments recognised in operating expenses	1,064	3,417	-	412	-	-	-	-	4,893
Reversals of impairments recognised in operating expenses	(72)	(289)	-	-	-	-	-	-	(361)
Revaluations	(992)	(9,658)	(4)	(412)	-	-	-	-	(11,066)
Accumulated depreciation at 31 March 2024	-	9,945	-	-	4,231	82	33,864	3,059	51,181
Net book value at 31 March 2024	24,988	212,168	-	109	1,435	34	30,471	818	270,023
Net book value at 1 April 2023	26,549	227,617	231	933	1,361	52	32,117	849	289,709
Useful economic life									
- Minimum useful economic life		60	60		5	5	3	5	
- Maximum useful economic life		60	60		10	5	10	5	

Audited Annual Accounts
for the year ended 31 March 2024

Note 11.2 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/ from 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 income	(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	

Audited Annual Accounts
for the year ended 31 March 2024

Note 11.3 Property, plant and equipment financing - 2023/24

	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 2024									
Owned	24,988	177,380	245	109	1,435	34	30,471	818	235,480
On-SoFP PFI contracts	-	32,323	-	-	-	-	-	-	32,323
Donated	-	2,220	-	-	-	-	-	-	2,220
NBV total at 31 March 2024	24,988	211,923	245	109	1,435	34	30,471	818	270,023

Note 11.4 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

Audited Annual Accounts
for the year ended 31 March 2024



Note 12.1 Intangible assets - 2023/24

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2023	879	879
Additions	3,220	3,220
Valuation/gross cost at 31 March 2024	4,099	4,099
Accumulated depreciation at 1 April 2023	879	879
Provided during the year	-	-
Accumulated depreciation at 31 March 2024	879	879
Net book value at 31 March 2024	3,220	3,220

Note 12.2 Intangible assets - 2022/23

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2022	3,046	3,046
Additions	-	-
Disposals/derecognition	(2,167)	(2,167)
Valuation/gross cost at 31 March 2023	879	879
Accumulated depreciation at 1 April 2022	2,921	2,921
Provided during the year	125	125
Disposals/derecognition	(2,167)	(2,167)
Accumulated depreciation at 31 March 2023	879	879
Net book value at 31 March 2023	-	-

Note 13.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2023	92,151	92,151	84,401
Additions	3,925	3,925	3,124
Remeasurements of the lease liability	8,344	8,344	7,022
Valuation/gross cost at 31 March 2024	104,420	104,420	94,547
Accumulated depreciation at 1 April 2023	11,713	11,713	10,411
Provided during the year	13,497	13,497	11,805
Accumulated depreciation at 31 March 2024	25,210	25,210	22,216
Net book value at 31 March 2024	79,210	79,210	72,331
Net book value of right of use assets leased from other NHS providers			9,121
Net book value of right of use assets leased from other DHSC group bodies			63,210

Audited Annual Accounts
for the year ended 31 March 2024



Note 13.2 Right of use assets - 2022/23

	Property (land and buildings)	Total	Of which: leased from DHSC group bodies
	£000	£000	£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
IFRS 16 implementation - adjustments for existing leases	-	-	-
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

Audited Annual Accounts for the year ended 31 March 2024



Note 13.3 Reconciliation of the carrying value of lease liabilities

	2023/24	2022/23
	£000	£000
Carrying value at 1 April	78,044	-
IFRS 16 implementation - adjustments for existing operating leases	-	86,673
Lease additions	3,925	2,338
Lease liability remeasurements	8,344	-
Interest charge arising in year	863	791
Terminations	(10)	-
Lease payments (cash outflows)	(13,641)	(11,758)
Carrying value at 31 March	77,524	78,044

Note 13.4 Maturity analysis of future lease payments at 31 March 2024

	Total	Of which leased from DHSC group bodies:
	31 March 2024	31 March 2024
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	13,905	12,110
- later than one year and not later than five years;	44,318	39,857
- later than five years.	22,187	21,245
Total gross future lease payments	80,410	73,212
Finance charges allocated to future periods	(2,886)	(2,630)
Net lease liabilities at 31 March 2024	77,524	70,582
Of which:		
- Current	13,126	11,425
- Non-Current	64,398	59,157

Audited Annual Accounts for the year ended 31 March 2024



Note 14 Trade and other receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables (invoiced and accrued)	27,608	36,868
Allowance for impaired contract receivables	(482)	(645)
Prepayments (non-PFI)	3,111	3,067
Clinician pension tax provision reimbursement funding from NHSE	13	17
VAT receivable	2,075	2,244
PDC dividend receivable	34	-
Other receivables	1,691	546
Total current trade and other receivables	34,050	42,097
Non-current		
Clinician pension tax provision reimbursement funding from NHSE	444	565
Total non-current trade and other receivables	444	565
Of which receivable from NHS and DHSC group bodies	20,740	32,453

Note 14.1 Allowances for credit losses

	2023/24 £000	2022/23 £000
At 1 April brought forward	645	2,124
New allowances arising	399	577
Utilisation of allowances (write offs)	(24)	(1,502)
Reversals of allowances	(538)	(554)
At 31 March	482	645

Note 15 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.

	2023/24 £000	2022/23 £000
At 1 April	134,546	142,808
Net change in year	(18,133)	(8,262)
At 31 March	116,413	134,546
Broken down into:		
Cash at commercial banks and in hand	291	234
Cash with the Government Banking Service	116,122	134,312
Total cash and cash equivalents as in SoFP	116,413	134,546

Audited Annual Accounts for the year ended 31 March 2024



Note 16 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	24,634	23,939
Capital payables	7,794	7,391
Other taxes payable	11,145	10,489
Other payables	7,616	6,431
Accruals	22,501	48,422
PDC dividend payable	-	824
Total current trade and other payables	73,690	97,496
 Of which payable to NHS and DHSC group bodies	 14,756	 13,218

Note 17 Deferred income

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income	7,368	13,126
Total deferred income	7,368	13,126

Note 18 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	13,127	11,211
Obligations under PFI	2,121	730
Total current borrowings	15,248	11,941
 Non-current		
Lease liabilities	64,398	66,833
Obligations under PFI	24,018	15,825
Total non-current borrowings	88,416	82,658

Audited Annual Accounts for the year ended 31 March 2024



Note 19 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 19.1 Amounts recognised in the Statement of Financial Position

	2023/24	2022/23
	£000	£000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(7,637)	(12,341)
Current service cost	(128)	(251)
Interest on pension obligations	(361)	(317)
Member contributions	(53)	(50)
Remeasurements recognised in other comprehensive income	341	4,946
Benefits paid	281	376
Defined benefit obligation as at 31 March	(7,557)	(7,637)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	9,130	8,642
Interest income on plan assets	434	222
Actuarial gains	803	517
Employer contributions	68	82
Administration expenses	(14)	(7)
Member contributions	53	50
Benefits paid	(281)	(376)
Fair value of plan assets as at 31 March	10,193	9,130
Impact of asset ceiling	(2,259)	-
Net asset/(liability) as at 31 March	377	1,493

Note 19.2 Amounts recognised in the Statement of Comprehensive Income

	2023/24	2022/23
	£000	£000
Current service cost	(128)	(251)
Interest on pension obligations	(361)	(317)
Interest income on plan assets	434	222
Total pension cost recognised	(55)	(346)
Re-measurements in other comprehensive income:		
Return on fund assets in excess of interest	803	(178)
Other actuarial gains	-	695
Change in financial assumptions	215	5,500
Change in demographic assumptions	79	199
Experience losses on defined obligations	47	(753)
Impact of asset ceiling	(2,259)	-
Total re-measurements in other comprehensive income	(1,115)	5,463

The projected pension expense for the year ending 31 March 2025 is £116k, with employer contributions estimated at £67k.

Audited Annual Accounts for the year ended 31 March 2024



Note 19 Employee retirement benefit obligations (continued)

Note 19.3 Principal actuarial assumptions

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

	31 March 2024	31 March 2023
	% p.a.	% p.a.
Pension increase rate	2.85%	2.85%
Salary increase rate	3.85%	3.85%
Discount rate	4.95%	4.80%

Life Expectancy from Age 65 (years)

	31 March 2024	31 March 2023
- Retiring Today		
- Males	21.1	21.4
- Females	23.9	24.2
- Retiring in 20 years		
- Males	22.2	22.4
- Females	25.5	25.8

The estimate of past service liability duration is 24 years.

Sensitivity analysis 2024/25

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,420	7,557	7,698
Projected Service Cost	119	122	125
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,577	7,557	7,537
Projected Service Cost	122	122	122
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,680	7,557	7,437
Projected Service Cost	126	122	119
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	7,834	7,557	7,292
Projected Service Cost	126	122	118

Note 19.4 Analysis of assets

	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	%	£000	%
Equities	6,140	61%	5,860	65%
Bonds	1,878	18%	1,666	18%
Property	1,464	14%	1,223	13%
Cash	711	7%	381	4%
Total assets	10,193	100%	9,130	100%

Audited Annual Accounts for the year ended 31 March 2024



Note 19 Employee retirement benefit obligations (continued)

Note 19.4 Analysis of assets (continued)

Assets break down as at 31 March 2024 is as follows:

	Quoted (%)	Unquoted (%)
Corporate bonds		
UK	-	-
Overseas	5.0%	-
Equities		
UK	-	-
Overseas	-	7.0%
Property		
All	-	5.0%
Others		
Absolute return portfolio	4.0%	-
Private equity	-	2.0%
Infrastructure	-	9.0%
Unit trusts	-	47.0%
Private debt	-	3.0%
Unit trust - UK government bonds	-	-
Multi-asset credit	-	11.0%
Cash/temporary investments	-	7.0%
	9.0%	91.0%

Audited Annual Accounts
for the year ended 31 March 2024



Note 20.1 Provisions for liabilities and charges analysis 31 March 2024

	Pensions - other staff	Other legal claims	Clinicians' pension reimbursement	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	110	192	582	4,652	5,536
Change in discount rate	-	-	(98)	-	(98)
Arising during the year	-	128	-	182	310
Utilised during the year	(29)	(106)	(13)	-	(148)
Reversed unused	-	-	(44)	(4,652)	(4,696)
Unwinding of discount rate	-	-	30	-	30
At 31 March 2024	81	214	457	182	934

Expected timing of cash flows:

- not later than one year	29	214	13	182	438
- later than one year and not later than five years	52	-	47	-	99
- later than five years	-	-	397	-	397
Total	81	214	457	182	934

Note 20.2 Provisions for liabilities and charges analysis 31 March 2023

	Pensions - other staff	Other legal claims	Clinicians' pension reimbursement	Other *	Total
	£000	£000	£000	£000	£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)
Reversed unused	-	-	-	-	-
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

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

Audited Annual Accounts for the year ended 31 March 2024



Note 21 Clinical negligence liabilities

At 31 March 2024, £13,438k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£14,165k at 31 March 2023).

Note 22 Better Payment Practice Code - measure of compliance

	2023/24 Number	2023/24 £000
Total Non-NHS trade invoices paid in the year	67,923	304,237
Total Non-NHS trade invoices paid within target	59,303	280,263
Percentage of Non-NHS trade invoices paid within target	87.3%	92.1%
Total NHS trade invoices paid in the year	1,877	73,240
Total NHS trade invoices paid within target	1,377	61,492
Percentage of NHS trade invoices paid within target	73.4%	84.0%
	2022/23 Number	2022/23 £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%

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 2024



Note 23 On-Statement of Financial Position PFI

Note 23.1 On-SoFP PFI obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2024 £000	31 March 2023 £000
Gross PFI obligation	40,390	31,170
Of which liabilities are due		
- not later than one year	4,977	2,568
- later than one year and not later than five years	19,908	10,273
- later than five years	15,506	18,329
Finance charges allocated to future periods	(14,252)	(14,615)
Net PFI obligation	26,139	16,554
- not later than one year	2,121	730
- later than one year and not later than five years	11,200	3,799
- later than five years	12,818	12,026

Note 23.2 Total future payments committed in respect of PFI

Total future payments committed in respect of PFI	67,070	81,674
Of which due:		
- not later than one year	7,732	6,734
- later than one year and not later than five years	32,234	26,935
- later than five years	27,104	48,005

Note 23.3 Analysis of amounts payable to PFI operator

	2023/24 £000	2022/23 £000
Unitary payment payable to operator	7,607	6,769
Consisting of:		
- Interest charge	3,072	1,909
- Repayment of PFI liability	1,905	660
- Service element	2,630	2,340
- Contingent rent	-	1,860
Total	7,607	6,769

Audited Annual Accounts for the year ended 31 March 2024



Note 23 On-Statement of Financial Position PFI (continued)

Note 23.4 Impact of change in PFI arrangement accounting policy on the allocation of the unitary payment

IFRS 16 liability measurement principles have been applied to PFI liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

	IFRS 16 basis (new basis)	IAS 17 basis (old basis)	Impact of change
	2023/24	2023/24	2023/24
	£000	£000	£000
Unitary payment payable to service concession operator	7,607	7,607	-
Consisting of:			
- Interest charge	3,072	1,580	1,492
- Repayment of balance sheet obligation	1,905	989	916
- Service element (and other charges to operating expenditure excluding revenue lifecycle)	2,630	2,630	-
- Contingent rent	-	2,408	(2,408)

Note 23.5 Impact of change in accounting policy on primary statements

	2023/24 £000
2023/24 impact of change in PFI accounting policy on Statement of Financial Position at 31 March 2024:	
Increase in PFI / LIFT and other service concession liabilities	(12,605)
Increase in PDC dividend receivable	363
Increase in cash and cash equivalents (impact of PDC dividend only)	-
Impact on net assets as at 31 March 2024	(12,242)
2023/24 impact of change in PFI accounting policy on Statement of Comprehensive Income:	
PFI liability remeasurement charged to finance costs	(3,091)
Increase in interest arising on PFI liability	(1,492)
Reduction in contingent rent	2,409
Reduction in PDC dividend charge	363
Net impact on surplus / (deficit)	(1,811)
2023/24 impact of change in PFI accounting policy on Statement of Changes in Taxpayers' Equity:	
Reduction in reserves for the cumulative retrospective impact on 1 April 2023	(10,430)
Net deterioration on 2023/24 surplus / deficit	(1,812)
Impact on equity as at 31 March 2024	(12,242)
2023/24 impact of change in PFI accounting policy on Statement of Cash Flows:	
Increase in cash outflows for capital element of PFI / LIFT	(916)
Decrease in cash outflows for financing element of PFI / LIFT	916
Net impact on cash flows from financing activities	-

Audited Annual Accounts for the year ended 31 March 2024



Note 24 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 ICBs and the way those ICBs 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 integrated care boards, 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 24.1 Reconciliation of liabilities arising from financing activities

	Lease liabilities 2023/24 £000	PFI Obligations 2023/24 £000	Total 2023/24 £000	Lease liabilities 2022/23 £000	PFI Obligations 2022/23 £000	Total 2022/23 £000
Carrying value at 1 April	78,044	16,555	94,599	-	17,215	17,215
Cash movements:						
Financing cash flows - principal	(12,778)	(1,903)	(14,681)	(10,967)	(660)	(11,627)
Financing cash flows - interest	(863)	(3,072)	(3,935)	(791)	(1,909)	(2,700)
Non-cash movements:						
Impact of implementing IFRS 16 as at 1 April 2022	-	-	-	86,673	-	86,673
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	10,430	10,430	-	-	-
Additions	3,925	-	3,925	2,338	-	2,338
Lease liability remeasurements	8,343	-	8,343	-	-	-
Remeasurement of PFI	-	3,091	3,091	-	-	-
Interest charge arising in year	863	3,072	3,935	791	1,909	2,700
Other changes	(10)	(2,034)	(2,044)	-	-	-
Carrying value at 31 March	77,524	26,139	103,663	78,044	16,555	94,599

Audited Annual Accounts for the year ended 31 March 2024



Note 25 Financial instruments

Note 25.1 Carrying values of financial assets*

Carrying values of financial assets as at 31 March 2024

Trade and other receivables excluding non financial assets

Cash and cash equivalents at bank and in hand

Total at 31 March 2024

Held at amortised cost £000	Total £000
--------------------------------------	---------------

29,274	29,274
--------	---------------

116,413	116,413
---------	----------------

145,687	145,687
----------------	----------------

Carrying values of financial assets as at 31 March 2023

Trade and other receivables excluding non financial assets

Cash and cash equivalents at bank and in hand

Total at 31 March 2023

Held at amortised cost £000	Total £000
--------------------------------------	---------------

37,351	37,351
--------	---------------

134,546	134,546
---------	----------------

171,897	171,897
----------------	----------------

Note 25.2 Carrying value of financial liabilities*

Carrying values of financial liabilities as at 31 March 2024

Obligations under leases

Obligations under PFI contracts

Trade and other payables excluding non financial liabilities

Total at 31 March 2024

Held at amortised cost £000	Total £000
--------------------------------------	---------------

77,524	77,524
--------	---------------

26,139	26,139
--------	---------------

56,140	56,140
--------	---------------

159,803	159,803
----------------	----------------

Carrying values of financial liabilities as at 31 March 2023

Obligations under leases

Obligations under PFI contracts

Trade and other payables excluding non financial liabilities

Total at 31 March 2023

Held at amortised cost £000	Total £000
--------------------------------------	---------------

78,044	78,044
--------	---------------

16,555	16,555
--------	---------------

86,183	86,183
--------	---------------

180,782	180,782
----------------	----------------

*Carrying Values are deemed to be a reasonable approximation to fair value

Audited Annual Accounts for the year ended 31 March 2024



Note 25.3 Maturity of financial liabilities

	31 March 2024	31 March 2023
	£000	£000
In one year or less	75,022	100,680
In more than one year but not more than five years	64,226	51,884
In more than five years	37,693	45,870
Total	176,941	198,434

Note 26 Losses and special payments

	2023/24		2022/23	
	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.	4	2	2	-
Bad debts and claims abandoned	47	29	-	-
Damage to buildings, property etc.	27	11	23	13
Total losses	78	42	25	13
Special payments				
Compensation payments	14	125	27	68
Ex-gratia payments	30	112	22	6
Total special payments	44	237	49	74
Total losses and special payments	122	279	74	87

Audited Annual Accounts for the year ended 31 March 2024



Note 27 Related party transactions

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 nil income (£1k in 2022/23) for services provided and paid £3,452k for services received (£5,771k in 2022/23). There was £19k payable at year end (£374k in 2022/23).

Director of Health & Care Space Newham Ltd. See note 28.

Partner in Leighton Road Surgery, a GP practice operated by the Trust.

Director of Stratford PCN Ltd. The Trust received £19k income (£110k in 2022/23) and there was £5k (£67k 2022/23) receivable at year end.

Director of East Bedford PCN. The Trust received £133k income (£17k in 2022/23) and paid £2k for services received (nil in 2022/23) there was nil (£20k in 2022/23) receivable at year end.

Director of East End Health Network Co Ltd. The Trust received £51k income (£24k in 2022/23) and paid £15k (nil in 2022/23).

Samanthi Gibbens, Interim Chief Finance Officer for part of the year was a Director of Health & Care Space Newham Ltd. See note 28.

Kevin Curnow, Chief Finance Officer, is a Director of Health & Care Space Newham Ltd. See note 28.

Tanya Carter, Chief People Officer, is a Board Member of Healthcare People Management Association. The Trust paid £0k for services received (£9k in 2022/23).

Dr Amar Shah, Chief Quality Officer, was seconded to the Royal College of Psychiatrists for 1 day per week from April to Oct and 1 day per month from November to March. The Trust received £44k in respect of these services in 2023/24, this was all paid in year. The Trust was charged £105k for services by the Royal College of Psychiatrists, of this £38k was payable at year-end.

Dr Amar Shah was also seconded to NHS England, the Trust received £19k in respect of these services, this was paid in year.

Sam Everington, Non Executive Director, is a Director & Chair of Mile End East Bromley by Bow (MEEBBB) CIC. The Trust received £32k income (£8k in 2022/23) and there was £5k (£8k in 2022/23) receivable at year end.

Donna Kinnair, Non Executive Director, is a Non Executive Director of Royal Free NHS Foundation Trust. Deborah Wheeler, Non Executive Director, is a Non Executive Director of North East London NHS Foundation Trust. Both of these organisations also have the Department of Health and Social Care as a parent department.

Anit Chandarana, Non Executive Director, is Director General for the Department of Transport (Network Rail secondment). The Trust received £195k income and there was a £184k receivable at year-end.

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
North East London NHS Foundation 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 2024



Note 28 Investments in subsidiaries and joint ventures

Note 28.1 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 28.2 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 28.3 Operating results of subsidiaries and joint ventures

	HCSN		Compass	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Total (loss)/profit	(402)	(511)	270	555
Total gross assets	8,672	6,740	4,287	3,796
Total net assets	3,575	3,961	1,705	1,360

Note 28.4 Carrying values in these accounts

	HCSN	
	2023/24	2022/23
	£000	£000
Carrying value at 1 April	1,980	2,168
Share of trading (loss)/profit	(201)	(256)
Share of Other Comprehensive Income	8	68
Carrying value at 31 March	<u>1,787</u>	<u>1,980</u>

Note 29 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.

There is one event that took place after the reporting period that merits disclosure.

In June 2023, a judgement was handed down in the High Court in the case of Virgin Media vs. NTL Pension Trustees II Limited that could have implications for defined benefit (DB) pension schemes going forward. In a judgment delivered on 25 July 2024, the Court of Appeal unanimously upheld the decision of the High Court, as a result this ruling will form part of case law and can therefore be expected to apply across other pension schemes. The Trust cannot quantify the financial effect of the ruling

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 2024 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 material accounting policy information. 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 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, 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 2024 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 2023/24; 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 other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. 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 2023/24 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.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

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.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their 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.

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 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;
- testing a sample of income to confirm the Trust's recognition;
- testing a sample of receipts and material expenditure pre and post year end to ensure recognition in the correct period; 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 February 2023.

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 2024.

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 May 2024.

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 Report and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; 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 2023/24; 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.



Suresh Patel
Key Audit Partner
For and on behalf of Forvis Mazars LLP
30 Old Bailey,
London,
EC4M 7AU

18 March 2025

