

# East London NHS Foundation Trust

## Annual Report and Accounts 2024-2025



**East London NHS Foundation Trust**

**Annual Report and Accounts 2024-2025**

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



# WELCOME TO OUR 2024-2025 REPORT

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## FOREWORD FROM THE CHAIR

This year's annual report reflects a challenging year when we have sought to balance the financial challenges all trusts have faced whilst also staying focused on providing the best care we can to our local communities. I am grateful to the endeavours of staff throughout the Trust for their work in reviewing and refining how we do things, to make this possible. There is a great deal of change and reorganisation underway in the NHS, which will continue in the coming year. We will continue to work with our partners, service users, carers and staff to find solutions, new approaches and share ideas, as we navigate this journey together.

As our work on population health progresses, it has become clearer than ever that we have to address health inequalities in our communities to bring about real improvement in their health. We want to break the cycle of poverty not just for the current population, but also for the generations that follow. Working with partners and organisations with specialist knowledge and expertise, we are finding innovative ways to make a difference and provide opportunities that will elevate people and impact positively on their quality of life.

We were delighted to learn that four colleagues were recognised in the King's Birthday Honours and the New Year's Honours. I am exceptionally proud that their unique contribution to the Trust, to our communities and to the NHS has resulted in this outstanding recognition. Congratulations to:

- Shirley Biro, Newham Governor, British Empire Medal (BEM)
- Prof Amar Shah, the Trust's Chief Quality Officer, (MBE)
- Edwin Ndlovu, our Chief Operating Officer (MBE) and
- Rebecca Daniels, Newham Children's Matron, (BEM).

Which brings me onto another key milestone this year, which was the substantive appointment of Lorraine Sunduza OBE as our Chief Executive, who received her own honour this year. Lorraine has taken the helm at a critical time in the history of the Trust and the NHS, but her influence has already come to the attention of her peers with her inclusion in the Health Service Journal's Top 50 NHS Leaders. Lorraine has provided leadership and wisdom, with her signature warmth and down-to-earth style. The commitment and passion of our leaders, our staff, our people participation team, and our Governors, is what makes our organisation truly exceptional and equipped to deal with whatever comes our way.



**Eileen Taylor**  
Chair

# 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.

We provide primary care services in Newham (transitional GP practice), Tower Hamlets (Health E1) and Hackney (The Greenhouse) - GP practices specialising in support for homeless people. Our primary care offer expanded with Bedfordshire practices Leighton Road Surgery (Leighton Buzzard) and Cauldwell Medical Centre (Bedford) joining the Trust in 2020, followed by Kingsway and Bramingham Medical Centre (Luton) in 2023.

On 1 April 2024, four practices from Outer 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. They now operate as Victoria and Five Elms Medical Centre and Rainham and Upminster Medical Centre.

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, one in Luton, three GP practices in east London that support homeless people with complex issues, and two GP practices in Outer 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 lowest 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 £744 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 Bedfordshire, Newham and Tower Hamlets 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 North London NHS FT, North East London NHS FT, The Tavistock & Portman NHS Trust and The Whittington Health NHS Trust. We also work closely with North East London NHS FT 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 (ICSs), much of the Trust's work and the way services are provided is in collaboration with partner organisations such as fellow NHS Trusts, local authorities, other public bodies and the voluntary sector.



## Our Mission, Vision and Values



## Our Five-Year Strategy

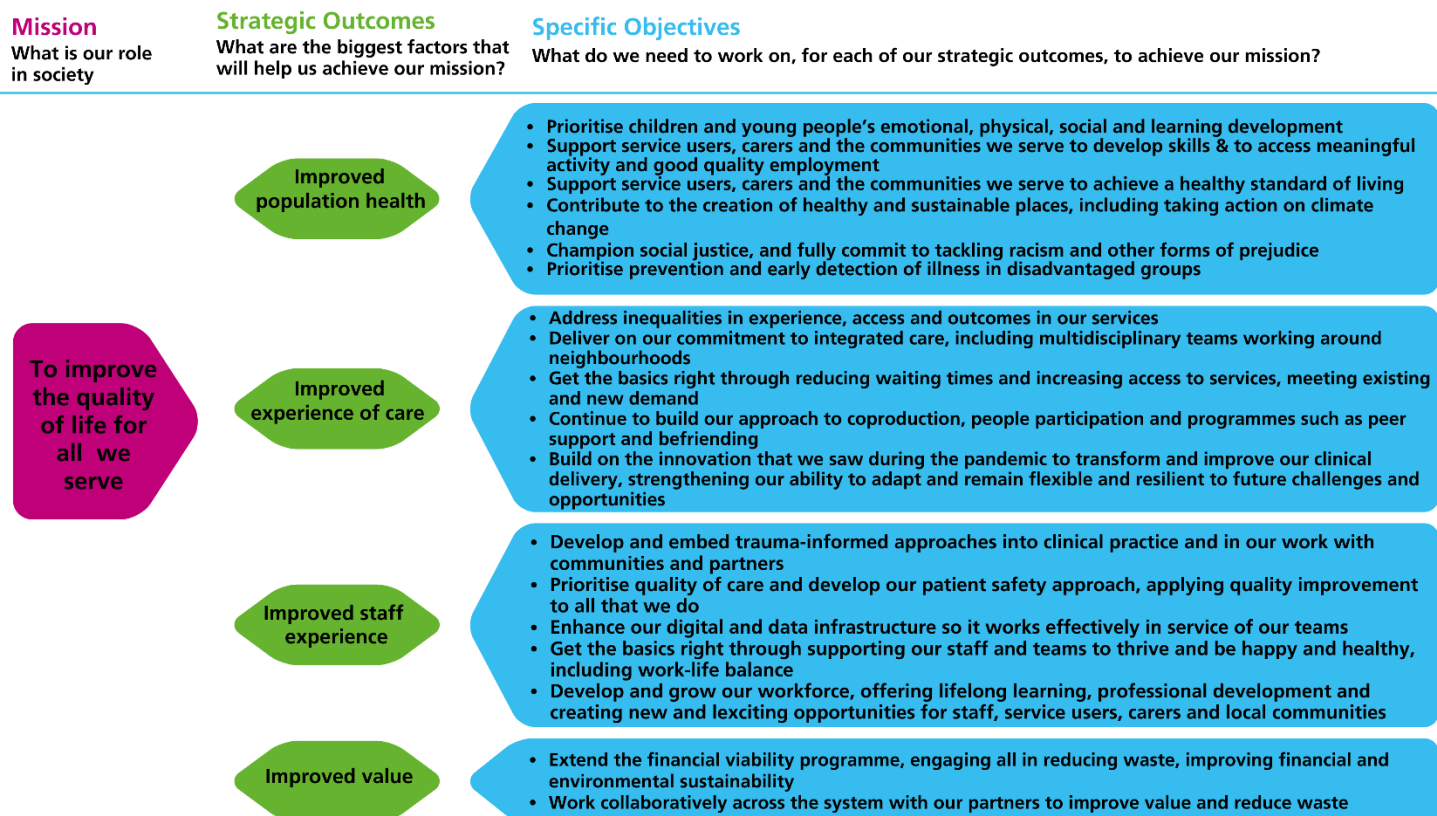
During summer 2021, the Trust launched a second 'big conversation' to review and refresh our Trust strategy, previously covering the period 2017-2022, and in the context of the huge impact of the pandemic and the development of ICSs.

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, our latest strategy for 2021-2026 is set out below. During the first half of the coming financial

year, the Trust will again be reaching out to stakeholders to co-design our strategy for the next five years.



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**.

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

## North East London

**Our integrated care partnership's ambition is to**  
"Work with and for all the people of north east London  
to create meaningful improvements in health, wellbeing and equity."

Improve quality  
and outcomes

Deepen  
collaboration

Create value

Secure greater  
equity

### 6 Crosscutting Themes underpinning our new ICS approach

- Tackling **Health Inequalities**
- Greater focus on **Prevention**
- Holistic and **Personalised** Care
- **Co-production** with local people
- Creating a **High Trust Environment** that supports integration and collaboration
- Operating as a **Learning System** driven by research and innovation

### 4 System Priorities for improving quality and outcomes, and tackling health inequalities

- Babies, Children & Young People
- Long Term Conditions
- Mental Health
- Local employment and workforce

### Securing the foundations of our system

Improving our **physical** and **digital infrastructure**  
Maximising **value** through collective financial stewardship, investing in prevention  
and innovation, and improving sustainability  
Embedding **equity**

#### 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

## Bedfordshire, Luton & Milton Keynes



## 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, and 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 on 31 March 2025.

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 2024-2025

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 2024-2025, the Trust has remained firmly committed to delivering high-quality responsive care in response to sustained pressures such as increased demand, workforce and financial challenges.

This year, the focus has been on building sustainable solutions that address these challenges head-on. We have deepened our work to improve flow, access, and system-wide coordination, particularly across community and inpatient services, where demand exceeds capacity.

The expansion of our QI initiatives and collaborative programmes, such as the pursuing equity programme and improving flow across the Trust, has been central to this effort. These programmes have enabled us to design and embed new models of care to reduce non-attendance rates in the most deprived and least deprived areas, reduce private out-of-area bed use to zero, and reduce the average length of stay across inpatient units to 35 days. The number of patients clinically ready for discharge has fallen from a peak of 173 to 96 in March 2025, reflecting the impact of enhanced discharge planning and strengthened coordination with community teams.

A key outcome of these efforts has been a sharp reduction in private out of area beds which have reduced from a peak of 87 in May 2024 to eight in March 2025. Out of area placements have now been fully eliminated in London with significant reductions recorded in Bedfordshire and Luton. These gains have been further supported by community teams who play a key role in hospital admission avoidance and strengthening community crisis response services and pathways.

Individual placement support (IPS) services have also continued to increase access to employment support. This has been facilitated through expanded teams and outreach efforts in Tower Hamlets and Newham, underpinned by targeted funding and improved data recording through Rio.

Across talking therapies, 71% of service users achieved a reliable improvement, exceeding the national target of 67%. Performance has been strong in all areas, with Bedfordshire standing out in particular. Local QI projects are under way, including a culturally focused initiative in Tower Hamlets to improve recovery rates among Bangladeshi service users.

Targeting long waits has remained a priority throughout the year. By the end of March 2025, 6,246 service users have been waiting more than 52 weeks to be seen, with the majority in adult and children ADHD and autism pathways. This has prompted services to innovate and explore new service models and ways of delivering care, such as shifting towards a more needs-led model of care and the introduction of innovative digital tools. A key part of this transformation has been the expanded use of the QbTest, an evidence-based objective measurement tool to support ADHD diagnosis. In Bedfordshire, 73% of clinicians found that the QbTest results aligned with their clinical assessment, while 64% reported the tool improved decision-making and symptom understanding. Service users responded positively, with 91% finding the experience helpful and 78% gaining clearer insight into the diagnostic process.

A more personalised and needs-led model is taking shape, creating two distinct pathways to manage demand and match individuals with the right level of support. Tower Hamlets has also restructured its autism pathway, embedding standardised screening tools to enhance consistency, reduce delays, improve experience of care.

In line with this digital transformation, the Newham MSK (musculoskeletal) service has been piloting the GetUBetter app, which has resulted in a 45% reduction in referrals for lower back pain. These findings are shaping further plans to scale digital self-care tools across MSK pathways.



Our focus on performance and quality control has helped strengthen our operational assurance processes, with our Board reporting framework now offering a broader, more balanced view of our progress. Our data better reflects both short-term delivery and longer-term population health outcomes, as well as insight into the Trust's performance against the 2025-2026 planning guidance and the performance assurance framework. A particular emphasis on equity and inclusion is embedded across all performance and quality domains, ensuring we actively address health inequalities in everything we do.

Over the past year, we have embedded the performance framework into the Going Further, Going Together (GFGT) programme to strengthen our focus on flow and productivity. This approach has enabled us to take a more structured and data-driven view of how services function by identifying key opportunities to improve the productivity and efficiency of services. Through collaborative service reviews and improving our visibility of productivity and efficiency indicators, we have begun to better understand where there is unwarranted clinical variation and inefficiencies in our services, and brainstorm how we can work differently to improve access, experience and outcomes.

We continue to work closely with our partners across the NHS, local authorities and the voluntary sector to deliver integrated, person-centred care. Our system partnerships, including active engagement with Integrated Care Boards (ICBs), provide the foundation for shared accountability, planning, and delivery at borough and regional levels. These relationships are vital as we shift towards prevention, earlier intervention, and improved population health.

During 2024-2025 the Trust continued to collaborate with our ICS partners in line with both our licence requirement to do so and our Trust strategy. We are a key partner to our two NEL Collaboratives for Mental Health Learning Disability & Autism (MHLDA) and Community Health Services, along with North East London NHS FT, NEL ICB and other partners.

The aims of our two NEL collaboratives are to improve outcomes, quality and value and equity for the populations we serve, through planning and delivering improvement together. We are particularly proud that in our MHLDA Collaborative we have four lived experience leaders who are full members of our MHLDA Collaborative Committee and who are therefore fully involved in determining, and assuring the delivery of, our improvement plans. In BLMK, we are pleased to have been a key partner to the formation of a new collaborative for MHLDA which is taking responsibility for planning to meet the needs of our residents across the Trust, Central North West London FT, BLMK ICB and other partners.

We continue to work closely with partners in our six places: Bedford, Central Bedfordshire, Luton, City and Hackney, Newham and Tower Hamlets through place-based and operational teams, to improve on our offer of integrated, person-centred care. We also continue to work across North Central (NCL) and NEL as the lead provider for CAMHS specialised commissioning and, during the year, perinatal mental health services specialised commissioning. We continue to partner with NCL and NEL partners through the forensic specialised commissioning collaborative, and with East of England (EoE) colleagues in the EoE specialised commissioning collaborative.



**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 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 QI projects
- Key financial and workforce targets
- Service user and carer outcomes and experiences
- Results of Care Quality Commission (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 QI 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 do not 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. In the last year, we assessed our quality control systems to improve governance and oversight processes within directorate management teams, to help further strengthen our operational assurance arrangements.

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 2024-2025 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 results from 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 special cause.

### Inpatient Flow

Inpatient bed occupancy across most services has been high, with an average of 93% throughout the year, above the Royal College of Psychiatrists recommended target of 85%. The Trustwide flow programme was created to improve patient flow and shorten hospital stays, and it has already shown progress.

A range of initiatives have been implemented to support these goals including the development of community-based step-down and step-up beds, and discharge-to-assess models, system-wide escalation processes that unblock issues and facilitate timely patient discharge. Drawing on the 'red to green' principles, weekly flow meetings and bed management protocols have been embedded to promote smoother transitions between inpatient and community services.

Initiatives identified by the programme have focused on every phase of the admission pathway. Before admission, efforts are centred on streamlining referrals and assessments with input from the community and home treatment teams to prevent unnecessary admissions. During triage, the focus shifts to ensuring patients are matched with the most suitable care pathway, using frequent huddles and real-time action tracking to resolve any emerging challenges quickly. At the point of discharge, enhanced coordination with community services and system partners have reduced delays and support timely transitions out of hospital. Work is now underway to embed these improvements into everyday operations, supported by robust governance structures and policy alignment.

While a Trustwide reduction in length of stay has not yet been achieved, promising progress is visible at local levels, particularly across East London whose average length of stay has decreased by 17% and 13% in forensics. Several wards have reported significant improvements. For instance, Lea ward has seen a 52% reduction in average length of stay, Roman ward 51%, Gardner ward 64%, Ivory ward, 38%, Ruby ward 12%, and Sapphire ward 40%. Meanwhile, the number of patients who are clinically ready for discharge dropped from a peak of 173 to 96 at the end of March 2025.

These improvements have contributed to a sharp decline in the number of patients placed in private out of area beds, decreasing from a peak of 87 in May 2024 to eight in March 2025. Out of area placements have been fully eliminated in London with notable decreases also seen in Bedfordshire and Luton. Community crisis services and home treatment teams continue to perform well in preventing unnecessary hospital admissions, contributing to a marked reduction in the use of out of area beds.

### A&E Activity

Our psychiatric liaison teams (PLS) faced significant pressures due to higher levels of complexity and acuity in presentations, while also dealing with system-wide inpatient bed availability.

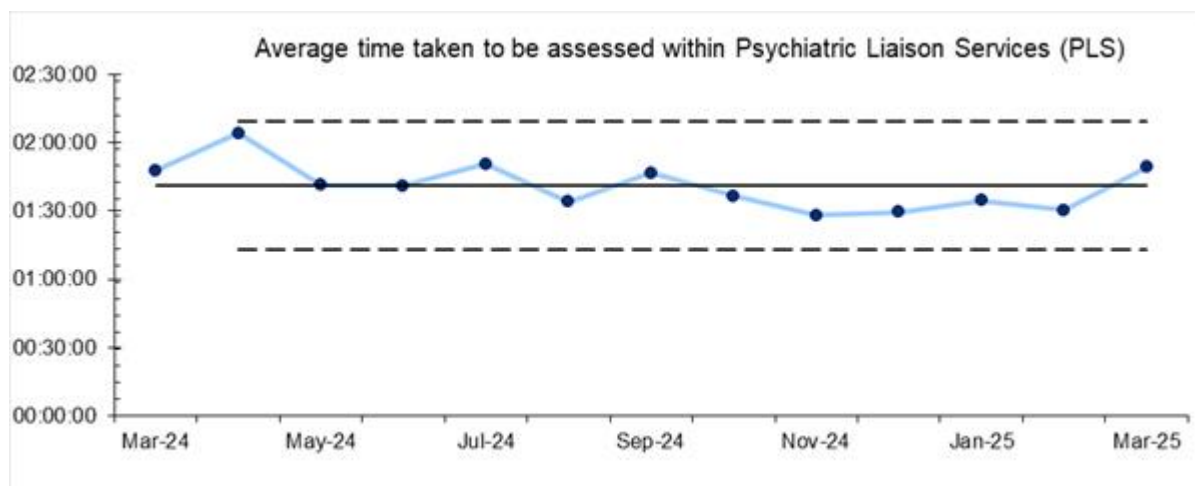
In Bedfordshire and Luton, 74% of assessments were completed within the four-hour standard, while East London services achieved 78%. These figures reflect the ongoing dedication of our teams to providing rapid mental health support in high-pressure environments.

The number of patients waiting over 12 hours in A&E remained stable, with most (86%) still being seen within this timeframe. On average, our PLS teams assessed patients in under 1 hour and 50 minutes. To support teams in making further improvements, a Trustwide PLS project is now under



way. This initiative aims to standardise how data is captured and reported, moving from manual spreadsheets to integrated clinical systems. This seeks to implement real-time dashboards to empower staff with data-driven insights, enhance visibility of activity and improve oversight within the department.

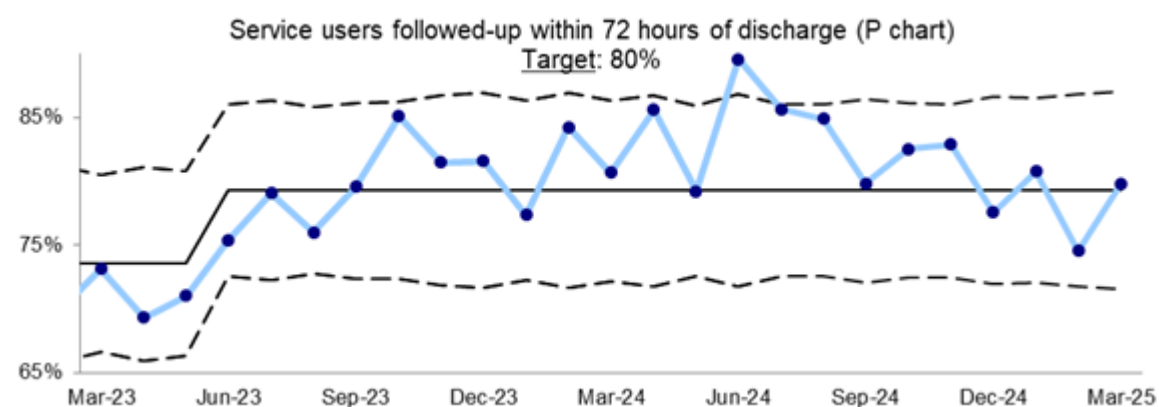
After rising steadily in previous years, A&E mental health attendances stabilised during 2024-2025, with an average of 1,382 referrals per month. This reflects some of the positive impact of targeted interventions, including a 24/7 crisis line and borough-specific care pathways, which successfully diverted appropriate cases away from emergency departments and reduced preventable admissions.



### 72 Hour Follow-Up

The percentage of service users followed up within 72 hours of discharge from inpatient services achieved an average of 79.3% across the year, just short of the national target of 80%. This reflects consistent improvements across all services, with particularly strong progress in East London where performance has significantly improved from previous. The primary barriers to timely contacts involved difficulty reaching discharged patients, especially those without mobiles, alternative contact details, or homeless.

We have introduced targeted initiatives to improve follow-up contact rates through three key improvements: we have strengthened discharge planning by verifying contact details before patients leave hospital; we are fostering closer coordination between inpatient and community teams; and we have implemented real-time feedback mechanisms for wards. Together, these measures directly address current follow-up challenges while helping to stabilise overall performance.



### Early Intervention Services (EIS)

EIS continue to exceed the national goal of ensuring that 60% of service users are commencing treatment within two weeks, achieving an average of 76.6%.

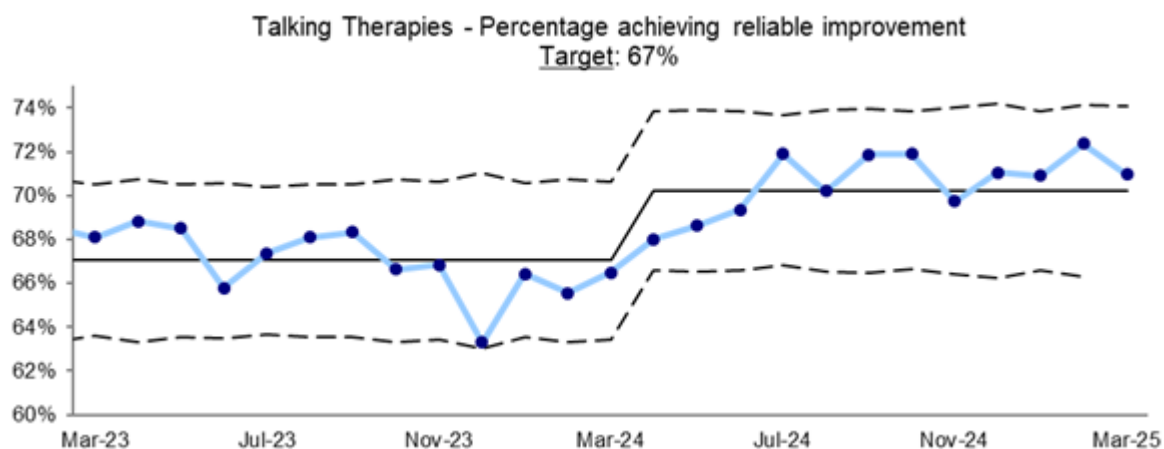
### Individual Placement Support (IPS)

The proportion of people employed varies across the Trust, with the unemployment rate being higher than the national average for most of the boroughs we serve. More people are now accessing IPS services, with referrals reaching a record high of 153 in March 2025. This growth was led by Tower Hamlets (61 referrals) and Newham (54 referrals), where additional funding made the recent expansion of teams possible. In addition, recent staff training has also improved referral tracking through better use of the RiO system. Services continue to work with local employers and job centres to widen access to employment for local people and those facing barriers to the labour market.

In 2024-2025, we helped service users and carers build skills and access work opportunities. A record 224 people with lived experience now work in ELFT roles like peer support and recovery tutoring. Our employment services supported 1,000 people, with 236 finding jobs and 85 starting education or volunteering. Over 1,160 people received job advice in Tower Hamlets while new services in Newham and Bedfordshire helped 1,067 others. We hosted two employment fairs linking people to local support. Through social value contracts, 304 residents gained jobs, creating £15m in community benefits. The Trust also hired 60% of apprentices locally and earned gold recognition for supporting armed forces employment.

### Improving Access to Talking Therapies Services

The proportion of service users accessing talking therapies achieving reliable improvement has increased from 60% to 70%, outperforming the 67% national standard. This rise is consistent across all our service areas, with Bedfordshire showing the strongest results. Dedicated projects are under way across the Trust, including a QI project in Tower Hamlets aiming to include reliable recovery rates for Bangladeshi mental health service users by implementing culturally sensitive interventions, including cultural competency training for staff, and translated materials and interpreters to help improve the accessibility of the service.



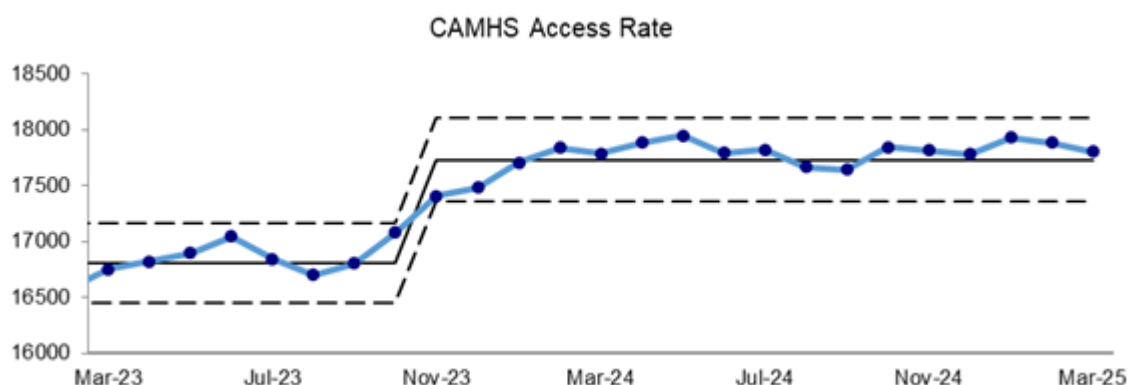
### Children and Young People

Access to CAMHS services has remained stable since a major service expansion in November 2024. To further improve support for children in Bedfordshire and Luton, school mental health support teams have created new wellbeing programmes. One example is the Mindful Journeys programme run by Bedfordshire and Luton discovery college, which helps South Asian youths talk openly about mental health and address inequalities.

Luton CAMHS has worked closely with South Asian communities to develop culturally appropriate mental health initiatives. These include a parenting support programme where local parents help other parents, and specially designed mental health resources for families. Both programmes make mental health support more accessible by using community knowledge and strengths.

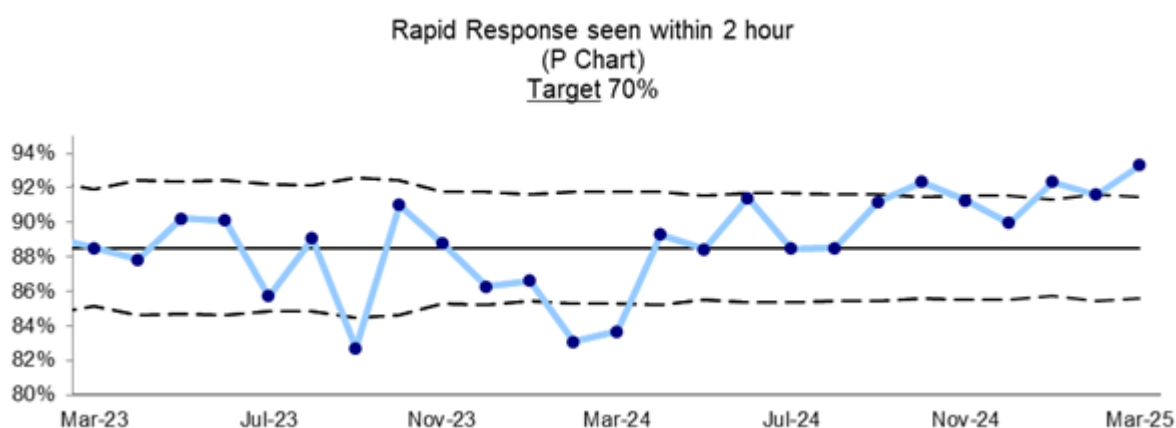
The integrated front door pilot programme has significantly reduced waiting times for children needing mental health support. A team of CAMHS staff, social workers and school mental health practitioners assesses referrals from schools, GPs and community organisations. They create

support plans within three to four days, while urgent cases go straight to crisis teams. Evaluation shows this service reviews half of all cases within one day and nearly all cases within four days.



### Rapid Response

The Trust's rapid response teams exceed the national target, assessing 85.7% of urgent cases within two hours. East London leads the way at 89.6%, with Bedfordshire close behind at 84.6%, both significantly surpassing the national standard of 70%. This achievement is a testament to the dedication and efficiency of our community health teams. *(NB: a P Chart is a tool that helps track how many defective items are being made over time.)*



### Waiting Times

Across the Trust, there has been a particular focus on ensuring that service users who have been waiting the longest are seen. At the end of 2024-2025, 6,246 service users have been waiting more than 52 weeks to be seen. Across adult mental health services, there are over 5,200 patients waiting more than 52 weeks, with the majority awaiting ADHD and autism support.

A Trustwide effort to better understand and manage this demand included issuing a survey to over 4,000 people on the waiting list, which has already yielded 1,000 responses. These findings will be used to reprioritise care and inform operational leads. Additionally, several boroughs, including Bedford and Luton, are expanding use of tools like the QbTest (an online objective assessment tool), to enhance the diagnostic process. Evaluation reports from the Bedfordshire ADHD service show that 73% of clinicians reported that the QbTests results aligned with their assessment of outcomes with 64% stating it supported decision-making and symptom understanding. Service users also responded positively, with 91% finding the experience helpful and 78% gaining insight into the diagnostic process.

In Newham, a surge in ADHD referrals has led to the creation of two distinct service pathways to streamline assessment and treatment. Tower Hamlets Autism services are refining their diagnostic processes and integrating standardised tools to increase speed and consistency. Additionally, cross-service collaboration is growing, with recovery colleges and talking therapies partnering to

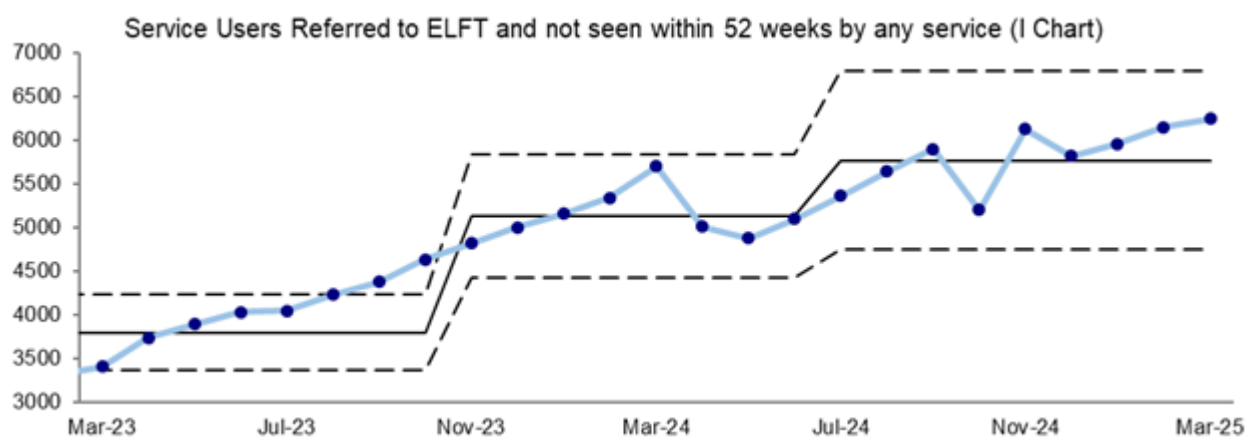
provide condition-specific courses and group therapy options to reduce pressure on waiting lists and offer earlier support to patients.

Across local neighbourhood teams, several boroughs are seeing real improvements. In City and Hackney, first appointment waits dropped from 12 to under seven weeks due to system changes, while Tower Hamlets report that over half of their patients are now being assessed within the 28-day target.

CAMHS continues to experience an increase in ADHD and autism spectrum disorder (ASD) referrals, particularly related to education, health and care plans (EHCP) needs, prompting a review of assessment criteria and improved collaboration with partners to manage thresholds more effectively.

In community health services, 950 patients are waiting over 52 weeks to be seen. Long waits persist particularly in MSK and specialist children and young people's services (SCYPS) ASD. Bedfordshire MSK has expanded staff training and is exploring virtual care options, though progress has been slow due to the time it takes to train new staff to manage the complex needs of MSK patients. In Newham, MSK services are reducing missed appointments and testing the GetUBetter (GUB) app, which is showing promising results. So far, 20% of patients on the waiting list have been signposted to the app for lower back pain, which has achieved a 68% sign-up rate and contributed to a 45% reduction in service referrals over the last six months.

Across SCYPS ASD, a streamlined single-clinician assessment model has been introduced for clearly documented cases, helping to speed up assessments. To improve engagement, the team is offering short-notice appointments and clearer communication about waiting times. A process review has identified key improvements, with next steps focused on increasing the number of children seen and enforcing clearer policies for families who miss appointments.



## Perinatal

Access to perinatal services has increased across the Trust in line with national aspirations, particularly across Bedfordshire and Luton. Services have been implementing initiatives to improve access and outcomes, including a QI project in City and Hackney to enhance preconception counselling for women with serious mental illness (SMI). This work aims to address health inequalities and support women in making informed decisions about pregnancy by improving referral pathways, working closely with GPs, and providing tailored information on medication, parenting and wellbeing.

Trustwide, a focus on enhanced supervision and staff training, and the consistent use of outcome tools like Core-10 has led to measurable improvements for 55% of service users, with Bedfordshire notably outperforming other regions in access and engagement.

## Equality

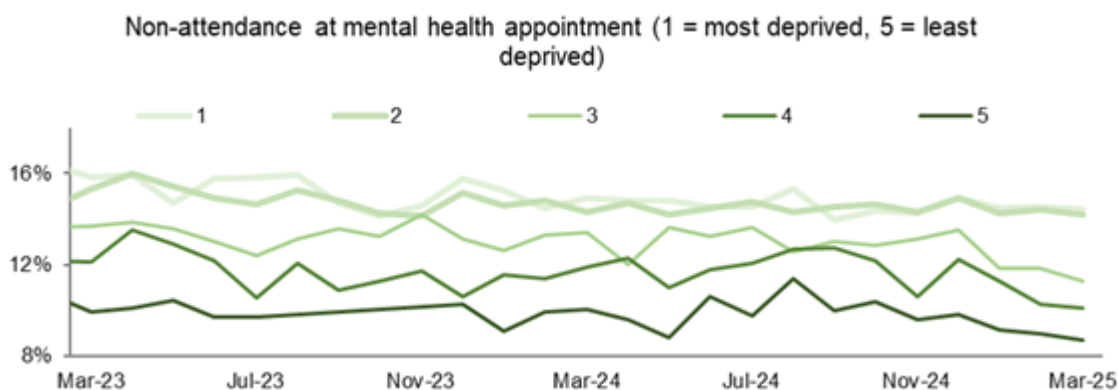
Across the Trust, data reveals that service users from the most deprived neighbourhoods are more likely to miss their appointments than those from more affluent areas. This disparity leads to longer waiting times, reduced access, and poorer productivity, efficiency and health outcomes for those who need care the most. Over 26 teams across the Trust are focusing on reducing appointment non-attendance as part of the pursuing equity programme.

In Newham, the children's physiotherapy service tackled a 12% non-attendance rate by testing four change ideas. Training staff to follow the non-attendance policy and offering earlier appointments (three to four weeks in advance) had the most impact, cutting missed appointments from 11% to 7%. While reminder texts and opt-in letters had less impact on attendance, they streamlined processes for admin staff, making appointment coordination quicker and easier.

Newham's foot health service found that early morning appointments were not accessible for older adults relying on their bus passes. They plan to shift appointment times later and expand availability at less-used clinics. In Tower Hamlets, a dedicated foot clinic has been set up to support people experiencing homelessness to improve access to services.

The Tower Hamlets autism service is working to boost referrals from underrepresented ethnic groups, especially Bangladeshi women. Though they make up 34.6% of the population, only 5.33% of referrals come from this group. The autism service has partnered with community groups and co-designed a user-friendly website to make the service more accessible.

The psychological therapies service (PTS) in Tower Hamlets also identified gaps in access. In 2022, only 16.08% of clients were Bangladeshi (vs. 34.6% locally), and just 30.8% were male (vs. 50.21%). Young adults (18–19) and older adults (60+) were underrepresented too. To address this, the service introduced opt-in calls for vulnerable groups, cultural awareness training for staff, and more inclusive referral criteria. Feedback on the changes has been positive, and the project has helped uncover key barriers to access.



## Measuring Outcomes

Over the past year, Dialog outcome scores improved from 38.5% to 46.3%. This tool helps teams understand service users' well-being and identify areas needing attention in care plans. While most service users felt satisfied with their safety, many expressed lower satisfaction scores regarding their mental health, housing, employment, relationships, and physical health. The data also revealed a gender gap, with women's average scores (4.5) lower than men's (4.9).

To address these issues, services are working with local councils to improve housing options, running social groups to reduce isolation, and offering job support at employment centres. Forensic services are redesigning wards to be more therapeutic and adding specialized women's health support. Learning disability services make health screenings more accessible through easy-read materials, flexible appointments, and translation help. All recovery teams now include regular physical health checks for heart health, diabetes, and lifestyle factors, with extra focus on closing the health gap for women.



Further information about our operational performance is included in the Trust's 2024-2025 quality accounts.

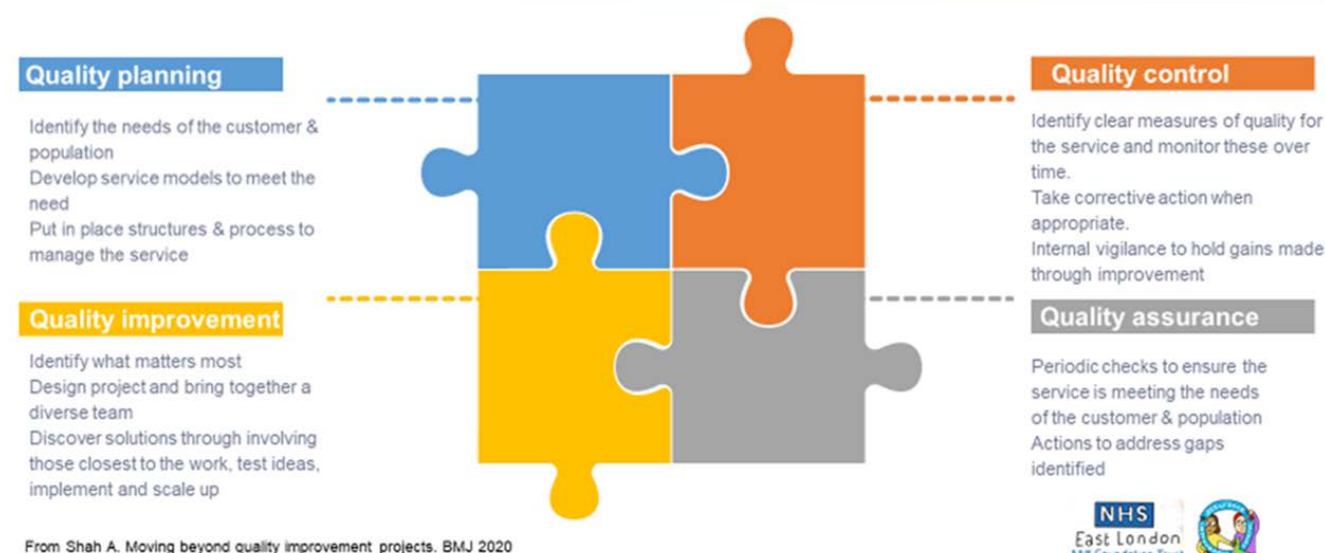
## Our Focus on Quality

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. They form the basis of our management system, the collection of processes that are required to deliver the strategy of a quality focused organisation and meet the quality expectations of its stakeholders.

At ELFT this comprises four elements, as set out below:

### The ELFT quality management system



The elements of the management system should not be considered to be isolated; they are interconnected and are often utilised simultaneously or in conjunction with each other.

Good quality management will involve achieving a balance of the four elements of the system that is appropriate to current circumstances and deploying the correct approach for any given problem or opportunity. Each require intention, design and some, but not necessarily equal, resource.

In an effective management system, there will be local engagement with management processes, data driven decision making and clarity of roles and responsibilities.

### 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 quality management system continues to maintain and embed best practice QI 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 QI to reduce inequity in missed appointments across our services and improve patient safety and patient pathways through services to improve inpatient flow through our mental health acute wards. We conduct annual QI programmes that support teams to share ideas and learning together in concert with system partners
- 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, our year-long 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 2024-2025 our quality priorities were aimed at improving the quality of life for all we serve and included:

- Pursuing equity programme to reduce the gap in missed appointment access between those in the least and most deprived deprivation deciles
- Improving inpatient flow across the system through a year-long, large scale programme
- Building capability and capacity
- Delivering financial viability projects Trustwide.

Our priorities for 2025-2026 are:

- Improving patient safety and experience by reducing unnecessary therapeutic observations across inpatient wards
- Continuing to work on reducing missed appointments and closing the equity gap between those missing appointments in the least and most deprived communities we serve
- Linking our QI capability programme with strategic plans across the Trust to ensure delivery of our priorities
- Building stronger links across the corporate management system to ensure QI is linked to annual priorities and plans, and improvement is sustained across our systems via robust governance infrastructure and quality control mechanisms
- Developing stronger strategic links between local operational financial improvement and QI as a delivery mechanism.

## Culture in Inpatient Services

In January 2024 NHSE published an independent review into the care and treatment provided by Greater Manchester Mental Health NHS Trust. The focus of the report was in response to failings in care at the inpatient facilities at the Edenfield Centre providing wide ranging care to vulnerable client groups. The report highlighted and proposed recommendations that incorporated ward to board governance and assurance, leadership visibility, and closed cultures. The report has been shared and discussed within the Trust and the Board. In response to the independent review NHSE launched culture of care standards for mental health inpatient services (April 2024). The standards represent a collective vision held for inpatient services with 12 overarching core commitments. We have conducted a self-assessment to the ICBs and are working at place with other mental health providers on shared priorities informed by this assessment. This allows for learning and development together, with service users voices at the centre of these developments. This work reports to the Board.

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 CQC readiness programme for all inpatient wards with the aim of improving awareness, triggering safety culture conversations and improvement work.

The patient and carer race equality framework (PCREF) requires the Trust to use coproduction to implement concrete actions to reduce racial inequities. There has been ongoing and focused work around reducing restrictive practices within inpatient services with NEL wide learning and sharing forums set up throughout the year. The Trust has good line of sight of restrictive practices data and is able to utilise this to understand who is impacted by restrictive practices, develop coproduced plans to address inequities and measure response using QI methodology.

The Trust continues to use QI methodology to further improve observation practice both in relation to completion and service user experience. This work is now in phase 2 which is focused on therapeutic engagement and safe supportive care environment which links well to the culture of care work. We are part of NHSE development group looking to standardise and improve observation practice nationwide.

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.

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 77% of service users feel safe to raise concerns.

### April 2024-March 2025 inpatients data:

Available Answers	Responses	Score (%)
Strongly Agree	643	32%
Agree	920	45%
Neither Agree nor Disagree	233	11%
Disagree	142	7%
Strongly Disagree	89	4%
<b>Total</b>	<b>2027</b>	<b>100%</b>



This is broadly comparable to the Trustwide data, below:

**April 2024-March 2025 Trustwide data:**

Available Answers	Responses	Score (%)
Strongly Agree	5590	45%
Agree	5105	41%
Neither Agree nor Disagree	1033	8%
Disagree	415	3%
Strongly Disagree	405	3%
<b>Total</b>	<b>12548</b>	<b>100%</b>

## Learning, and Sharing of Learning from Safety

The Trust has a well-established culture of continuous learning and embedded systems to support sharing of learning to improve patient and staff safety. Having launched our Trust safety plan and patient safety incident response framework (PSIRF) in 2022-2023, this year has provided time to test and further embed new learning methodologies to optimise safety outcomes for patients.

Over the year we have trained a substantial number of colleagues across the Trust in our new PSIRF methodologies. This has enabled our safety team to embed the new systems engineering in patient safety (SEIPS) methodology into our in-depth incident reviews to support improved learning from incidents. Our frontline leaders have been trained and supported in after-action review approach to learning from safety, and all directorates are now using this approach to engage teams more proactively in participative learning conversations. Feedback from these reviews suggested they are growing our positive and just safety culture. In parallel our pressure ulcer teams have learnt to use another dynamic PSIRF learning tool, the swarm huddle, and have transformed their incident learning to use this as their standard learning approach, replacing root cause analysis methodology which is recognised as inappropriate for our complex and dynamic healthcare system.

Our safety leadership have also been upskilled in safety over the year, with nine of our patient safety specialists undertaking level 4 safety specialist training modules via the University of Loughborough, and our Director of Patient Safety graduating from the full course. Our safety reviewers have also had the benefit of external coaching with patient safety consultant, Dr Jane Carthey, to support their skills in SEIPS and learning from observation of "Work-as-Done."

In parallel to growing these new methods for learning, we have updated our safety learning committees, forums to include and share a wider range of learning both from internal and wider national safety reviews. Examples include learning from our safety QI work, our after-action reviews, safeguarding adult and children reviews, from learning from lives and deaths (LeDeR) reviews and reports, NHSE national safety briefings and from healthcare safety investigation branch reviews. Similarly, our shared learning seminars are now open to our neighbouring Trust, North East London NHS FT, to share learning onwards, and are recorded and shared in our new intranet learning library to make them more accessible to staff. Our safety newsletter, safety review reports and communications have also been updated to enhance learning and sharing of key messages.

This year we have continued our focus on learning from where things go wrong by maintaining spaces to share insights and growing our work to triangulate learning from our incidents with improved analysis of key safety data, from complaints, patient advice and liaison service (PALS), freedom to speak up information and from the themes and issues our staff and patients share. To support learning from good practice and positive outcomes, we have also launched a new system on our InPhase reporting platform to learn from examples of care going well and spread the conditions that create these good outcomes.

## Involving Service Users, Families and Carers

Involvement of service users and carers remains a key aspect of our safety plan work with an emphasis both 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.

Within the year we have continued to benefit from our new patient safety partner (PSP) roles – dedicated lived experience roles focused on continuous learning and improvement for safer care. Our PSPs have helped us develop and share guidance for involving service users and carers in safety work and have supported more service users and carers to become involved in our safety improvement working groups, committees and forums. As a result, we have service user or carer involvement in a wide range of safety work such as our Operation Cavell Working Group, our CCTV Improvement Group, our Sexual Safety Improvement Group, our Observations Working Group and our Medication Safety Group. Our PSPs have also become members of our incident sign off panels, adding quality and valuable challenge to the process. They are now growing the involvement of other service users and carers in this role to widen the diversity of service user voices. Our PSPs remain involved in the Carer Strategy Working Group and the ELFT Patient Experience Forum, to ensure safety is a focus in both these areas of parallel work.

To amplify the voice of service users and carers in our incident review work, during the year we introduced a new feedback system for people involved in any of our in-depth safety reviews. The insights gained from this interview-based feedback system are now being incorporated into our ongoing learning and improvement work in this area. In the year ahead we anticipate growing the involvement of service users and carers further, by including service users and carers more directly in our new PSIRF learning approaches, where this is possible and appropriate.

## Complaints and Compliments

The Trust is committed to continuously improving the quality of care and services we provide. Feedback from patients, families, and carers is a vital part of this process, helping us to identify areas for improvement and take action to prevent similar issues from recurring.

One of the key ways the Trust receives this feedback is through complaints, compliments and the patient advice and liaison service (PALS). These functions not only provide a direct route for service users to share their experiences but also contribute to wider organisational learning. Information from the complaints and PALS teams is incorporated into the Trust's integrated patient safety report, where it is triangulated with data from other sources such as serious incidents, legal claims, inquests, Care Opinion, and internal incident reporting. This enables a more holistic understanding of safety, quality, and patient experience across the Trust.

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 2024-2025, the majority of complaints received related to attitude of staff, access to service, communication, clinical management and medication:

- 574 formal complaints were raised in this reporting period, a decrease of 10.03% (64) compared with the previous year of 638

- The Trust closed 612 formal complaints in total, of which 320 were closed on time; this is a decrease of 4.76% from the previous financial year. One of the reasons for the decrease was the closure of numerous historical cases which stood at a backlog of 70 in January 2025 and now stands at nine cases
- 246 complaints were breached (not closed within the agreed timeframe) showing an increase of 24.24% from the previous year which was 198. 35.7% of cases breached in 2023/24 and 40.1% during 2024-2025. For those complaints breaching within the same year as they were received, 24% of these cases breached in 2023-2024 and 25% breached in 2024-2025
- 1,246 PALS enquiries were received by the Trust, an increase of 50.85% compared with the previous year (826). The increase is partly due to effective recording of all PALS contacts. A substantive PALS officer was also recruited during this financial period
- 1,413 compliments were formally recorded, an increase of 3.37% compared with the previous year (1,367).

## 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 2024-2025.

No inspections were carried out during 2024-2025.

## Our Highlights of the Year

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

### Population Health Approach

#### Annual Population Health Report

The Trust launched its annual population health report webinar on 11 March 2025 to review progress and look at priorities for the year ahead. Population health is a key way that the Trust is trying to influence and tackle inequity and deprivation to improve the health of local communities and prevent ill health.

The report highlighted examples of ELFT's work under six objectives:

- Employment support for service users, carers and local residents
- Income maximisation to support a healthy standard of living
- Promoting the physical health of people with long term mental health conditions and learning disabilities
- Children and young peoples' emotional, physical, social, and learning development
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Contribute to the creation of healthy and sustainable places.

The Trust is uniquely placed to support population groups experiencing unacceptably poorer health outcomes when compared to the general population. The report included a range of programmes from tackling racism to financial advice for service users.

#### ELFT Recognised for Supporting Veterans

The Trust was re-accredited as a 'Veteran Aware' Trust for its commitment to supporting the wellbeing of veterans, reservists and all members of the armed forces. We first achieved accreditation status in 2021. The Trust's successful application to retain its accreditation was approved in mid-February by the Veterans' Covenant Healthcare Alliance (VCHA) Steering Group.

### **Trust Partnership with OCS Delivers £15m of Social Value**

A partnership with our facilities management partner OCS, has delivered nearly £15m of local social and economic value (LSEV) across priority catchment areas. The partnership LSEV includes increasing employment, supporting local communities and enabling voluntary sector organisations to grow and thrive. The collaboration with OCS supports the Trust's mission to improve the quality of life for our communities and our work to become an anchor institution – an organisation rooted in our community that uses its resources to commission local services and recruit local people.

### **ELFT Accredited as a Living Wage Employer by Living Wage Foundation**

The Trust's efforts to pay staff according to the cost of living was officially recognised by the Living Wage Foundation. The Trust pledged to provide a wage that helps people meet their everyday needs and this is now standard for all staff employed directly by ELFT. The Trust continues to work with suppliers to ensure as many of them as possible do the same. As of 2024, 82% of our suppliers paid the real living wage, compared to 22% three years ago. Our aim is for all suppliers to provide a real living wage by 2026.

One of the Trust's key successes has been in a new contract with OCS, a company providing services like cleaning, catering and electrical services on ELFT sites, which began in 2022. The contract secured an increase in monthly take-home pay of nearly £185 for domestic cleaners and porters at the Trust. Policies on paid sickness and maternity leave have also been brought into line with NHS terms and conditions.

### **National Digital Maturity Ranking for ELFT**

All London NHS Trusts were required to complete an in-depth questionnaire related to their digital maturity. Their digital function was assessed for being well-led, ensuring smart digital foundations, digital safe practice, digital supporting people, empowering citizens digitally, improving care and healthy populations with digital.

The results for London as an ICS show it placed 7th for digital maturity within the national ranking, with a measurement of 2.802. In terms of mental health providers for London, ELFT was measured at a maturity measurement of 2.737, and was placed first for London, and ninth nationally. One area where the Trust benchmarked higher was departmental structure, where ELFT have slightly fewer people in total, but slightly higher pay banding. This was a conscious decision in terms of the organisation's people plan for digital services in terms of skills, retention and future proofing the service to support the business going forward.

Although the Trust started from a low base point, this result reflects our aspirations to improve the infrastructure and clinical systems integration set out in the Trust digital strategy. It also acknowledged our people-focussed digital strategy: recycling digital equipment for use by service users, the implementation of patient knows best, (a patient-facing communications and record portal for service users and patients), and the support provided to staff such as cyber awareness and one-on-one training.

### **Bronze Recognition Award in 2024 Stonewall Workplace Equality Index**

In August, Stonewall recognised the Trust for its continued progress in creating a welcoming workplace where LGBTQ+ colleagues can bring their full selves to work. ELFT has also seen its ranking on the 2024 list rise to 156 out of a total of 256 organisations, up from 210 in 2023.

### **Staff Awards Ceremony 2024**

Over 700 people attended this year's staff awards ceremony and party in October 2024 with over 120 tuning into the live stream to follow all the action. The #ELFTin1Voice, alongside the Sing Tower Hamlets choir gave an uplifting performance of "I'll be There" by the Four Tops - a medley of lyrics from the original soundtrack but also including new lines created in service user workshops across the Trust, representing their thoughts and voices enabling them to be part of the event.

There were over 600 nominations for teams and individuals across the Trust. The staff awards are an opportunity to celebrate the collective achievements of staff and thank everyone, not just the winners, for all that they do.

### **Talking Therapies Partnership in Northern Ireland Concludes**

ELFT celebrated the success of the collaboration with Southern Care & Social Trust (SHSCT) in Northern Ireland to develop the region's first talking therapies service. The steps to wellness service, established in early 2022, was 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 SHSCT'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. This ambitious enterprise between both trusts has had a lasting impact on mental health care in Northern Ireland.

### **Health and Safety Group - Service Users and Carers**

The Trust's Health & Safety Group is thought to be the first of its kind within the NHS. Its aim is to review the Trust's measures to ensure the health and safety of patients and staff.

Recommendations by the group are actioned and publicised through the Trustwide Health, Safety & Security Committee with feedback being well received. The group meet monthly online. The meeting time has had to be extended due to the passion and interest of attendees! Going forward, all members will be offered risk officer training with plans for future sessions being co-delivered to staff.

### **Seven Teams Achieve Service User Accreditation at Platinum Level**

The platinum award service user-led accreditation recognises outstanding services that demonstrate they excel in what matters most to their service users. The seven teams that have achieved this are: Bedford talking therapies, Clerkenwell ward, forensic services, continence service, Bedfordshire CHS, Health E1, Tower Hamlets, tissue viability service, community health services Newham, Topaz ward, Newham mental health services and the Tower Hamlets eating disorder service.

## **Estates and Environments**

### **Completion of Pioneering Air Cleaning Research**

A pioneering research programme in Bedford to test the benefits of air cleaning units for service users and NHS staff in a mental health inpatient service, has been completed. The Trust was part of an 18-month research project at Fountains Court using QI tools to study the benefits of units in removing airborne pathogens and improving air quality in the enclosed environment of a mental health inpatient site. The research is thought to be the first of its kind in a mental health inpatient unit studying the benefits of improved air quality for service users and staff.

### **Funding for Solar Panels**

In March 2025 it was announced that the Trust has been successful in bids to install solar panels at the Newham Centre for Mental Health and for panels at the John Howard Centre for Mental Health in Hackney. The Newham project has a potential 20 year saving of £1.82 million, while the John Howard Centre project has a potential 20 year saving of £1.75 million. Funding has been awarded to 132 projects across 78 NHS Trusts covering around 200 sites in England. They are expected to deliver savings of around £8.6m a year and up to £260m over the panel's lifetime across the NHS.

### **Reducing Food Waste Across Inpatient Sites**

As a Trust, we are striving to reduce our carbon footprint and improve our waste management and segregation. The Trust is implementing food waste collection at a number of our sites. Initially this

will be in place across our directly managed inpatient sites with a view to rolling this out more widely.

## **Bedfordshire and Luton**

### **Bedfordshire and Luton CAMHS Autism Training Video**

Colleagues worked with autistic young people and local parent carers forums to co-produce a training film and presentation slides that are available for all CAMHS practitioners. It was produced as an introduction for staff to working with autistic children and young people. The CAMHS neuro-developmental team (NDT) worked closely with the CAMHS SEND (special educational needs and disabilities) lead and with parent carers and young people to design the slides. The video features young people, parents, carer and a clinical psychologist from the NDT. It can be [accessed on the Trust's YouTube channel](#).

### **Successful First Bedfordshire Wellbeing Games**

Hundreds of people of all ages attended the inaugural Bedfordshire wellbeing games at the Dunstable Centre in July 2024. The event provided an opportunity to try a range of free taster sessions from golf, seated yoga, swimming and badminton to basketball. A quiet zone and 'brain games' section was also provided.

The aim was to promote the benefits of sport and activity for everyone's wellbeing and in helping with recovery from poor mental health. Smiling volunteers wearing purple wellbeing games t-shirts welcomed everyone on arrival and ensured all guests enjoyed a warm and fun-filled day. Healthy free packed lunches were also provided, while a bustling marketplace of stallholders provided opportunities to learn about a host of wellbeing help and services available across the county.

### **Launch of Service User Network (SUN) in Bedfordshire and Luton**

A new facilitated peer support service for the Bedfordshire and Luton communities has launched for people with complex emotional needs commonly associated with 'personality disorder.' In partnership with mental health charity Mind BLMK, the Trust has developed a Service User Network (SUN) to improve community support for people with complex emotional needs.

### **Bedfordshire Heart Failure Service Technical Breakthrough**

In October, the Bedfordshire heart failure service achieved full integration of patient measurements taken at home into their electronic patient record (EPR) system using the Doccla platform. Previously, results were fed into the system manually into the patients' SystmOne records by staff. Now, this process is seamlessly integrated into the patients' records autonomously, ensuring real-time results and mitigating transcription errors. This has freed up staff time and resulted in accurate and timely data to better support cardiac patients.

### **Launch of Pilot Eating Disorder Day and Virtual Service**

An NHS children and young people eating disorder intensive day and virtual service for teenagers in Central Bedfordshire opened during the year. The one-year regional pilot programme was launched by the Trust as part of an NHS Partnership East of England Provider Collaborative. The Aspire service is based in Whichello's Wharf in Leighton Buzzard.

### **Innovative Bedford Substance Misuse Partnership**

People in Bedford struggling with substance misuse are being supported by an innovative GP and addiction service partnership. ELFT's path 2 recovery (P2R) substance misuse service team has linked with the De Parys primary care network (PCN) to develop an addiction model of care that supports safer prescribing in primary care and identifies people dependent on prescribed medication who would benefit from formal treatment from P2R. The detail of the work was well-received when presented at the Royal College of General Practitioners (RCGP) annual conference in January 2025. The model was originally launched in March 2022 and is now being rolled out to other practices after a successful testing phase. Benefits included:

- Dramatically improved patient attendance compared to traditional clinics
- A supportive approach, maintaining patient dignity and choices



- High success rates in medication reduction
- Prevention of new high-dose opiate prescriptions.

The model was initially developed to focus on specific issues such as missed appointments, low efficacy in reducing medication, and a sense that patients with serious dependence or addiction were not being seen. The team focused on harm minimization, patient-led approach to changes in dose or type of medication, developing the skills of PCN colleagues, offering all patients recovery work with an experienced P2R worker, and sharing learning and clear communication between practice and P2R.

### **Mental Health Inpatient Wards Achieve Accreditation First**

Bedfordshire and Luton mental health services became the first inpatient unit in the Trust 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 our quality assurance and people participation teams. Their aim is 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.

### **BLMK Recovery Lounge**

A recovery lounge service is being provided by Mind BLMK and the Trust to support communities in Bedford Borough, Central Bedfordshire and Luton. Formerly the Mind BLMK crisis café service, the service started operating under the new title in December to reflect changes in how support is provided. It has been built into the community pathway offering preventative mental health care for service users and offering a safe and supportive space for people to come and receive out-of-hours support in person. The service remains a drop-in service during the opening times.

### **University of Cambridge Implementation Research Hub**

A partnership research hub shared by the University of Cambridge and ELFT took its first steps to establish research capacity in Bedfordshire and Luton and promote a collaborative research culture. The partnership was launched in September 2024 with the aim of improving representation in research, ensuring people participation and equity, diversity and inclusivity is embedded into all hub activities. Monthly hub sessions are open to research active clinicians and any other colleagues interested to finding out about research, who have a research idea or want to know more about their research studies their service users could access. The hub team have been successful in obtaining funding for their first collaborative project to focus on children and young people's health in Luton.

Dr Shobhana (Shobi) Nagraj was appointed as Assistant Professor to head a new hub. She is based at the University's Primary Care Unit, one of the largest primary care research centres in the UK, within the Department of Public Health & Primary Care. The unit provides research expertise and experience about running large-scale research programmes designed to improve patient care and deliver positive impact on people's health.

## **East London**

### **NHS 111, Option 2 Crisis Line for East London**

In April 2024, a new mental health crisis response service went live for residents living in City and Hackney, Newham and Tower Hamlets. By calling NHS 111 and selecting option '2' when prompted, callers are put through to a mental health service based in ELFT's crisis hub in Tower Hamlets.

This is a NEL service bringing together staff from across our three boroughs. Locally based staff better understand the needs of the local community. This approach means that service users will not be connected to a remote, far-away call centre with no connection to the Trust's catchment areas.

Interpreters are available for individuals contacting NHS 111, option 2 who do not feel confident or are not able to speak English. This approach is already in place for the public in Bedfordshire and Luton.

### **24 Hour Mental Health Crisis Hub Pilot**

Mental health services in Tower Hamlets were one of six areas selected to trial a new approach to supporting people needing mental health support. The Trust and Look Ahead charity have partnered to develop a unique mental health hub in the borough. The hub, which is in Bethnal Green, is for anyone known to GP and mental health services in the area, with serious mental health problems. They can drop into the centre without an appointment to receive support from psychiatrists, mental health professionals, social workers, voluntary sector workers and peer support workers.

The pilot aims to provide effective mental health treatment and support to people where they live at an early stage to prevent the need for hospital admission later down the line. It is hoped that this approach will be less disruptive and upsetting for service users and less stressful with their care more tailored and person-centred.

The new neighbourhood mental health centres will be open 24 hours a day and seven days a week bringing together all aspects of community mental health services. Attendees can receive psychological therapies, medication and other interventions while also having access to expertise that can help with other important issues that may impact on their wellbeing and recovery, such as housing or employment. It will include the option of crisis beds/hospitality beds.

### **Newham Forensic Hub Leads the Way**

A new forensic service, known at the Y2A hub, was piloted in Newham and has yielded some interesting results. The service was developed to address the requirements of 18-25 year olds in the criminal justice system and their maturity needs. The hub comprised of a small, specialist team made up of psychologists, youth workers and a speech and language therapist. 2024 was the third year of delivery in Newham.

The Ministry of Justice carried out an evaluation over the course of two years, exploring its implementation across the borough. This included qualitative research, such as interviews with 60 practitioners and 35 young adults. They identified various areas of success, which they recommended other forensic services across the country implement:

- Co-location of services in a welcoming space
- Commitment of colleagues that are highly trained and motivated
- Flexibility around breach and enforcement
- Development of trauma-informed and strengths-based approaches
- Engagement of young adults.

Other successes outlined in the report included identification of mental health, learning and neurodiversity needs, risk reduction and improvements to psychological wellbeing.

### **City and Hackney Family, Friends and Carers Hub Officially Opens**

A new family, friends and carers hub in the City and Hackney opened in May to provide a safe and comfortable space for the borough's caring community. The hub is an initiative that brought together the City and Hackney Carers Centre, Hackney Young Carers Service, Carers First and Turning Point with Hackney Council and ELFT to make sure that the full offer to carers is made easily available to them. The hub utilises a family liaison role, based on hospital wards, to make sure that within 48 hours of admission, informal carers are contacted and offered helpful and necessary information.

### **Employment Support for Carers and Service Users**

Over 60 service users and carers from the City and Hackney, Newham and Tower Hamlets attended an employment support event to learn about various pathways into employment. Organisations such as Working Well Trust and the East London Business Alliance (ELBA) were



present to explain what support they can offer to local people. Attendee took part in roundtable discussions by the Department for Work & Pensions to talk about workplace support for those with health conditions.

### **New Conference Centre at Trust Head Office**

A new conference centre opened on the second floor of the Trust's head office at Robert Dolan House accommodating up to 100 people. This new facility means that the Trust can hold events in-house and cut down on the cost of hiring external venues. The venue has high specification audio-visual equipment and boasts comfortable sustainably sourced furniture.

### **International Recruitment Conference**

On 25 November 2024 the Trust hosted an inspiring and action-packed event celebrating international recruitment and professional development. This was an opportunity to thank our overseas staff for choosing ELFT. The Trust is committed to supporting a thriving, diverse workforce and to supporting individual practitioners to broaden their skills, knowledge and experience.

## **Staff Influencers**

### **New Leadership for Compass Wellbeing CIC**

In February 2024, Mathew Sheehan was appointed as the Chief Executive of Compass Wellbeing CIC. This followed the appointment of Shona Sinclair, as Chair of the social enterprise. Compass Wellbeing CIC is a not-for-profit community interest company. It works to bridge the gap between voluntary, community, and social enterprise organisations (VCSEs) and healthcare services. It aims to do this by building capacity in the sector, improving the ability of VCSEs to engage with the NHS, and facilitating partnership working. Over the last four years, it has supported public sector procurement programmes and worked in partnership to award and contract more than £18 million funding to more than 350 groups.

### **Mental Health Nurse speaks in Parliament on Global Health Partnerships**

As part of a new report published by Global Health Partnerships, Lucia Vambe, Mental Health Nurse and interim Clinical Skills Development Lead at ELFT spoke at Parliament on Universal Health Coverage (UHC) Day. The Global Health Partnership is a UK-based organisation that builds partnerships between UK and overseas health institutions to strengthen healthcare systems in low and middle-income countries. The partnership focuses on training healthcare workers, improving leadership, and aligning projects with local health priorities to promote UHC and sustainable improvements.

### **ELFT Therapists Broadcast to Muslim Audience on 'Salaam Britain'**

Ruhma Aboobakar, Project Lead for Faith-Adapted Psychological Therapy and Falak Naz, a Senior Cognitive Behavioural Therapist, joined Islam Channel's 'Salaam Britain.' The free-to-air, Islamic-focused channel provides news and entertainment for British Muslims. The broadcast focused on mental health challenges facing Muslim people. Muslim Mind Collaborative found that 90% of service users prioritise faith and cultural sensitivity in their mental health support. Government polling has found that almost 60% of Muslims watch Salaam Britain and that the TV channel reaches 2.2 million monthly, so it was a great platform for these colleagues to talk about options for people with mental health issues.

### **Trust Psychologists at House of Commons**

Dr Michelle Hamill and Dr Martina McCarthy, Clinical Psychologists in the Trust's Older Adult mental health team, attended an event in the House of Commons to mark dementia action week in May. The pair published a book, called *How to Help Someone with Dementia: A Practical Handbook*. Its aim is to help individuals gain a better understanding of how dementia works and the effect it can have on loved ones.

### **HSJ Influential BAME List**

Each year during Black History Month, the Health Service Journal (HSJ) creates a list of those it

believes are influential across the NHS in England. It celebrates the most prominent Black, Asian and minority ethnic (BAME) figures across the healthcare system. This year it included senior figures from ELFT: Chief People Officer Tanya Carter (included for the third year running); Non-Executive Director Dame Donna Kinnair DBE, and Dr Amar Shah, Chief Quality Officer.

### **The Princess Royal Presents ELFT Chief Executive with OBE**

In June 2024, CEO Lorraine Sunduza was presented with her OBE by the Princess Royal at a ceremony in Windsor Castle. Lorraine was named in the 2024 New Year Honours list for her outstanding contribution to mental and community health, and leadership in the NHS.

### **Lorraine Sunduza OBE Named in HSJ's Top 50 NHS Leaders**

The HSJ announced its 10th annual ranking of NHS leaders, which included Lorraine Sunduza OBE during her first year as Chief Executive of ELFT. The list is judged by leading figures within the health sector, focussing on the performance of organisations, their contribution to the wider healthcare system and the personal example CEOs have set for others.

Lorraine was substantively appointed as the Trust's Chief Executive in May 2024 having served as Interim Chief Executive since August 2023. She has been with the Trust for 23 years. Her career began in adult mental health inpatient services. In 2018 she was appointed to the Board as Chief Nurse.

### **ELFT Director Appointed Vice President of CIBSE**

David Stevens, our Director of Estates, Facilities & Capital Development was appointed as Vice President of the Chartered Institute of Building Services Engineers (CIBSE), the first with an estates and facilities background for 20 years. CIBSE is a professional body aiming to advance and promote the art, science and practice of building services engineering. It also supports the community of built environment professionals in their pursuit of excellence.

### **Royal Invitation for Head of Primary Care Nursing**

Julie Roye, Head of Nursing for Primary Care, attended Buckingham Palace on 8 May for the first Royal Garden Party of 2024 following the first anniversary of HM King Charles III's coronation. She was introduced to the King during the event. Julie was among thousands of guests handpicked from a selection of public servants, all nominated by peers or constituents for their outstanding work in their communities.

### **Honours List Recognition**

Four ELFT staff were recognised in both King's Birthday Honours and the New Years Honours. They were Newham Governor, Shirley Biro, British Empire Medal (BEM); Dr Amar Shah, the Trust's Chief Quality Officer, (MBE); Edwin Ndlovu, our Chief Operating Officer (MBE) and Children's Matron, Rebecca Daniels (BEM).

## **Visitors**

Over the past 12 months, the Trust has hosted a number of international visitors to mutually share experience and expertise.

### **Italian Mental Health**

Community mental health workers from Trieste and Gorizia in Italy visited ELFT, following a previous visit by ELFT staff to see how their 'Trieste Model' worked without use of mental health hospital admission. The visitors came to Trust HQ, the Tower Hamlets Recovery College, the Together Café, the Barnsley Street 'Trieste' pilot, and Brick Lane ward and Globe ward at the Tower Hamlets Centre for Mental Health.

### **Ukrainian Delegation Visit Newham Children's Mental Health Service**

Officials from the Government of Ukraine visited Newham CAMHS to learn about how mental health provision works in the UK. The aim of the visit was to analyse the ways the Trust supports children with complex mental health needs, with a view to helping those impacted by the war in

Ukraine. This followed on from a previous Trust visit from the First Lady of Ukraine, Olena Zelenska, who spent time at the Coborn Centre for Adolescent Mental Health in Newham University Hospital in early 2024.

### **Welcoming International Colleagues**

In April 2024, ELFT was approached by the Institute of Health Improvement and HSJ to provide an 'experience day' for delegates attending the international forum on quality and safety in healthcare. 50 delegates visited a range of services and charities in East London to showcase how the Trust is tackling health challenges and trialling innovative approaches to improve health and wellbeing of the communities and individuals it provides services to.

### **Chinese Delegation**

In June, Chinese health officials from Shanghai Putuo District Health Commission visited Newham Community Services at East Ham Care Centre. They were interested in the use of technology and services focused on admission prevention.

## **Summary of All ELFT Award Winning Teams and Individuals**

A number of individuals, teams and services have been recognised at a national level for their dedication to service users, colleagues and the wider community:

### **April**

- Yesmin Begum, ELFT Governor – Tower Hamlets Civic Award
- Phoebe Edwards, Podiatry Apprentice – National Apprentice of the Year, Our Health Heroes Awards
- Helen Olafoe and Selina Chimanikire, Healthcare Support Workers at East Ham Care Centre – Chief Nursing Officer (CNO) Award

### **June**

- Shirley Biro BEM, ELFT Governor – British Empire Medal, King's Birthday Honours List
- Amar Shah MBE, Chief Quality Officer – Member of the British Empire, King's Birthday Honours List
- Data and Analytics Team – Driving Change Through Data and Analytics, HSJ Digital Awards
- Estates, Facilities and Capital Development – Estates and Facilities Team of the Year, Design in Mental Health Awards
- Helen Nunn, Senior Mental Health Social Worker – Freedom of the City Award
- Lorraine Sunduza OBE, Chief Executive Officer – Top 50 NHS Leaders, Health Service Journal (HSJ)

### **August**

- Trustwide – Bronze Recognition Award, Stonewall Workplace Equality Index

### **September 2024**

- Newham Nurses: Lara Lawson, Clinical Lead of Referral & Assessment Team and Urgent Community Response, Lucy Kwatia, Clinical Lead of District Nursing in the North Locality; and Bedfordshire Nurses: Denise Locklin, Continence Lead Nurse, and Hazel White, Parkinson Specialist Nurse – Queen's Nurse Award, Queen's Nursing Institute
- Newham 'Youth to Adult' Hub – Commendation by the Ministry of Justice

### **October 2024**

- City and Hackney Tree of Life in Schools – Health Equalities Award, NHS Parliamentary Awards
- North London Forensic Collaborative – Excellence in Mental Health Care Award, NHS Parliamentary Awards
- Trustwide – Ministry of Defence Gold Award, Ministry of Defence Employer Recognition Scheme Gold Awards
- Tanya Carter, Chief People Officer – Top 50 Most Influential BAME Figures, HSJ
- Professor Dame Donna Kinnair, Non-Executive Director – Top 50 Most Influential BAME Figures (Alumni list), HSJ

## **November 2024**

- Estates, Facilities & Capital Development – Estates & Facilities Team of the Year, Building Better Healthcare Awards
- Estates, Facilities & Capital Development – Best Patient Safety Initiative (Gold Award), Building Better Healthcare Awards
- Estates, Facilities & Capital Development – Patients Choice (Gold Award), Building Better Healthcare Awards
- Egbukichi Chukwuma, Nursing Associate – High Level Academic Achievement, School of Health and Psychological Sciences, City, University of London
- Pathways App Team, John Howard Centre – Psychiatric Team of the Year: Digital Mental Health – RCPsych Awards
- Newham Transitional Practice – Non-Clinical Team Award, Royal College of General Practitioners (RCGP) North East London Faculty Recognition Awards

## **December 2024**

- Chika Soronnadi, Senior Cardiac Rehabilitation Nurse, Newham Cardiac Rehabilitation Service – Queen’s Nurse Award, Queen’s Nursing Institute

## **January 2025**

- Edwin Ndlovu MBE, Chief Operating Officer – Member of the British Empire (MBE), New Year Honours List
- Rebecca Daniels BEM, Newham Community Children’s Matron – British Empire Medal (BEM), New Year Honours List

## **February 2025**

- Tracey Wright, Social Worker, Biggleswade CMHT – ‘Amazing Social Work Leaders,’ British Association of Social Workers
- Martin Orr, Operational Manager, Biggleswade CMHT – ‘Amazing Social Work Leaders,’ British Association of Social Workers

## **March 2025**

- Lucia Vambe, Corporate Lead Nurse in Education & Development – Diaspora Healthcare Champion Award, UK-Africa Health Summit Global Health Partnership
- Twinwoods Health Resource Centre – Elsie Wagg Scholarship, Queen’s Nursing Institute
- Referral and Assessment Team and Urgent Community Response, Lucy Kwatia, Clinical Lead of District Nursing in the North Locality; and Bedfordshire Nurses: Denise Locklin, Continence Lead Nurse, and Hazel White, Parkinson Specialist Nurse – Queen’s Nurse Award, Queen’s Nursing Institute
- Newham ‘Youth to Adult’ Hub – Commendation by the Ministry of Justice

## **Our Principal Risks and Issues**

The Trust has a 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.

### **Challenges**

We continue to operate in an increasingly complex and demanding environment. Nationally, the NHS is under sustained pressure due to evolving political and policy dynamics, ongoing system reform, financial constraints, workforce shortages and global instability. These challenges present real risks to operational stability, long-term planning, and service sustainability, particularly in mental health and community services where demand is rising rapidly.

Locally, we are responding to a growing and ageing population, increasing levels of complexity and acuity, and persistent health inequalities linked to deprivation, housing, employment, and the wider social determinants of health. Recruiting and retaining skilled staff across disciplines remains difficult, impacting service delivery and adding to financial pressures, including from inflation and the cost of living.

Our local ICS is itself facing financial constraints, limiting the availability of transformation funding and increasing the focus on efficiency, prevention, and joint working. This places greater emphasis on the need for collaboration across health, social care, and the voluntary sector—something we are actively supporting through our role in provider collaboratives and place-based partnerships.

### **Opportunities**

Despite these challenges, we are seizing opportunities through strengthened system partnerships, provider collaboratives and integrated working – providing a platform for us to redesign services around the needs of our communities. We continue to pursue internal efficiencies, reduce reliance on out-of-area and private care placements, and make better use of our digital and estate infrastructure. As a Marmot Trust and anchor institution, we are committed to creating social value through local employment, sustainable procurement and a focus on tackling health inequity.

Looking ahead to 2025-2026, our priorities remain centred on improving access and outcomes, embedding prevention and integration, supporting our workforce, and contributing to a financially and environmentally sustainable future for the communities we serve.

### **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.

The Trust continues to face a challenging external environment, marked by sustained financial pressures, workforce constraints, rising demand, and a changing political and regulatory landscape. In 2024-2025, we strengthened our risk management approach by reviewing and reframing all risks on the BAF to ensure alignment with strategic priorities.

Key improvements included adopting a revised risk template and enhancing clarity through Executive and Non-Executive Director collaboration. A new estates risk was added, and existing digital and financial risks were updated in response to evolving pressures.

The nine 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. By year-end, four risks were rated 'significant':

- Finance (Score 20): systemic financial pressures remain a key threat to sustainability
- Estates (Score 20): ageing infrastructure and capital limitations continue to pose safety and compliance risks
- Commissioning (Score 16): complex contractual and collaborative arrangements carry financial and operational risk
- Digital & Cyber (Score 16): ongoing cyber security risks require continued investment and focus.

Further detail on these risks, mitigation actions, and changes over the year is provided in the annual governance statement.

Strategic objective	BAF risk
Improved population health outcomes	<b>BAF 1:</b> If the Trust does not build and sustain the right capability and capacity to support new models of <b>integrated care</b> , this may impact adversely on our ability to deliver the Trust strategy
	<b>BAF 2:</b> If the Trust does not build and sustain <b>effective partnerships</b> with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy
	<b>BAF 9:</b> If the Trust does not effectively manage its <b>commissioning responsibilities</b> and associated risks as a lead provider and/or collaborative commissioner, this will impact on the quality and experience of care for service users and patients
Improved experience of care	<b>BAF 3:</b> 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
	<b>BAF 4:</b> 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	<b>BAF 5:</b> If matters related to <b>staff experience</b> such as the recruitment and retention of individuals with the appropriate skills are not effectively planned for and addressed, this will negatively impact on staff retention, motivation, engagement and satisfaction
Improved value	<b>BAF 7:</b> There is a risk that the Trust cannot achieve its strategic priority to ensure <b>financial stability</b>
	<b>BAF 8:</b> If <b>digital infrastructure plans</b> are not robustly implemented and embedded, this will adversely impact on our service quality and deliver, patient care and carer experience as well as our ability to transform services within digital
	<b>BAF 10:</b> If the estate is not effectively maintained or improved this will result in a <b>poor quality environment</b> , reduced statutory compliance and failure in net zero carbon (NZC) obligations

## 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.

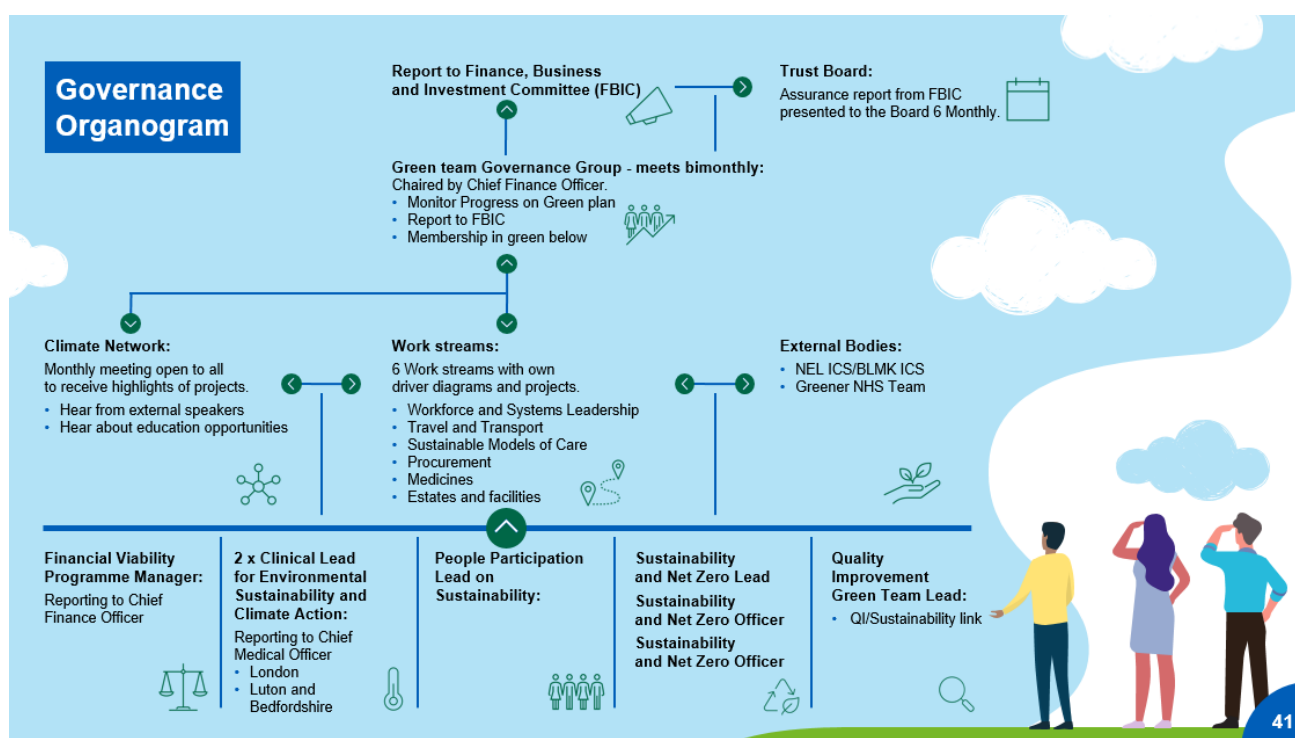


We recognise that the climate emergency is a health emergency, acknowledging the threat that climate change and ecological damage poses to the health and well-being of our communities. We acknowledge the unequal distribution of poor outcomes and impacts be it globally or locally and see climate action 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](#). The green team is currently working on the green plan refresh which will cover the next three years of climate action across the Trust. Having engaged in workshops both across the ICSs and internally the feedback and guidance we have received will be fed into the new plan and produced in line with ICB deadline guidance in July 2025.



In line with the NHS Standard Contract 2020-2021 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 complete and a list of achievements

SC18 Sustainable Development	Progress/Comments
	and lessons learned are shown below. We continue to work with all ICB partners to identify and tackle key areas of impact linked to environmental and climate breakdown. A key focus for the three years ahead will be our adaptation plan and how it is linked to not just our business continuity plans but also our financial viability program.
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. As we move into the first year of the three that will be covered by the new Green Plan, 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. 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. ELFT is also working closely with BLMK ICB to co-design a new carbon footprint tool. However, Greener NHS guidance has been to not at this stage go externally to calculate individual Trust carbon footprints
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"> <li>• 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</li> <li>• Working directly with NEL and BLMK ICSs to improve offerings on low carbon modes of transport. This involves EV install across Trust sites and external to site properties, initiatives to encourage cycling and events to promote active travel</li> <li>• 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</li> <li>• 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</li> </ul>



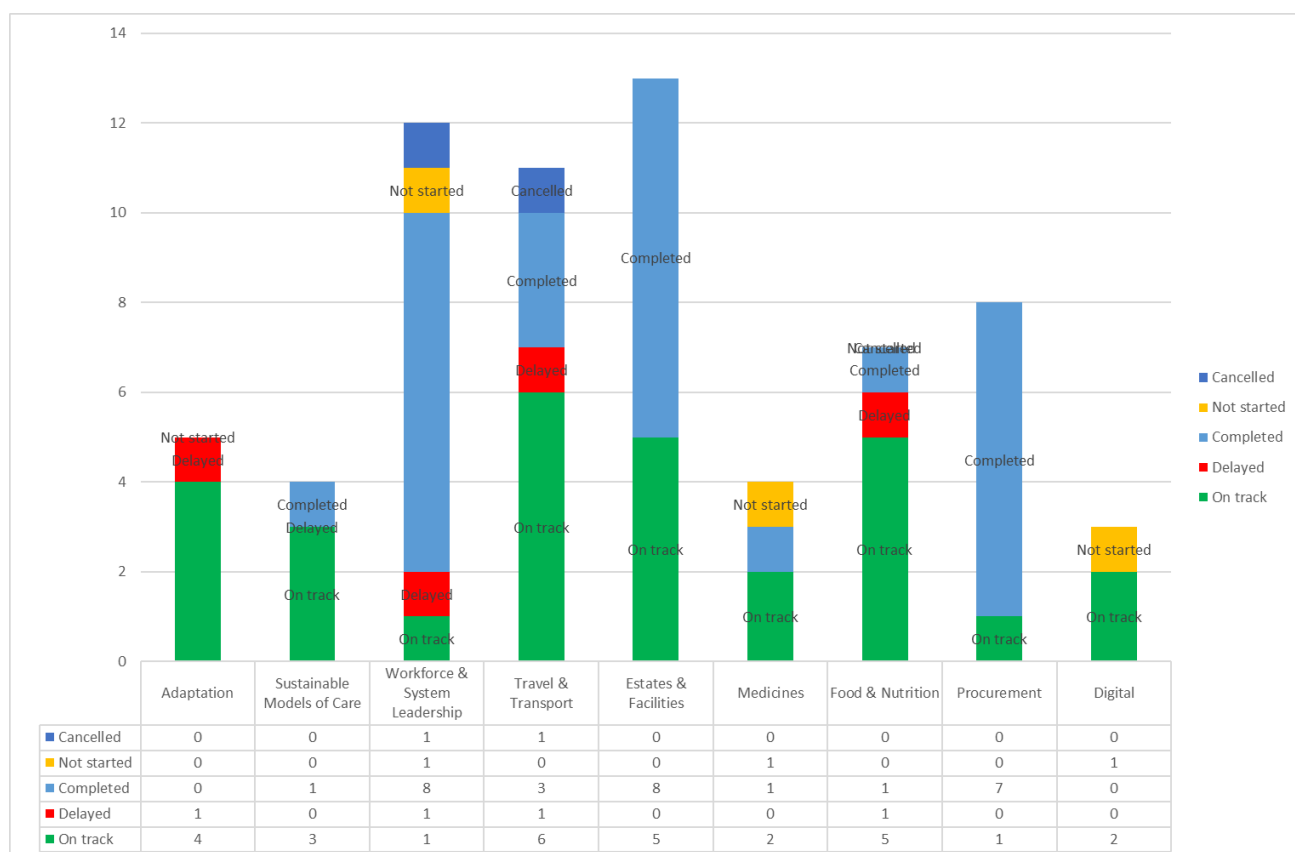
SC18 Sustainable Development	Progress/Comments
	full EV on salary sacrifice and fleet unless not feasible due to vehicle restrictions.
Phasing out oil and coal for primary heating and replace them with less polluting alternatives	N/A: ELFT has zero use of oil or coal.
Expenses policies for staff which promote sustainable travel choices	<ul style="list-style-type: none"> <li>• 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</li> <li>• The Trust now offers mileage claims for those using bicycles 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</li> <li>• A project to offer community health bicycles in the East Ham area will act as a pilot for similar initiatives in suitable areas</li> <li>• The Trust is also exploring the option of introducing parking restrictions and potential charged parking for staff and visitors with the suitable exceptions. This links in not just with GFGT scheme but also in reducing car usage across our sites and driving down localised pollution</li> <li>• There are currently two trial sites where parking restrictions including a fine system for improper use have been introduced.</li> </ul>
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"> <li>• 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</li> <li>• 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 footprint plus and includes staff commuting, supply chain, transport of supply chain and goods, medicines production and transport</li> <li>• Green plan workstream measures: 44 % completed; 44% on track; 4.4% not started; 3% cancelled; 6% delayed</li> <li>• 0.2% reduction in electricity usage since 2020/21; this is more difficult to reduce due to increased demand for energy usage on sites</li> </ul>

SC18 Sustainable Development	Progress/Comments
	<ul style="list-style-type: none"> <li>20% reduction in gas usage since 20/21 - in part due to plant optimisation, insulation of sites and plant rooms, building management system improvements and reduced occupancy due to agile working and estates optimisation.</li> </ul>
<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"> <li>ELFT has no use of anaesthetic agents</li> <li>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.</li> </ul>
<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"> <li>A plan has been drafted and further consideration is to be given to the resource required to progress effectively</li> <li>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</li> <li>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 reflect the limited funding and financial challenges facing the NHS.</li> <li>Moving forward adaptation will be linked more closely with our capital program and backlog maintenance to ensure maximum value for money and efficacy of the programme.</li> </ul>
<p>Reducing waste and water usage through best practice efficiency standards and adoption of new innovations</p>	<p>We have:</p> <ul style="list-style-type: none"> <li>Increased recycling provision to 100% of sites over the last three years</li> <li>Increased recycling rates to over 30% with the next target of 40% on track for delivery by end of 2025</li> <li>Worked closely with our waste contractors to drastically reduce routes required on our sites therefore reducing costs and emissions</li> <li>Piloted a reusable sharps system at our PFI site, Newham</li> <li>Installed water saving measures at six sites over the last year with another six planned by end of 2025</li> <li>Initiated a reuse scheme which is being used across the Trust currently.</li> </ul>

SC18 Sustainable Development	Progress/Comments
Reducing avoidable use of single use plastic products, including by signing up to and observing the plastics pledge	<ul style="list-style-type: none"> <li>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</li> <li>An exercise to look specifically at our supply chain commenced 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. The outcomes of this report are now being utilised by procurement and GFGT to identify areas of waste and reduce accordingly.</li> </ul>
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 over 500 aids. This number continues to grow.
Ensuring all electricity purchases are from renewable sources	Since 2019 all electricity purchases come from 100% renewable sources. The focus moving forward has been on reducing our energy demand on sites by prioritising LED lighting installs, onsite renewable programs and numerous other energy efficiency measures. The Power Purchase Agreement (PPA) remains an area of focus for ELFT, and the Trust will look at ways of further improving the quality of the renewable energy we do receive.
Giving due regard to potential to secure wider social, 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	An ELFT anchor strategy document has been created and is being adhered to as per the commitments listed. One of the green plan workstreams focuses specifically on procurement to bring about the changes needed within the supply chain that will help reduce our carbon footprint and highlight cost savings. Anchor work is now routinely included in directorate and departmental annual planning.

## Green Plan Measures

One of three assurance mechanisms for the green plan is tracking our workstream progress. The chart below shows the number of overarching targets within the green plan. Within each target are multiple actions and projects that are required to ensure we meet our net zero ambitions.



In a change from the previous annual report and in line with increased assurance, the categories we report on for the workstreams now include 'cancelled' and 'not started.' This helps us to track the workstreams that require more resource or attention than others.

The measures set out in the workstreams for the last three years were informed 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, in conjunction with our service users, climate network and climate champions, formulated and strongly believe the Trust should also focus on.

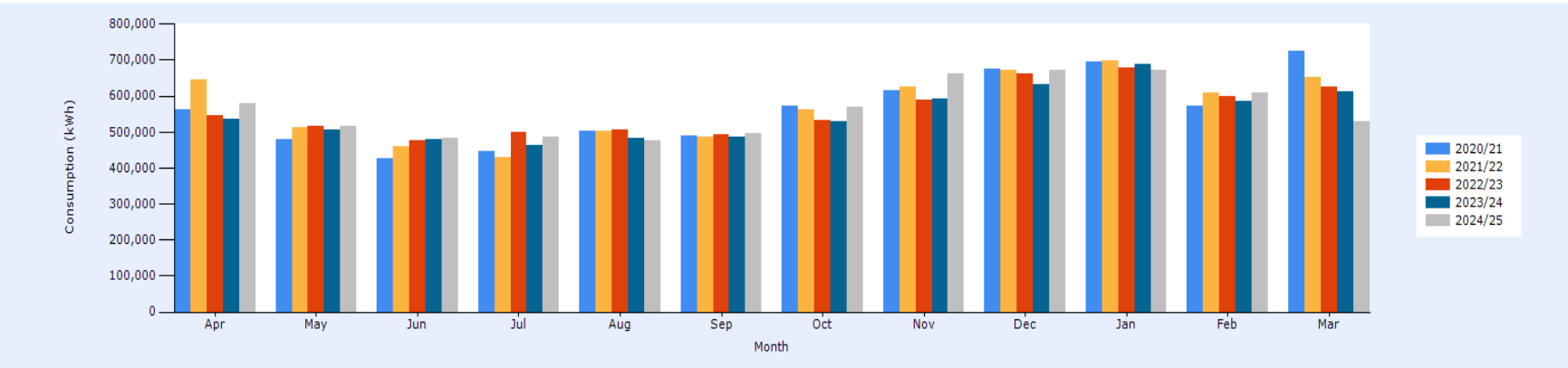
## Utilities Usage

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 0.5% 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. As we look to transition further away from fossil fuel usage on our sites there will be inevitable increases in electricity usage so the reduction in real terms is actually a great success.

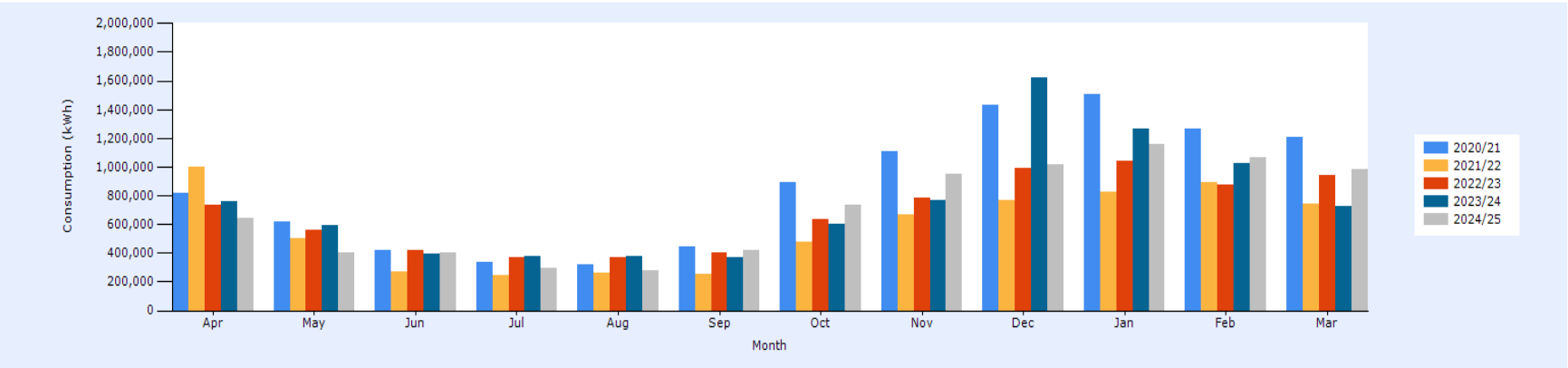
The reductions in gas usage (20% reduction compared to 2020-2021) show a much more impressive reduction and are beyond the year-on-year reductions we have set ourselves to meet our scope 1 net zero goals. Through a number of efficiency measure such as plant optimisation, insulation and BMS improvements 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	484,157	487,545	529,245	592,521	630,905	688,090	585,997	610,688	6,592,255
2024/25	578,526	514,393	483,765	487,539	474,644	494,674	569,007	660,409	671,978	671,208	608,492	528,907	6,743,542

Gas (kWh)



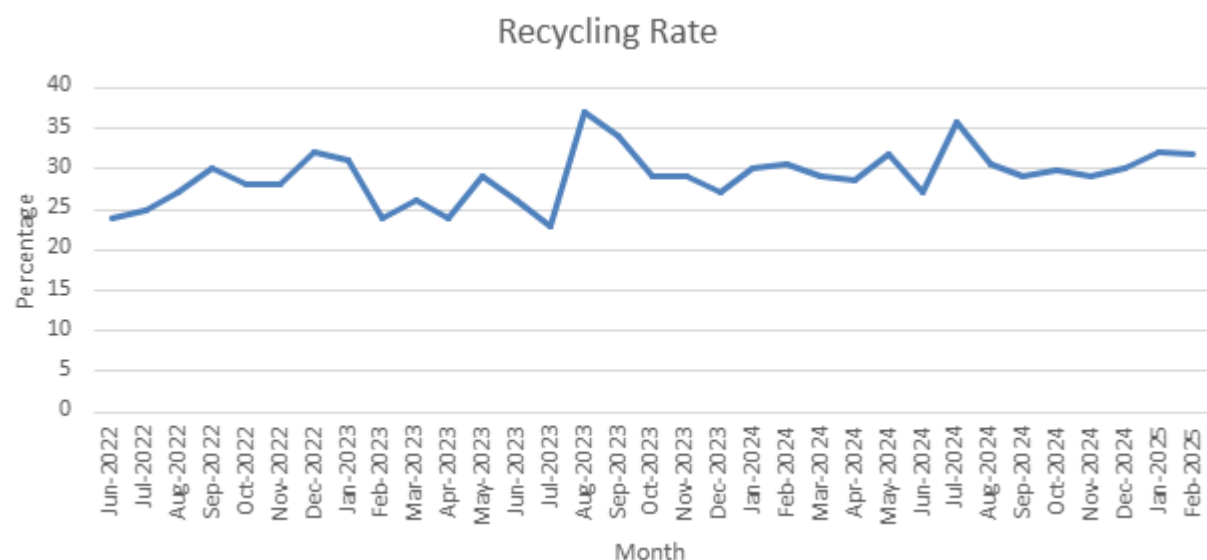
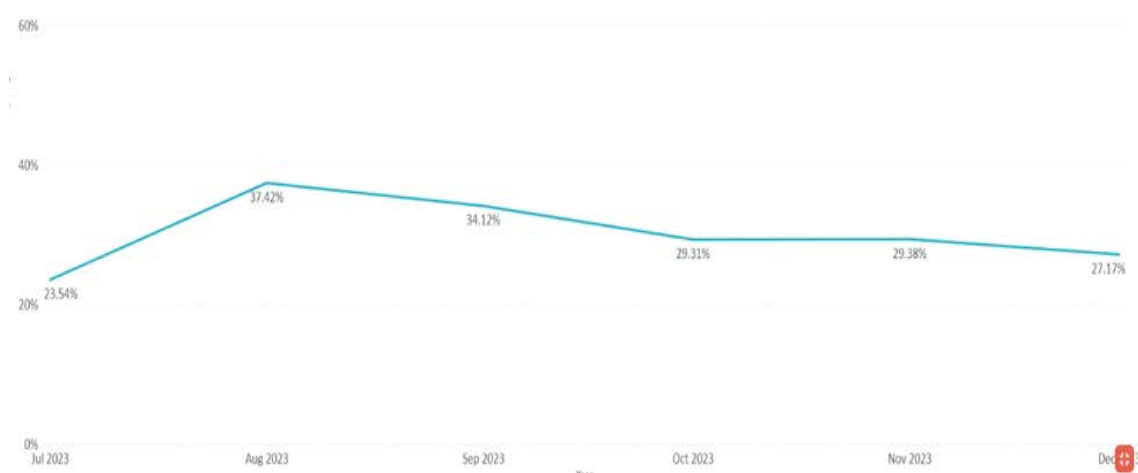
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2020/21	816,542	621,362	421,297	338,083	323,940	441,318	894,983	1,103,538	1,428,088	1,507,782	1,263,695	1,204,674	10,365,302
2021/22	1,001,345	500,238	267,512	248,071	262,785	251,424	473,276	669,879	768,006	828,462	892,366	744,236	6,907,600
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
2024/25	639,487	403,198	399,076	291,901	274,793	417,695	731,872	946,493	1,016,161	1,153,933	1,064,475	986,375	8,325,461

## 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 and 36% in July 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.

As we push forward with a roll out of food waste removal at all Trust sites, we hope to see the percentage increase and also with a greater focus on capturing all Trust recycling, even those outside of the overarching waste contract with Veolia.



## Task force on climate-related financial disclosures (CRFD)

As per guidance from the NHSE annual reporting manual and HM Treasury, the Green Plan Board has established a sub-committee to formulate an appropriate and adequate response to the CRFD.

There is already an active project under way to include all climate related risks in the Trust risk register and ensure that regular reporting on these areas is provided to the Board's Finance, Business & Investment Committee bi-annually.



Although some climate-related risks, such as overheating and flooding, are currently captured within health and safety and estates reporting, there is a clear need to consolidate this information into a centralised framework. It is proposed that oversight of these risks be incorporated into the remit of the Green Plan Board and included in the bi-annual report to Finance, Business & Investment Committee.

Given current resource constraints, it is intended that the initial assessment, development of dashboards and analysis of these risks be undertaken by an external contractor to ensure a robust and effective approach.

## 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 continued 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](http://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 2024-2025.

## 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 2024-2025.

## Equality, Diversity and Inclusion: Our Service Users

### Public Sector Equality Duty

At ELFT, our commitment to equity, diversity, and inclusion is guided by our statutory responsibilities under the public sector equality duty (PSED). As a public sector organisation, we are required to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people who share a protected characteristic and those who do not.

We recognise the influence we hold as an employer, healthcare provider, and partner across the system, in addressing inequities and creating fairer outcomes for all. Our approach to meeting the PSED goes beyond compliance. We are embedding equity and inclusion across all areas of our work, ensuring that policies, services, and decision-making processes reflect the diverse needs of our population and workforce.

In line with the PSED, our strategy focuses on the nine protected characteristics, while also considering other factors that shape inequity, including socio-economic status, caring responsibilities, mental health, neurodiversity, and lived experience. We believe an intersectional approach is essential in understanding and addressing the root causes of disadvantage.

In 2024, we strengthened our commitment by embedding the NHS equality delivery system and launching updated equality impact assessment (EIA) guidance. These tools support compliance with the PSED and provide clear evidence of how we are working to reduce inequality in access, experience, and outcomes for both service users and staff.

Our 2024 report outlines how the Trust's commitment to the PSED between January and December 2024. It highlights progress made, identifies ongoing challenges, and sets out our next steps in making equity and inclusion central to our culture, systems, and services.

Through this work, we remain accountable to our communities and committed to continuous improvement in how we advance equity and tackle discrimination across all that we do.

## Health Inequities in the Populations We Serve

Health inequities refer to differences in health outcomes between various groups, often influenced by the social determinants of health, which are the conditions in which people are born, grow, live, work and age. These inequities are often unfair and avoidable, such as employment rates between those with serious mental ill health and the general population or the disproportionate impact of poverty on racialised 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 health inequities manifest through various mechanisms, both biological (e.g., living in areas of high air pollution causing respiratory problems) and social (e.g., experiencing discrimination when seeking help). One of the starkest measures of inequity 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 differences in outcomes across different population groups. For example, in Bedford, men in the most deprived areas live fifteen years less on average than those in the least deprived areas, with a 16-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 second annual population health report, published in January 2025, highlights our efforts to improve population health, including priority areas like income and 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 including webinars and leadership training.

Our population health focus aligns with our role as an anchor organisation 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

As part of our developing guidance on inclusive language, we have assessed the impact of using umbrella terms, especially when related to the use of data and service delivery. Catch-all terms do not always reflect the diversity within communities and can obscure inequities experienced by specific groups. We have thus moved away from “BAME” and towards “racialised groups” and “global majority.” The Trust’s commitment to equity ensures that our language accurately reflects our collective knowledge and fosters respect, in line with our values. By being clear on the terminology and changes we have made to the terms that are used, we combat discrimination, challenge assumptions of homogeneity among groups and ultimately enhance care quality.

While we recognise that preferences may vary and evolve over time, particularly in relation to catch-all terms, we encourage clear, precise language as much as possible when referring to and addressing individuals and specific groups. Positive, specific terminology honours the diversity of experience, acknowledging the breadth of healthcare inequities.

Our focus on equity also includes providing translation and interpretation services. Our 2024 fulfilment rates for translations and spoken/non-spoken languages were 100% and 96%, respectively.

## Pursuing Equity

The pursuing equity QI programme began in 2022, supporting teams in tackling health inequities and addressing disparities in care access, experience, and outcomes. Aligned with our strategy to improve the quality of life for all, the programme concluded its second phase in August 2024, supporting 21 teams in tackling diverse equity challenges.

The programme is now in its third phase with a focus on reducing missed appointments, particularly the disparity between the most and least deprived communities. Missed appointments can be attributed to barriers such as language, digital exclusion and financial hardship, which disproportionately impact certain groups and lead to poorer health outcomes and inefficiencies in service delivery. Across the programme’s 31 teams, 17% of appointments were missed, amounting to an average of 1,266 missed appointments every two weeks. People from the most deprived neighbourhoods are 36% more likely to miss appointments than those in the least deprived areas.

Several teams have already seen tangible improvements:

- Woodberry Wetlands reduced missed appointments from 26% to 12%
- Well Street Common reduced missed appointments from 26% to 19%
- City and Hackney psychotherapy service reduced missed appointments from 21% to 13%
- City and Hackney CAMHS neurodevelopmental team reduced missed appointments from 21.7% to 11.7%.

By the end of 2024, seven teams were actively testing change ideas, with more in development. Teams that have successfully reduced missed appointments will work on embedding and spreading these improvements across services to sustain impact. Through its phased approach, the pursuing equity continues to drive meaningful change, ensuring equitable access to care and reducing disparities across the Trust’s diverse communities.

## 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 January 2025, the Trust published the annual population health report. It is the second Trust population health showing the work taking place to improve population health by the Trust over the past year and including a foreword by Professor Sir Michael Marmot. It sets out priority areas for the following year: early years and family support, local employment, homelessness prevention and support and prevention and early support for physical ill health.

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.

In 2023, we published an anchor plan with commitments for the years 2023-2026, focused around four key areas called ‘pillars’:

- Employment: widening access to employment for local people and those facing barriers to the labour market
- Procurement: embedding social values in procurement so that we purchase more goods and services from local businesses and those that promote social, economic and environmental wellbeing in local communities
- Sustainability: improving environmental sustainability in our operations and in the wider community
- Land and estates: using our land and buildings to benefit local communities.

Our progress towards anchor plan commitments is detailed in our annual population health report. For example:

- 304 local residents accessed employment since April 2022 through ELFT’s facilities social value contract, with nearly £15 million in social and economic value delivered so far. This contract is in the top 10% of NHS social value contracts delivering for its service areas
- 81% of our suppliers now pay the Real Living Wage compared to 22% three years ago. In addition, ELFT is now an accredited Real Living Wage organisation.

Development of garden projects in our estate, such as the Hope Garden on the grounds of the Newham Centre for Mental Health with its development supported by the ELFT Charity.

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. More than 60% of ELFT directorates included sustainability in their 2024 annual plans and the Trust’s climate network now includes 300 staff and service users.

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 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 continue to work 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. This year we celebrated the impact of the healthier wealthier families pilot. Over the research period (April 2023 to June 2024) nearly half a million pounds was achieved for 76 families attending the Trust SCYPS service through co-located support provided by Our Newham Money, the Council's financial support service. On average this is around £6,000 per family with an estimated return on investment of £47 for every £1 invested in advice.

Evaluation research themes include: the importance of colocation of money advice in trusted healthcare settings to improve access; greater awareness of financial benefits for healthcare staff through co location; and the role of the advisor to help overcome other barriers such as digital exclusion and language. It is being shared as an example of practice with a range of national and international partners and the pilot's success supported it to be embedded in the service for the following year.

## Enabling change for better population health

### **Being a Marmot Trust – focusing on upstream actions to improve health**

*"A good example is how East London Foundation Trust is working with the people it serves to be a Marmot Trust, seeking to tackle health inequalities in all it does. A strong voice for patients and local communities would promote more responsive services, while making it easier for the NHS to fulfil its promises to promote population health and to narrow health inequalities"* (Independent investigation of the NHS in England September 2024)

The Trust became the first designated NHS "Marmot Trust" by partnering with the Institute of Health Equity to embed Marmot principles for reducing health inequities across its population health strategy. To support this, the ELFT Marmot Implementation & Learning Advisory Group was established, working with public health and academic experts to evaluate progress and help prioritise action areas.

### **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 in 2024 brought together 31 teams from across ELFT to reduce missed appointments and tackle these inequities. A programme-level theory of change framework helps support understanding of the drivers behind missed appointments and offers a practical "menu" of evidence-based change ideas. Initiatives tested include peer support workers making reminder calls, automated text reminders and distributing translated service information packs. Teams tested change ideas locally, using their data to see what works. The learning from this programme will come together in a change package for sharing across the Trust and beyond, helping everyone benefit from proven ways to reduce missed appointments.

### **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 an introduction to the Trust's commitment to population health during induction and the newly accredited ELFT lead programme.

We offer ongoing opportunities to develop skills through webinars and presentations. In 2024 we focused on how to support people experiencing poverty with webinars on destitution in the UK, poverty proofing NHS organisations as well as practical advice on supporting people with no recourse to public funds. We also delivered population health learning sessions at staff awaydays, conferences and for ELFT networks. Outstanding contributions to population health are celebrated



through the Commissioners Award for Improving Population Health in the annual staff awards and the Living Well Working Together Award for Allied Health Professionals (AHPs).

### **Monitoring our progress in achieving our population health objectives**

To track our progress against our population health objectives, we track measures for priority action areas which the Trust 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. For example, over the next year measuring the number of service users supported via co located immigration advice to help support improved discharge pathways.

## **Working For and With Carers**

The ELFT carers, friends and family 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 work of the group has focussed on how to improve the identification and recording of carers across Trust clinical databases. The group has led the work to design a form to be added to RiO, this form is currently being tested prior to roll out. this will enable a consistent approach ensuring all colleagues will know where to find the details of carers, where and how to record any contact with them.

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.

The group has supported the work of the risk and governance team around carers support issues and clinical incidents. The Director of Social Work presented as part of a wider learning event from the Nottingham review, and the group are leading a CEO discussion group in June on the same topic.

The lead for carers in the City and Hackney directorate has developed a public facing website giving borough specific information for carers across the Trust footprint.

The current strategy is due to be renewed in 2026, and the group are starting the work on the next iteration.

## **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.

## **Stop Smoking Services**

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 as a serious mental illness (SMI).

Nearly 1 in 4 service users accessing ELFT's smoking cessation service are supported to quit with many others reducing their smoking intake. An internal smoking cessation evaluation showed over

1,350 inpatient and community health service users supported over a year to stop smoking with an estimated 19 lives saved alongside reducing the risks of smoking related diseases in many others. 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.

The Trust is continuing to look for new ways to test and expand its tobacco cessation support. For example, through its community tobacco dependency pilot service that supported 234 service users in 2024. Local authority partnership work is also helping expand smoking cessation support for ELFT service users, including a smoking cessation advisor at P2R in Bedford, supporting people accessing drug and alcohol advice and treatment.

## Friends and Family Test (FFT)

The 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 19,632 responses to the FFT question between 1 April 2024 and 31 March 2025, 8,850 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 from a relatively small number of responses.

The data includes the following directorates:

- Bedfordshire and Luton mental health services
- Bedfordshire community health services
- Community health services adults
- City and Hackney
- Forensics
- Newham mental health services
- Primary care
- Specialist services (except CAMHS community and talking therapies whose FFT data is not available via the Civica system)
- Tower Hamlets mental health services
- Tower Hamlets community health services.

Gender	Female (n=3,670)	Male (n=2,702)	Non-binary (n=277)	Other (n=165)
% scoring positively	79%	81%	83%	78%

Age	12-17 (n=47)	16-24 (n=443)	25-34 (n=1,049)	35-44 (n=1,175)	45-54 (n=1,390)	55-64 (n=1,737)	65+ (n=2,624)
% scoring positively	68%	80%	81%	82%	80%	79%	82%

Ethnicity	Arab (n=76)	Asian/ Asian British (n=1,638)	Black/African/ Caribbean/ Black British (n=1230)	Mixed/Multiple Ethnic Groups (n=188)	Other Ethnic Group (n=290)	White (n=4,968)
% scoring positively	91%	88%	90%	80%	79%	75%



<b>Sexuality</b>	<b>Bisexual (n=442)</b>	<b>Gay/Lesbian (n=208)</b>	<b>Heterosexual (n=6,621)</b>	<b>Other (n=360)</b>
% scoring positively	80%	75%	81%	80%

<b>Religion</b>	<b>Buddhist (n=68)</b>	<b>Christian (n=3926)</b>	<b>Hindu (n=215)</b>	<b>Jewish (n=48)</b>	<b>Muslim (n=1,418)</b>	<b>No religion (n=1,880)</b>	<b>Other (n=291)</b>	<b>Sikh (n=87)</b>
% scoring positively	76%	82%	90%	73%	89%	73%	74%	77%

# Financial Review

## Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2024-2025*. 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 2025.

## Overview

The Trust reported a £12,691k annual deficit (on an adjusted control account basis) as part of the NEL ICS. The table below summarises our performance for 2024/2025:

Annual Report: I&E Extract	2024-2025 £000	2023-2024 £000
<b>Annual Income and Expenditure Summary</b>		
Operating Income	743,739	693,344
Operating Expenditure	(753,101)	(697,868)
<b>Operating Surplus</b>	<b>(9,362)</b>	<b>(4,524)</b>
<b>Finance Costs</b>		
Interest Receivable	6,307	6,986
Finance expenditure	(5,244)	(7,387)
PDC Dividends payable	(6,648)	(6,651)
<b>Net Finance Cost</b>	<b>(5,585)</b>	<b>(7,052)</b>
Share of (loss)/profit of joint venture	(317)	(201)
Other gains/(losses)	133	(347)
<b>(Deficit) / Surplus for the year</b>	<b>(15,131)</b>	<b>(12,124)</b>
Add back I&E impairments/(reversals)	1,446	3,800
Remove capital donations/grants I&E impact	443	607
Remove net impact of consumables donated from DHSC	0	161
IAS19 - Removal of non-cash Pensions on SOFP	(75)	(13)
Remove impact of application of IFRS16 to PFI measurement	628	1,811
<b>Adjusted financial performance</b>	<b>(12,689)</b>	<b>(5,758)</b>

## Capital

The Trust delivered a sizeable capital programme of £12.0m. The broad categories of spend are upgrades of clinical areas and buildings (£5.9m), plant and machinery / furniture and fittings (£0.2m), and digital and informatics improvements (£5.9m). Public Dividend Capital funding of £1.7m was received in year, £0.4m of this was for digital and informatics improvements and £1.3m for estates schemes including LED lighting.

## Income

The Trust received £743.7m of operating income in 2024-2025 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 2024-2025 as reported in the accounts.

Annual Income	2024-2025 £000	2023-2024 £000
<b>Income from Patient Care Activities</b>		
Integrated Care Boards and NHS England	605,145	556,594
Foundation Trusts and NHS Trusts	81,578	72,178
Local Authorities	21,138	29,818
Department of Health and Social Care	0	13
Non-NHS Other	8,596	10,395
<b>Total Income from Activities</b>	<b>716,457</b>	<b>668,998</b>
<b>Other Operating Income</b>		
Education and Training	16,589	14,438
Research and Development	1,507	1,903
Rental revenue from operating leases	400	370
Other income	8,786	7,635
<b>Total Other Operating Income</b>	<b>27,282</b>	<b>24,346</b>
<b>Total Operating Income from Continuing Operations</b>	<b>743,739</b>	<b>693,344</b>

## Expenditure

Annual Expenditure	2024-2025 £000	2024-2025 %	2023-2024 £000	2023-2024 %
Purchase of healthcare from NHS and DHSC Bodies	26,260	3%	45,320	7%
Purchase of healthcare from Non-NHS Bodies	33,123	4%	22,756	3%
Employee Expenses	540,782	72%	486,518	70%
Establishment	6,716	1%	6,779	1%
Supplies and Services	38,378	5%	35,272	5%
Drugs	6,653	1%	5,611	1%
Premises	35,334	5%	30,258	4%
Other	27,738	4%	22,761	4%
Depreciation and Amortisation	36,664	5%	38,061	5%
Impairments (reversals)	1,453	0%	4,532	1%
<b>Total Expenditure</b>	<b>753,101</b>	<b>100%</b>	<b>697,868</b>	<b>100%</b>

Analysis of the operating spend is shown in the table above with comparative figures for 2023-2024. Staff pay costs for 2024-2025 account for 72% of the total operating spend. This is consistent with the nature of the services we provide and is comparable with other Trusts who provide similar services.



**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 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 is currently the Chair at MUFG Securities EMEA plc having previously served as its Senior Independent Director and also the Chair of its Remuneration Committee. At MUFG Bank she was also 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 a member of the Advisory Council of Heart of the City Charity and as a Board member of the British Bankers Association from 2013–2016.

**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 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. He is chair of the People Participation Committee.

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, a mentor at Mosaic, an LGBT+ young person's charity and is a volunteer counsellor at Naz, a charity in west London. He has recently qualified as a psychotherapist and counsellor, 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.

**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 and 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 and is the chair of the Integrated Care & Commissioning Committee.

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 appointed to the Ministry of Housing, Local Government & Communities and is also Managing Director Commissioner at Woking Borough Council and 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).

In 2022, 2023 and 2024 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).

Tanya is on maternity leave from May 2025 and Barbara Britner is serving as the Acting Chief People Officer during her absence.



**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 and is chair of the Charitable Funds Committee.

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, a Governor of the John Whitgift Foundation and a Trustee of The 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 Non-Executive Director at LINK (the UK's cash access and ATM network) and 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**

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 professionally 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 RGCP Council, and Vice President of the BMA. In 1999, he received an OBE for services to

inner-city primary care in 2006, the International Award of Excellence in Health Care and in 2015 a knighthood for services to primary care. He is a member of the Ministerial National NHS Infrastructure and NHS Resolution Boards and is Fellow and Honorary Professor of Queen Mary University of London. He also holds the role of Vice President at the Queen's Nursing Institute, College of Medicine and BMA.

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 & 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 & 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.



**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. She is chair of the Trust's Quality Assurance Committee.

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); Patron at Trinity College Medical Society; and a Trustee at Burdett Trust for Nursing. She is also a Director at DDK Consultancy Ltd

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 the chair of the Trust's Finance, Business & Investment Committee.

Sue is currently a Non-Executive Director at Barking, Havering & Redbridge University Hospitals NHS Trust and is chair of the Charitable Funds Committee of the BHRUT Charity Committee. She is also 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 & Dagenham and Agilysis, an innovation and technology consultancy company. Previously she was Divisional Director of Assets and Commercial Services for London Borough of Barking & Dagenham, and CEO of Barking & Havering LIFTCo, a partnership delivering new build health centres between 2003 and 2008.



**Claire McKenna, Chief Nurse (from 25 July 2024)**

Claire was appointed as Chief Nurse in June 2024 having formerly been appointed as the 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 Bartholomew's 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 and 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 MBE, Chief Operating Officer & 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.



**Prof Amar Shah MBE, 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 also a member of the National Improvement Board at NHS England, a member of the Health Foundation Q Advisory Board and a Council member for the Healthcare Costing for Value Institute (HFMA). He is an improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world, and Chair of the Scientific Advisory Group at IHI.

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





**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. She is the chair of the Trust's Appointments & Remuneration and People & Culture Committees.

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.

Dr Mohit Venkataram was the Executive Director of Commercial Development until 31 April 2024 following his appointment as the Deputy CEO at North East London FT.

Barbara Britner was appointed as Acting Chief People Officer for up to a year from 12 May 2025.

Professor Durka Dougall and Dr Farah Jameel were appointed as Non-Executive Directors for an initial term of three years from 1 June 2025.

## 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 2024-2025 Eileen Taylor declared an interest in the following:

- Joint Chair at East London NHS FT and North East London NHS FT
- Non-Executive Director, Senior Independent Director and Chair of the Remuneration Committee of MUFG Securities EMEA Ltd
- Chair of the Joint Remuneration Committee at MUFG Bank London Branch and member of its Audit Committee
- Nominated Chair, MUFG Securities EMEA plc (regulatory approval received in April 2025)
- Nominated Chair, Nominations Committee at MUFG Securities EMEA plc (regulatory approval received in April 2025).

## 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](mailto:elft.declarations@nhs.net)

## How to Contact the Board of Directors

Post:	Trust Head Office Robert Dolan House 9 Alie Street London E1 8DE
Switchboard:	020 7655 4000
Email:	<a href="mailto:elft.communications@nhs.net">elft.communications@nhs.net</a>

## 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 2024-2025 financial year.

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Aamir Ahmad	Vice-Chair (London)	5/6	1/6
David Bridle	Chief Medical Officer	6/6	3/6
Richard Carr	Senior Independent Director	6/6	0/6
Tanya Carter	Chief People Officer	5/6	5/6
Anit Chandarana	Non-Executive Director	5/6	3/6
Peter Cornforth	Non-Executive Director	6/6	1/6
Alison Cottrell	Non-Executive Director	6/6	5/6
Kevin Curnow	Chief Finance Officer	6/6	6/6
Sam Everington	Non-Executive Director	6/6	1/6
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	5/6	3/6
Philippa Graves	Chief Digital Officer	6/6	4/6
Donna Kinnair	Non-Executive Director	5/6	2/6
Sue Lees	Non-Executive Director	5/6	3/6
Claire McKenna	Chief Nurse ( <i>from 27 July 2024</i> )	6/6	3/6
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	4/6	2/6
Amar Shah	Chief Quality Officer	6/6	0/6
Lorraine Sunduza	Chief Executive ( <i>from 17 May 2024</i> )	6/6	6/6
Eileen Taylor	Trust Chair	6/6	5/6
Mohit Venkataram	Executive Director of Commercial Development ( <i>to 31 April 2024</i> )	0/0	0/0
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	5/6	6/6

## 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 NHS England local ICSs and local provider trusts. During the year, the review was jointly undertaken with North East London NHS FT as the Chair is the Joint Chair across both Trusts
- 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 2024-2025 financial year.

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

The Chief Finance Officer, the Director of Corporate Governance, and representatives from internal and external audit, and Local Counter Fraud Specialists (LCFS) were also in attendance at meetings.

### Effectiveness of the Committee

The committee reviews and self-assesses its effectiveness annually and for the past five 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 in particular on how the committee has met its terms of reference with the qualitative feedback being valuable in identifying areas for learning and improvement, and in addressing any issues raised or areas identified for strengthening. The approach to reviewing the committee's effectiveness will be reassessed during 2025 taking account of the HFMA's *NHS audit committee handbook* reissued in December 2024. Notably, the revised guidance now emphasises the importance of qualitative feedback as well as incorporating a structured checklist particularly for the administrative elements of the committee.

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. Minutes of each meeting are taken, 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 £ 149,772 (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 2024-2025 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 relevant topics. 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 LCFS whose role 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 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:



- Ratified the appointment of RSM as the Trust's internal audit provider following a joint procurement with partner NHS organisations. The new three-year contract (with an optional one-year extension) takes effect from June 2024.
- Supported the continued enhancement of the BAF framework, including a refreshed approach to risk appetite and greater consistency across risk narratives with a focus on clearer alignment between risk causes, mitigations and impacts
- Continued its programme of deep dives into individual risks on the Trust's BAF
- Regularly monitored components of the Trust's internal control framework including Standing Financial Instructions and corporate governance statement
- Received regular updates on waivers and breaches, in particular the introduction of the technical approval process to strengthen control and readiness for the forthcoming Procurement Act 2025
- Received reports on policies which have been reviewed and/or introduced as part of a wider initiative to improve rigour in financial decision-making
- Received regular updates on the progress on the delivery of the internal audit plan and reviewing the next year's plan for recommendation to the Board for approval; and scrutinised the implementation timelines to ensure they were realistic and achievable
- Received regular updates on the status of the Trust's cyber security and preparedness
- Received the ELFT Charitable Funds and Health Care Space Newham annual reports, requesting further assurance on governance, financial performance and joint venture outcomes
- Received assurance that the Trust has begun proactively reviewing its fraud prevention measures to ensure compliance with the new *Failure to Prevent Fraud* offence under the *Economic Crime and Corporate Transparency Act 2023*, ahead of its implementation in 2025
- Was informed by assurance work undertaken by other Board committees through joint memberships and escalation pathways across Board committees and received regular updates 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 Directors, this committee includes a membership of one other Non-Executive Director, Chief Finance Officer, Chief People Officer and Chief Nurse, 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 and the Chief Operating Officer. The committee provides oversight and assurance to the Board on the integrity and deliverability of the Trust's financial, efficiency, and infrastructure plans. Its responsibilities include reviewing financial performance and planning, assessing financial and business risks, overseeing procurement and efficiency strategies, monitoring financial decision-making, promoting sound financial practices, and reviewing cash management and surplus investment.

The committee is also the lead committee for risks relating to the improving value strategic objective on the BAF.

## **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 and Executive Director of Integrated Care. The committee provides oversight and assurance on the Trust's strategic objective to improve population health and reduce health inequalities. It supports the Trust's commitment to the triple aim—enhancing patient experience, improving population health, and reducing per capita healthcare costs. The committee also oversees the Trust's integration efforts, particularly within ICSs and evaluates new care models aimed at improving health outcomes and addressing inequalities.

The committee is also the lead committee for risks relating to the improving population health strategic objective on the BAF.

## **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 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 BAF.

## **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, Director of Corporate Governance and the Head of Governors & Community Engagement 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 one of the risks relating to the improving patient experience strategic objective on the BAF.

## **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 the delivery of safe, high-quality

care, positive experiences and outcomes for service users and carers, and a strong focus on equality and inclusion. It also ensures that quality assurance and improvement are embedded across the Trust, and that quality and safety risks are effectively managed and controlled.

The committee is also the lead committee for one of the risks relating to the improving patient experience strategic objective on the BAF.

## 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 Trustwide 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 the 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 identified 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:

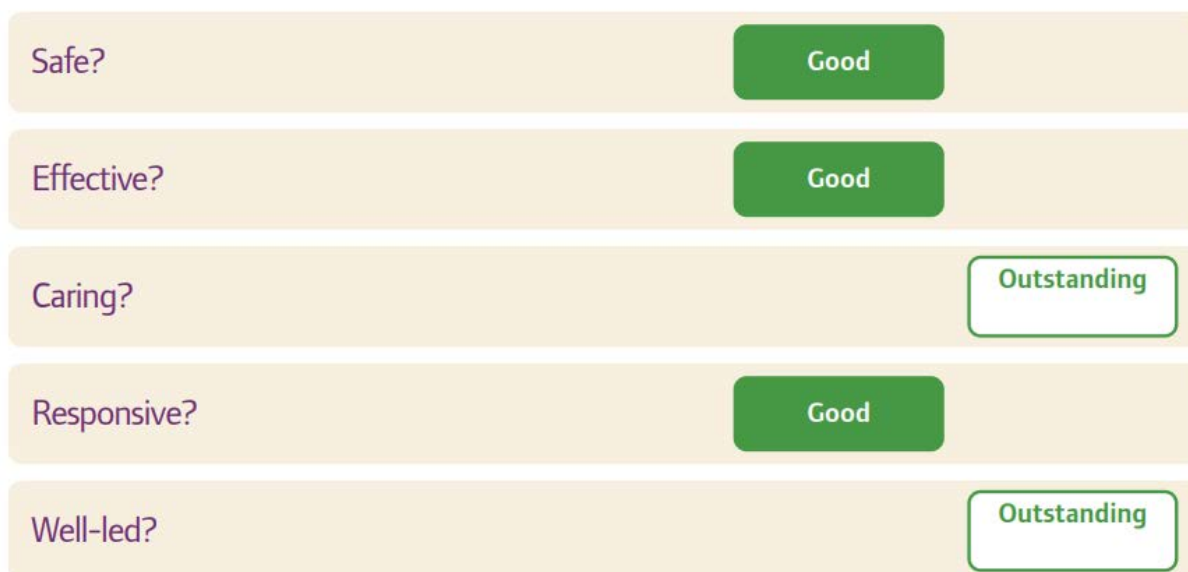
- All directorates are now RAG rated amber or green (>80%) for statutory and mandatory training compliance. The Trust's overall compliance is 88.4% as of April 2024, which has increased from 80.58% in July 2023. Since the CQC report was published, work has been undertaken to ensure staff are mapped correctly 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 Trustwide in April 2024. This now enables a central system to monitor supervision levels across the organisation and provides automated reminders when supervision is due.
- 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.

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

The Trust has not participated in any special reviews during 2024-2025.



## Are services



## Safer Services

### ELFT Patient Safety Plan

We are now in the second year of our ELFT safety plan, shown in the driver diagram below, which 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.

Our year two focus areas have been chosen by our trust Patient Safety Specialist Group with input from our patient safety partners and build on year one work to continuously improve culture and systems that are fundamental to safety for all. They include:

- Developing our safety insight, involvement and improvement by further embedding our patient safety incident response framework approach to learning from incidents (PSIRF)
- Further developing and growing ELFT staff skills in patient safety
- Involvement of service users, carers and families
- Supporting staff in relation to safety
- Digital improvement for safety.



### Embedding and developing our PSIRF approach to learning from safety incidents

Having transitioned from the serious incident framework to PSIRF in 2022-2023, this year has provided time to test and further embed new learning methodologies to optimise safety outcomes for both patients and staff. The focus has been on continuous learning, improvement and supporting those affected in line with NHSE recommendations and we have continued to take advice and learning from national experts, NHSE, our ICBs and system partners to grow and refine our approaches.

Over the year we have trained a substantial number of staff in our new PSIRF methodologies. This has enabled our safety team to embed the new SEIPS methodology into our in-depth incident reviews to support improved learning from incidents. Our frontline leaders have been trained and supported in after-action review approach to learning from safety, and all directorates are now using this approach to engage teams more proactively in participative learning conversations. Feedback from these reviews suggested they are growing our positive and just safety culture.

In parallel our pressure ulcer teams have learnt to use another dynamic PSIRF learning tool, the swarm huddle, and have transformed their incident learning to use this as their standard learning approach, replacing root cause analysis methodology which is recognised as inappropriate for our complex and dynamic healthcare system. Examples of work undertaken over the year, as part of PSIRF include an in-depth review of our safety themes; revision of our safety learning methods; improved shared learning approaches; review of our new safety learning forums and networks; proactive planning of annual safety priorities at Trustwide 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; improvements in our incident management pathway; and ICB involvement in safety review decision-making and sign off forums.

### Development of Staff Skills in Patient Safety

Alongside the training delivered to key staff on our PSIRF methodologies, the Trust has devised a patient safety training and learning plan with a broad menu of developmental opportunities and has commenced work on a safety training dashboard making it easier for staff in key roles to access learning and CPD relevant to their roles. Our safety leadership have also been upskilled in safety over the year, with nine of our patient safety specialists undertaking level 4 safety specialist



training modules via the University of Loughborough, and our Director of Patient Safety graduating from the full course. Our Safety Reviewers have also had the benefit of external coaching with patient safety consultant, Dr Jane Carthey, to support their skills in SEIPS and learning from observation of “work-as-done.” We have commissioned and delivered additional bespoke human factors training during the year and work is taking place to further safety content into several of our leadership development modules and our QI leaders’ programme.

## **Involvement of Service Users, Carers and Families**

During the year we have continued to benefit from our new patient safety partner (PSP) roles – dedicated lived experience roles focussed on continuous learning and improvement for safer care. Our PSPs have helped us develop and share guidance for involving service users and carers in safety work and have supported more service users and carers to become involved in our safety improvement working groups, committees and forums. As a result, we have service user or carer involvement in a wide range of safety work such as our Operation Cavell Working Group, our CCTV Improvement Group, our Sexual Safety Improvement Group, our Observations Working Group and our Medication Safety Group. Our PSPs have also become members of our incident sign off panels, adding quality and valuable challenge to the process. They are now growing the involvement of other service users and carers in this role to widen the diversity of service user voices. Our PSPs remain 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.

To amplify the voice of service users and carers in our incident review work, this year we have introduced a new feedback system for people involved in any of our in-depth safety reviews. The insights gained from this interview-based feedback system are now being incorporated into our ongoing learning and improvement work in this area. In the year ahead we anticipate growing the involvement of service users and carers further, by including service users and carers more directly in our new PSIRF learning approaches, where this is possible and appropriate.

## **Improving Safety Culture, Leadership and Just Culture**

Work in this area includes:

- 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 the appointment of three additional patient safety specialists from our existing senior clinical and safety leadership team
- Strengthened the Patient Safety Forum with renewed focus on PSIRF and safety plan priority areas
- Establishment of our PSIRF Oversight Group
- Representation of ELFT safety leadership at ICB-level safety specialist, safety and PSIRF forums and involvement of system colleagues within our safety forums.
- Ongoing work, led by the Chief Executive and Chief Quality Officer, to further grow a common understanding of leadership at ELFT and creating a way for us to measure and improve our leadership across the organisation
- Further use of our 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 Freedom to Speak Up and people and culture processes
- Ongoing work to embed respectful resolution across the Trust
- Further work to develop our Schwarz Rounds with community health services and beyond, to support a just and learning culture and compassionate care.
- 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.

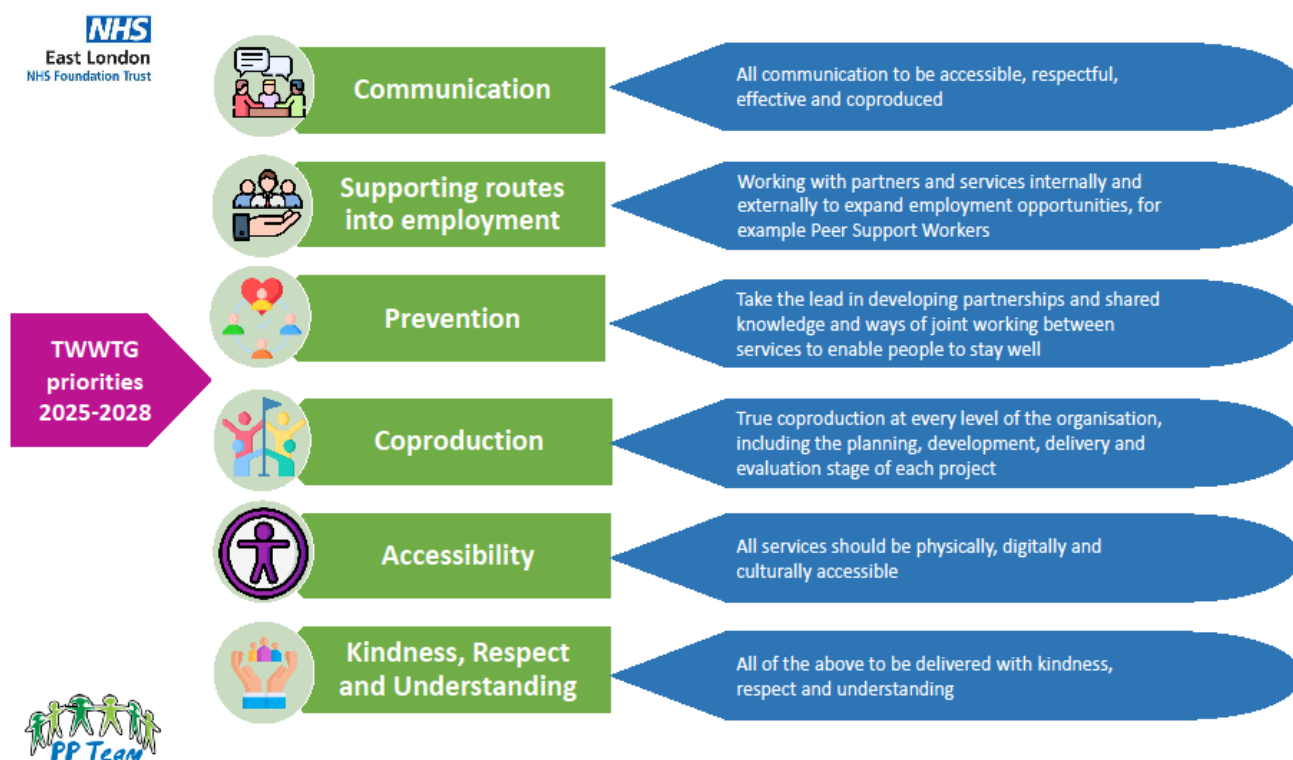
People participation is about helping our service users and carers to have a say in how we run the Trust so we can offer a better service for all and supports service users in their recovery journey by increasing their confidence, ensuring they are feeling valued, listened to and by making a difference.

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.

Key highlights during 2024-2025 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 NEL Collaborative and one for BLMK Collaborative
- Our befriending service now has over 60 befrienders (all service users and carers) who are supporting over 300 people a week
- Have service users and carers involved in all our financial viability workstreams
- Volunteering is going from strength to strength, developing new and exciting roles with teams from all areas. An example is East Ham Care Centre where volunteers have reduced falls by 80/90%
- 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 and 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 NCL CAMHS and perinatal mental health collaboratives in London.

In NEL we work very closely with North East London NHS FT and the NEL ICB through our NEL MHLDA Collaborative which has again in 2024-2025 had a major role in developing and mobilising our NEL-wide plans for mental health as part of operational planning for 2024-2025. Our NEL MHLDA Collaborative was one of the nine national provider collaborative innovators, and was noted for the way in which lived experience leadership was and is central to the way in which the collaborative works. During the year, we have continued to develop our Community Health Services Collaborative with North East London NHS FT, the Homerton Hospital NHS FT and Barts Health NHS Trust as well as with other partners.

In BLMK during 2024-2025 the Trust has worked closely with Central & North West London NHS FT 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 MHLDA 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**

**27 June 2025**

# Remuneration Report

I am pleased to present the remuneration report for the financial year 2024-2025 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 2024-2025

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

- Appointed Alison Cottrell as a Non-Executive Director for an initial term of three years from 1 April 2024
- Appointed Professor Durka Dougall and Dr Farah Jameel as Non-Executive Directors for an initial term of three years from 1 June 2025

- Reappointed Eileen Taylor as Trust Chair (which forms part of joint appointment with North East London NHS Foundation Trust) for a three-year term from 1 October 2024
- Reappointed Aamir Ahmad as a Non-Executive Director and Vice-Chair (London) for a third term of office of one year with effect from 1 November 2024
- Reappointed Aamir Chandarana as a Non-Executive Directors for a third term of office of one year with effect from 1 November 2024.

All appointments and reappointments were in accordance with the standard 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 2024-2025

During the year, the committee approved:

- An uplift in line with NHS England pay recommendations to be backdated to 1 April 2025 to be applied to the Executive Director and VSM pay scale
- The appointment, remuneration and terms of office of the Trust's Chief Executive, Deputy CEO, Chief Nurse and Acting Chief People Officer.

## 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 NHS England 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 NHS England. 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 North East London NHS FT, 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 NHS England.

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 NHS England.

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.

The executive pay scale is used in the Trust for Executive Directors. There is also a sub-board pay scale for other VSM post holders who are not in the executive team. 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 VSM 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), Gender Pay Gap submissions as well as analysis on the ethnicity pay gap and disability pay gap and associated action plans as well as the equality delivery system assessment.

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

Executive Directors are 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 NHS England, information is provided about pay and conditions for staff employed on AfC contracts and medical and dental staff terms and conditions of service. Trusts are imminently expecting an updated VSM pay framework from NHS England which will also confirm the increased threshold for HM Treasury approval to £170,000.

## 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 2024-2025 is as follows:

Committee member	Role	Attendance (actual/possible)
Julie Aduwa <i>(to 30 October 2024)</i>	Public Governor	2 of 2
John Bennett	Public Governor	4 of 4
Richard Carr	Senior Independent Director	2 of 2
Mark Dunne	Staff Governor	2 of 4
Sade Etti	Appointed Governor	3 of 4
Caroline Ogunsola	Staff & Lead Governor	4 of 4
Jamu Patel	Public Governor	4 of 4
Suzana Stefanic <i>(from 1 November 2024)</i>	Public Governor	2 of 2
Eileen Taylor	Trust Chair	2 of 2
Hazel Thomas	Public Governor	1 of 4
Deborah Wheeler	Trust Vice-Chair	0 of 0

### Decisions Made During 2024-2025

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:

- Agreed the joint process with North East London NHS FT for the review of the Chair's performance after 18 months in post as agreed at the original appointment and following a thorough review in early 2024, and received the satisfactory outcome of this review
- Approved the appointment of Lorraine Sunduza as the Chief Executive of the Trust
- Agreed the process for the recruitment of three Non-Executive Directors, to be taken forward by the Councils Nominations & Conduct Committee, to fill the vacancies which will arise from the Non-Executive Directors' end of term of office: Aamir Ahmad, Anit Chandarana on 31 October 2025, and Sam Everington on 31 December 2025.

## 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 2024-2025 is as follows:

Committee member	Role	Attendance (actual/possible)
Aamir Ahmad	Vice-Chair (London)	5/6
Richard Carr	Senior Independent Director	3/6
Anit Chandarana	Non-Executive Director	1/6
Peter Cornforth	Non-Executive Director	5/6
Alison Cottrell	Non-Executive Director	5/6
Sam Everington	Non-Executive Director	4/6
Donna Kinnair	Non-Executive Director	5/6
Sue Lees	Non-Executive Director	6/6
Lorraine Sunduza	Chief Executive ( <i>from 17 May 2024</i> )	6/6
Eileen Taylor	Trust Chair	6/6
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton) (chair of committee)	5/6

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

### Decisions Made During 2024-2025

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:
  - Lorraine Sunduza as Chief Executive from 17 May 2024
  - Claire McKenna as Chief Nurse from 25 July 2024
  - Barbara Britner as Acting Chief People Officer from 12 May 2025
- 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 appointments of Shona Sinclair as Chair and Mathew Sheehan as Chief Executive 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 <sup>rd</sup> term*	1 November 2018	31 October 2025
Richard Carr	Non-Executive Director	2 <sup>nd</sup> term	1 December 2020	30 November 2026
Anit Chandarana	Non-Executive Director	3 <sup>rd</sup> term*	1 November 2018	31 October 2025
Peter Cornforth	Non-Executive Director	1 <sup>st</sup> term	1 April 2023	31 March 2026
Alison Cottrell	Non-Executive Director	1 <sup>st</sup> term	1 April 2024	31 March 2027
Sam Everington	Non-Executive Director	2 <sup>nd</sup> term	1 January 2020	31 December 2025
Donna Kinnair	Non-Executive Director	2 <sup>nd</sup> term	1 January 2021	31 December 2026
Sue Lees	Non-Executive Director	1 <sup>st</sup> term	1 April 2023	31 March 2026
Eileen Taylor**	Non-Executive Director Trust Chair	2 <sup>nd</sup> term 2 <sup>nd</sup> term	1 November 2018 1 January 2023*	31 October 2027
Deborah Wheeler	Non-Executive Director	2 <sup>nd</sup> term	1 January 2021	31 December 2026

\* 1<sup>st</sup> year of 3<sup>rd</sup> term of office

\*\* Appointed as Joint Chair with North East London NHS FT

## Service Contracts: Executive Directors

Name	Executive Director Post	Appointment Date	Notice Period
David Bridle	Interim Chief Medical Officer (to 1 May 2023) Chief Medical Officer	1 July 2022 2 May 2023	6 months 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
Philippa Graves	Chief Digital Officer*	1 July 2020	6 months
Claire McKenna	Interim Chief Nurse (until 24 July 2024) Chief Nurse	21 August 2023 25 July 2024	6 months
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	21 June 2021	6 months
Amar Shah	Chief Quality Officer	19 October 2017	6 months
Lorraine Sunduza	Interim Chief Executive (to 16 May 2024) Chief Executive	21 August 2023 17 May 2024	6 months
Mohit Venkataram	Executive Director of Commercial Development (to 30 April 2024)	1 November 2016	6 months

\* Non-voting

\*\* Voting from 1 May 2024

## Board Directors Remuneration

### Senior Managers Pay 2024-2025 (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
Richard Carr	Non-Executive Director & Senior Independent Director	20-25	0	0	20-25
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	15-20	0	0	15-20
Susan Lees	Non-Executive Director	15-20	0	0	15-20
Alison Cottrell	Non-Executive Director ( <i>from 1 April 2024</i> )	15-20	0	0	15-20
Tanya Carter	Chief People Officer	165-170	0	42.5-45	210-215
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	170-175	0	27.5-30	200-205
Philippa Graves	Chief Digital Officer	165-170	0	15-17.5	180-185
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	165-170	0	40-42.5	205-210
Amar Shah**	Chief Quality Officer	110-115	35-40	55-57.5	205-210
Lorraine Sunduza	Interim Chief Executive until became substantive on 17 May 2024	200-205	0	102.5-105	305-310
Mohit Venkataram***	Executive Director of Commercial Development ( <i>to 30 April 2024</i> )	50-55	0	0	50-55
David Bridle	Chief Medical Officer	185-190	10-15	157.5-160	360-365
Kevin Curnow	Chief Finance Officer	165-170	0	27.5-30	195-200
Claire McKenna	Interim Chief Nurse until became substantive on 25 July 2024	145-150	0	47.5-50	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 band reflects Dr Shah's consultant role and board role, but not his secondments to NHS England and RCPsych.

\*\*\* Remuneration for Dr Mohit Venkataram includes payment for untaken annual leave due under the Trust's Holiday of a Lifetime scheme.



## 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 <b>(from 1 April 2023)</b>	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
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
Mohit Venkataram	Executive Director of Commercial Development	175-180	0	0	175-180
David Bridle	Interim Chief Medical Officer until became substantive on 2 May 2023	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.

## Salary and Pension Entitlement of Senior Managers: Pension Benefits 2024-2025 (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 31.03.2025 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2025 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2025 £000	Employers Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
Tanya Carter, Chief People Officer	2.5-5.0	0	25-30	0-5	293	24	358	0	45
Richard Fradgley, Executive Director of Integrated Care & Deputy CEO	2.5-5.0	0	50-55	120-125	1,021	29	1,140	0	29
Amar Shah, Chief Quality Officer	2.5-5.0	0-2.5	60-65	150-155	1,067	43	1,209	0	56
Lorraine Sunduza, Interim Chief Executive ( <i>until became substantive on 17 May 2024</i> )	5.0-7.5	5.0-7.5	65-70	160-165	1,142	96	1,340	0	104
Mohit Venkataram, Executive Director of Commercial Development ( <i>until 30 April 2024</i> )	0	0	50-55	135-140	1,170	0	1,206	0	0
Philippa Graves, Chief Digital Officer	0-2.5	0	80-85	210-215	101	35	164	0	16
Edwin Ndlovu, Chief Operating Officer & Deputy CEO	2.5-5	0	50-55	130-135	981	38	1,105	0	42
David Bridle, Chief Medical Officer	7.5-10	12.5-15	60-65	155-160	1,094	157	1,350	0	159
Kevin Curnow, Chief Finance Officer	0-2.5	0	40-45	0	543	16	641	0	28
Claire McKenna, Interim Chief Nurse ( <i>until became substantive on 25 July 2024</i> )	2.5-5	2.5-5.0	45-50	120-125	934	50	1,109	0	48

## 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 (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 substantive 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.

## 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 2024-2025.

## Fair Pay Disclosures (subject to audit)

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2024-2025 was £200,000-£205,000 (2023/24, £180,000-£185,000). This is a change between years of +11%, all of which relates to salary and allowances.

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

For employees of the Trust as a whole, remuneration in 2024-2025 ranged from £8,228 to £263,249 compared with a range of £11,863 to £253,500 in 2023/24. The percentage change in average employee remuneration (based on total for all employees divided by full time equivalent number of employees) between years is +10.5%, split as follows:

- Salary & Allowances average per WTE £64,214 (2023-24, £58,111) reflecting a 10.5% increase.
- Performance related pay and bonuses (Clinical Excellence Awards) averaged per WTE £10,732 (2023/24, £9,995) representing a 7.4% increase.

28 employees received remuneration in excess of the highest-paid Director in 2024-2025 (36 in 2023/24).

The remuneration of the employee at the 25<sup>th</sup> percentile, median and 75<sup>th</sup> 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.

### 2024-2025

	25 <sup>th</sup> percentile	Median	75 <sup>th</sup> percentile
Total pay and benefits, excluding pension benefits	£33,020	£44,961	£58,544
Salary component of total remuneration	£29,114	£38,733	£52,809
Pay and benefits excluding pension: pay ratio for highest paid director	6.1:1 (£202,500 being the mid-point of highest paid director/ £33,020 being 25th percentile of employee remuneration)	4.3:1 (£202,500 being the mid-point of highest paid director/ £44,961 being median employee remuneration)	3.3:1 (£202,500 being the mid-point of highest paid director/ £58,544 being 75th percentile of employee remuneration)

**2023/24**

	<b>25<sup>th</sup> percentile</b>	<b>Median</b>	<b>75<sup>th</sup> percentile</b>
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	6.0:1 (£182,500 being the mid-point of highest paid director/ £30,279 being 25th percentile of employee remuneration)	4.3:1 (£182,500 being the mid-point of highest paid director/ £42,470 being median employee remuneration)	3.3:1 (£182,500 being the mid-point of highest paid director/ £56,034 being 75th percentile of employee remuneration)

## Director Expenses

There was a total of £ 1,448 of non-taxable expenses claimed for 2024-2025 financial year by six out of a total of 20 Directors (£3,417 claimed for 2023/24 by 11 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

£149 was claimed by six Governors during 2024-2025 out of 53 in office during that period (£127.11 was claimed by Governors in 2023-2024). All expense claims are made and processed in line with Trust policy.



**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 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 ELFT strategy. The four pillars of the ELFT people plan align to the NHS People Plan and Promise, and the Trust's strategy. Progress of the delivery of the plan is regularly reported to the People & 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 2024-2025. These offers have continued to address the needs of staff and continues to include positive emotional, physical, financial and social well-being.

The Trust has long recognised the connection between staff wellbeing and engagement, satisfaction and happiness, and the care and treatment we provide, the current context has continued to be challenging with systemic and financial challenges impacting staff experience.



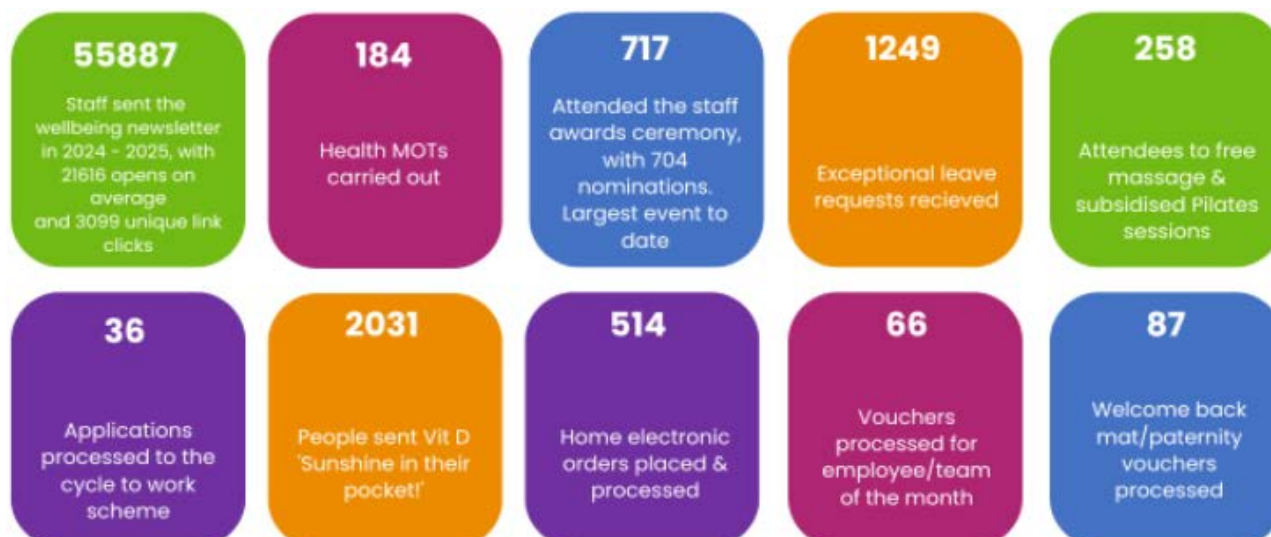
In the Trust's continued focus on staff wellbeing, it has been necessary to support staff with specific initiatives to reduce the burden of the cost-of-living crisis. Specific initiatives have included the continuation of a cost-of-living coordinator to assist staff with information, tips, education 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. The Trust also has a cost-of-living resources page available for all staff including signposting to resources on a variety of support including warm home hacks, cost saving on energy bills, savvy supermarket shopping, council and borough cost saving advice.

The Trust continues 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 and employee and team of the month scheme.

Lorraine Sunduza, the Trust's Chief Executive, is the Trust's wellbeing champion. The Staff Wellbeing Forum meets regularly to discuss and shape our wellbeing initiatives and engagement plan.

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



## Vitamin D

During the winter months of 2024-2025, ELFT received 2,031 vitamin D course requests from all ELFT staff (an increase from 1,884 requests the previous year). That means that 6,093 boxes of vitamin D were sent out by the ELFT wellbeing team. Of these requests, 1567 were female and 446 were male. 801 requests were from staff who are White, 604 requests were from staff members who are Black, Africa, Caribbean or Black British, and 444 requests were from staff who are Asian or Asian British.

We have received positive feedback about the difference that the vitamin D supplements are making. A few examples of this feedback are detailed below:

- 'As an individual of African origin who albeit was born in England - I struggle with the darker and colder months, and I find these vitamins do assist. Thank you for providing these'
- 'I was grateful to have received the supplements last year and believe this contributed to my good health as an employee. I am pleased this is available for staff'
- 'I have had the vitamin D supplement through ELFT for a few years. I find it helpful in getting through the winter; it has reduced the number viral infections I pick up and helps my mood. My husband works in another NHS organisation; they recommend staff take vitamin D, but do not provide it. I am pleased ELFT go the extra step and provide it for staff.'

## People Promise Manager

Following the publication of the NHS People Promise, NHS England piloted a recruitment and retention exemplar programme, and the Trust was successful in a submission to be part of the second cohort of the programme which commenced in June 2024 for a 12-month period. The People Promise Manager has developed a robust project plan to ensure the co-ordination and embedding of all aspects of the NHS People Promise into ELFT.

An NHS People Promise intranet page is now available for all staff (available [here](#)) The page provides comprehensive information about the NHS People Promise, introduces the people promise manager and signposts available support through the ELFT People Promise bundle. To support ongoing engagement, a concise and accessible quarterly People Promise newsletter is circulated to all staff with each edition highlighting key takeaways aligned to the seven elements of the NHS People Promise. In addition, physical ELFT People Promise Z-cards featuring key information and a QR code linking to the full bundle have sent to all staff. People Promise champions have also been trained in all ELFT directorates as a further supportive measure for staff to signpost them to the support available.

## 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 2025, the Trust vacancy rate has risen to 12%; this upward trend is due to recent scrutiny within the vacancy approval process and so was planned. As the process is refined it is anticipated this figure will reduce. Through a planned campaign the nursing vacancy rate has been reduced to 8.97% which is below target of 10%.

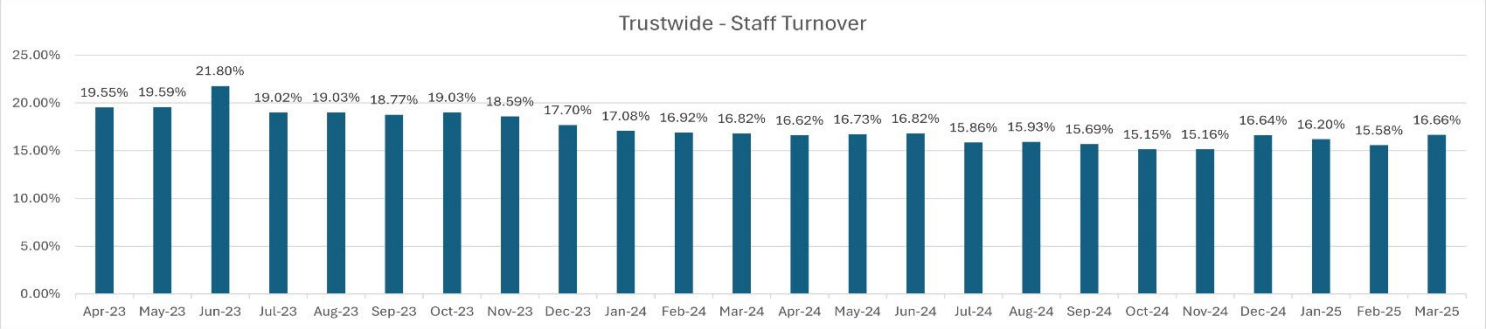
In terms of the Trustwide people metrics, there has been a slight increase in turnover which was 16.82% in March 2024 and is now 17.06% in March 2025.

Time to hire has remained at around 35 days against a Trustwide target of 43 days. The launch of Trustwide 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.

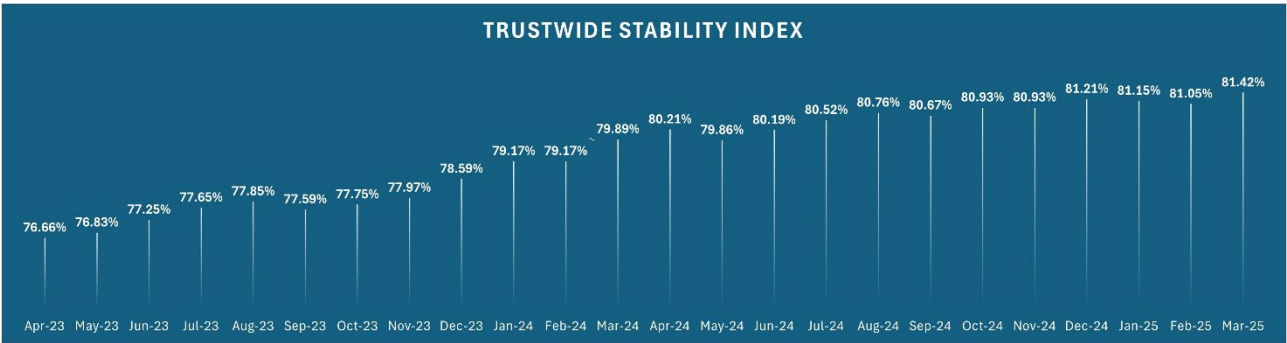
## Retention

The current overall turnover rate is 16.66%. This is almost the same as this time last year (16.62% in April 2024), but looking at this time two years ago, we can see a slight improvement from 19.55% in April 2023. The table shows the breakdown of current turnover rates by directorate.



Directorate averages compared to Trust average (16.66%)					
12 months rolling T/O (March 2025)					
Specialist Services	21.32%	City & Hackney	16.42%	Corporate	14.93%
Specialist CHS	19.29%	Tower Hamlets	15.74%	Newham CHS	14.92%
Bedford	17.18%	Forensic Services	15.47%	Luton	14.78%
Primary Care	16.69%	Newham	14.94%	Tower Hamlets CHS	14.38%
				Bedfordshire CHS	14.09%

Despite turnover rates fluctuating/only slightly decreasing, we are seeing a gradual and steady rise in stability. Between April 2023 and March 2025, this has increased from 76.66% to 81.42%, which is encouraging.



The stability index is calculated by the number of staff with one year's service or more, divided by the number of workers with less than 12 months' service, multiplied by 100.

## Exit Questionnaires

52% of leavers are "happy", their decision to leave was not due to the job or the organisation. This is higher than average compared to other similar organisations, which reinforces that some turnover is positive.

However, the leaving reasons by area highlight the areas of focus required to reduce the number of leavers going forward: 24% said 'career progression' was a key reason for leaving, followed by 21% who listed 'personal growth' or 'wellbeing' as their reason. Only 36% of leavers completed the



questionnaire, which is a similar response rate to that of the staff survey (33%). We will gain richer insights with more responses and have included this in ELFT's 2025-2026 engagement plan for this.

The Trust's exit questionnaire confirms that:

- 76% of leavers would work for ELFT again
- 70% would recommend working at ELFT
- 57% moved into a role which was a step up in their career
- 47% moved into a similar role in the NHS.

## 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 2024 to 31 March 2025 included over 66 awards to Employee of Month winners.

Last year also saw 97 staff members being recognised for their exceptional continuous NHS service, with 84 staff members receiving a bronze award (20 years' service), 12 staff members receiving a silver award (30 years' service) and one employee receiving a gold award (40 years' service).

We have launched our very own ELFT staff recognition platform, Highfive, in partnership with our home electronics and cycle to work scheme provider Vivup. With Highfive, we can continuously recognise the hard work and tireless dedication that each of you brings to our Trust. It is about actively appreciating one another as a daily part of our work lives.

In October 2024, the annual staff awards ceremony took place at the Troxy in Limehouse, East London. The ceremony was deemed a great success. In the lead up to the event, 708 staff nominations were received. Over 700 Trust staff and their guests attended the evening (excluding the VIP guest list as well as those who volunteered on the night), and ELFT staff members and their families had the option to tune into the live stream feed of the event.

## Learning and Development

The ELFT Learning Academy (ELA) has been online for three years, and in that time its usage has widened to now include over 400 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 professional learning and education. It is now also the home for our core people conversations, hosting appraisal, supervision and career experience conversations.

## Statutory and Mandatory Training

Statutory and mandatory training compliance demonstrated a sustained upward trajectory throughout 2024. Although a slight decline was observed toward the end of the calendar year, compliance levels recovered in Q4, concluding the year with a rate of 88.11%.

During the year, we actively participated in the NHSE programme to optimise, rationalise, and redesign statutory and mandatory training. This national initiative aimed to develop a clear and consistent framework defining:

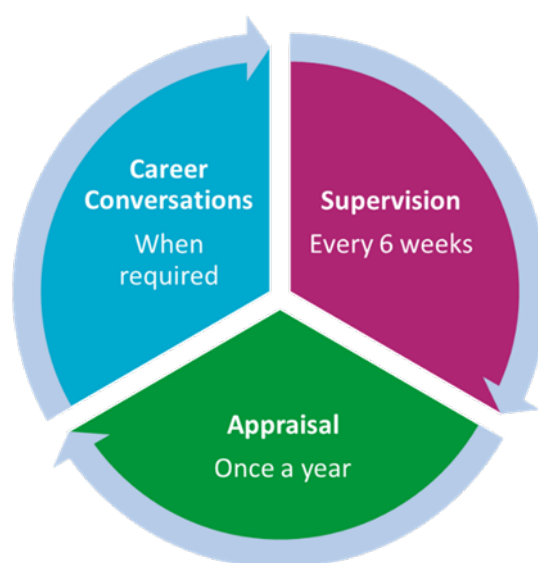
- Statutory training requirements
- Nationally mandated training
- Locally mandated or essential training.

In parallel, we enhanced our training offer by leveraging additional functionalities within ELA. These improvements were implemented to increase learner engagement, streamline the user experience, and encourage the timely completion of required training.

## People Conversations

In 2024 we completed the launch of our suite of conversations for all staff which work as a complementary set of discussions for staff throughout the year. Appraisal, supervision and career experience conversations are all now accessible through ELA and are focused on ensuring that all staff have access discussion that focus on their contribution, their personal development and their wellbeing.

The final element of this has been the creation of a combined training programme for managers who can now attend one day of training that gives them the skills and the process knowledge for each of the different tools.



## Appraisal

Appraisal continued unchanged for the 2024 cycle which ran from May through to November. The elongated timescale was due to some external system issues, so the window was extended to allow for staff completion. The final completion rate was 80%.

Learning from the 2024 appraisal process and the new supervision approach has resulted in agreement for a new approach for 2025 which will result in a rolling process, rather than a window which will allow for smoothing of the activity across the year as well as equity of involvement for new starters and staff returning from extended absences and maternity leave.



## Supervision

In 2024 the Trust launched a new suite of supervision tools. The core supervision tools cover managerial supervision, and professional/clinical supervision for all staff groups. This can be a single combined conversation or held separately with different supervisor. It also allows for the recording of group supervision and external supervision.

This approach is centred on the premise that all supervision conversations must be person centric, and focus on the contribution of the individual, their personal development needs and their wellbeing.

Alongside the core supervision tools the Trust launched Trialog which is a managerial supervision tool that aims to allow for the individual to rate how they feel in terms of their work and then this allows them and their manager to have a targeted conversation based on the priorities agreed.

## Career Experience Conversations

The final element, the career experience conversation is an optional discussion that has been designed so that individuals can have a more in-depth discussion around their career and development. This can be used as a 'stay' conversation with new starters to understand their current experience or can be requested during an appraisal or supervision conversation.

## Apprenticeships

ELFT has 166 apprentices on the programme: 33 were recruited directly into apprentice roles, while 133 are existing staff completing an apprenticeship as part of their personal development and growth.

We support both clinical and non-clinical apprenticeships at all levels, ranging from Level 2 NHS Customer Services Practitioner to Level 7 Advanced Clinical Practitioner. The range of programmes offered has increased following demand from services. Over the last year, 53 apprentices completed their courses across various programmes, including 12 nursing associates and 9 clinical associates in psychology. Of the 53 apprentices who completed an apprenticeship in 2024-2025, 91% remain in their roles or have secured jobs within the Trust.

ELFT's National Apprenticeship Week 2025 was extended to a fortnight, featuring sessions internally and events across the communities we serve. This attracted record-breaking participation, with over 1,500 people engaged, including a roadshow designed to inform colleagues unaware of the apprenticeship opportunities offered.

The learner journey has been central to our improvement efforts, ensuring the right programmes are available to address skills gaps within our workforce. In 2024-2025, we introduced new non-clinical data apprenticeships for staff, a programme that has proven very popular, with plans to expand offerings in the 2025-2026 financial year.

With the introduction of the new Government, significant changes are expected in apprenticeships. Although not all details are confirmed, 2025-2026 will likely see shorter apprenticeships, with a minimum duration of eight months instead of 12. The introduction of foundation apprenticeships is also anticipated, alongside the potential removal of Level 7 apprenticeship funding from August 2025. In preparation for this change, we ensured all colleagues had the opportunity to join the Level 7 Senior Leader apprenticeship, offering it bi-annually rather than annually.


Improvement work is ongoing, including enhancements to governance processes to ensure consistency across all programmes. This guarantees a positive experience for learners through their entry, completion, and exit stages. The success of these efforts is evident in the increasing

percentage of apprentices completing their programmes. In 2024-25, 88% of apprentices completed their apprenticeship, compared to 22% who withdrew. The chart demonstrates how the overall completion rate has steadily increased since the last financial year:



In addition to internal apprenticeships, the Trust has supported apprenticeships across local systems as part of its role as an anchor organisation. This has been achieved by transferring a percentage of the apprenticeship levy to partner organisations, enabling them to employ and fund apprentices. Over the past year, the Trust provided £69,648 to support this initiative.

### Leadership Activity

Leadership behaviours we should all display	Additional leadership behaviours for those who lead teams	Additional leadership behaviours for senior leaders
Act in a way that's consistent with the Trust values	Make decisions when needed, and involve others in decision-making	Frame challenges in a way that gives hope and invites solutions
Be kind to others, and yourself	Be visible, accessible and approachable	Demonstrate curiosity
Actively listen, involve others and be aware of the needs of others	Build meaningful relationships, focusing on "what matters to you"	Regular time out and with services
Try to find solutions	Ensure regular time for reflection and focus on wellbeing	Be willing to tackle difficult issues
Connect people to purpose	Promote and celebrate the work of the team	Display systems thinking
 We care We respect We are inclusive	Encourage people to speak up and try new ideas	<a href="http://elft.nhs.uk">elft.nhs.uk</a>

Following their introduction, the ELFT leadership behaviours have been embedded into all appropriate leadership development offerings, including corporate and manager's induction and the ELFT lead programme. They were also embedded into our existing appraisal framework as a key component of staff reflection.

A new leadership development page was launched on ELA, presenting a clear offer of leadership development using the structure of the Trust's leadership behaviours to create a learning pathway for staff desiring to develop their leadership skills and knowledge.

The new course category for leadership and management on ELA has been implemented to increase accessibility and ease of identifying relevant leadership development opportunities.

Two new leadership development courses have been launched, designed to consolidate existing offers and fill gaps identified in our existing offer. Meaningful conversations for people managers is a one-day course which consolidates duplicate content that was previously delivered across 4 individual courses. Team dynamics and high performing teams is a 2.5 hour course developed in response to common themes identified across organisational development (OD) interventions, employee relations (ER) processes and existing learning and development offers.

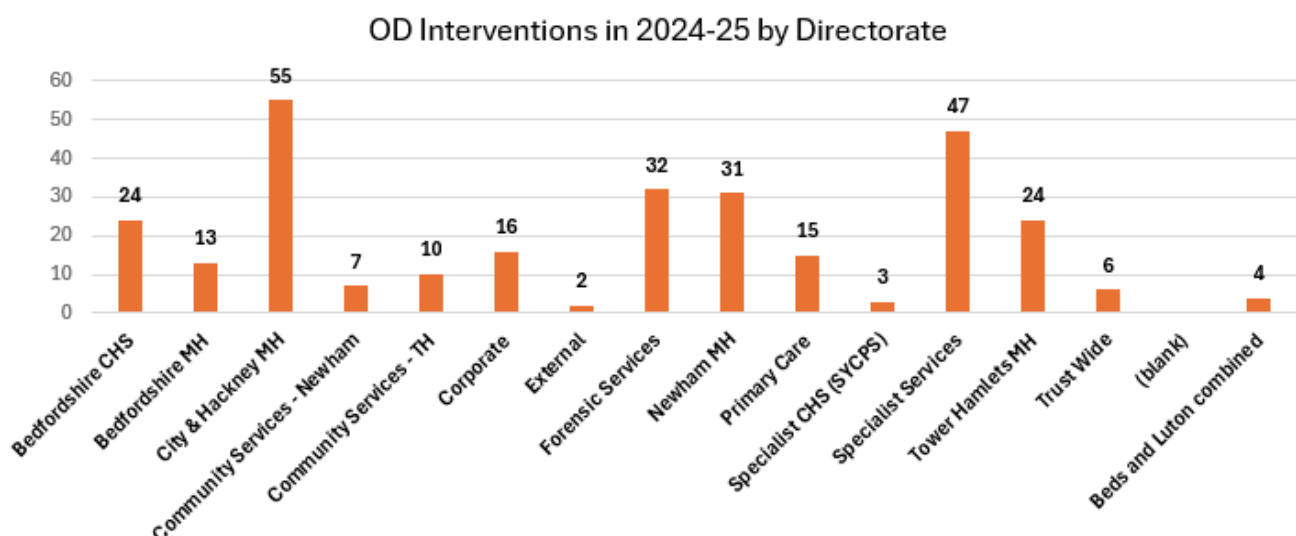
The ELFT lead programme was redesigned, and content reviewed to align with up-to-date research and models. It has received accreditation from the Chartered Management Institute (CMI), meaning staff receive Foundation Chartered Manager status with the CMI and access to CMI resources. Updated functionality of ELA has been taken advantage of, creating a modernised hybrid approach to the programme, allowing for automated attendance tracking, pre-work and homework exercises, and an embedded resource hub for learners. Cohorts 1-3 commence in 2025.

The manager's induction programme was redesigned to align to the Trust's strategy and also include content from the stepping into leadership training to equip new managers within the Trust with foundational knowledge of leadership, team dynamics and how to effectively navigate these. 186 participants attended this programme throughout 2024.

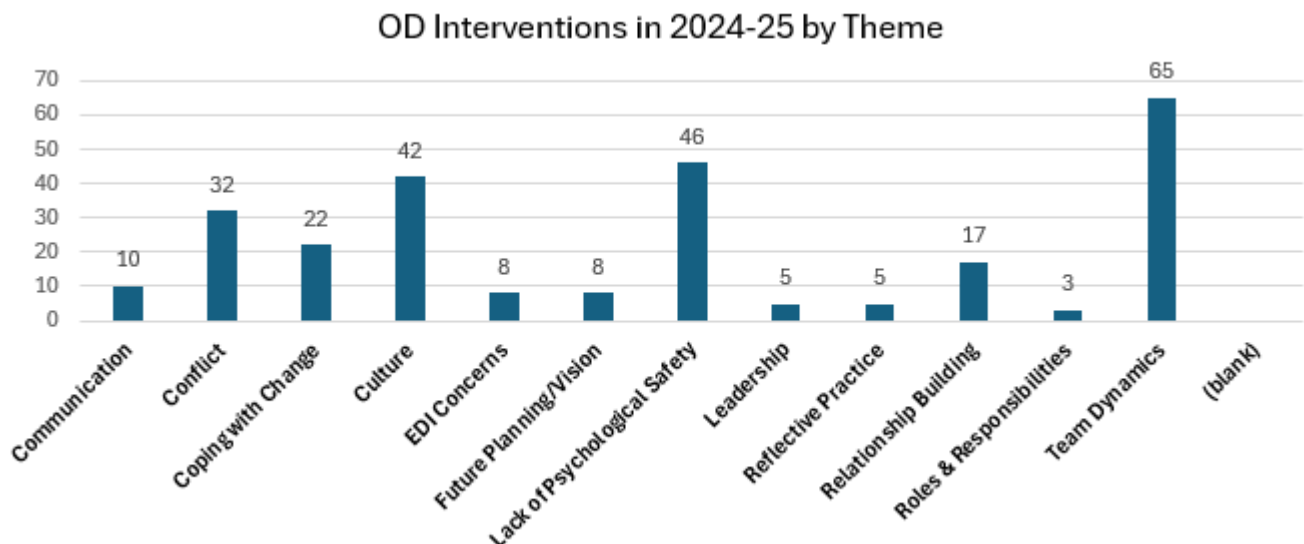
Reviews have commenced on existing training aimed at leaders, to update content and maximise accessibility and effectiveness for staff, including HR skills and recruitment and selection training, to be re-launched in 2025.

## Organisational Development (OD)

Of the 289 team OD interventions for 2024-2025, 51% of these teams require longer term specialist OD support. The below chart breaks down this OD work by directorate:



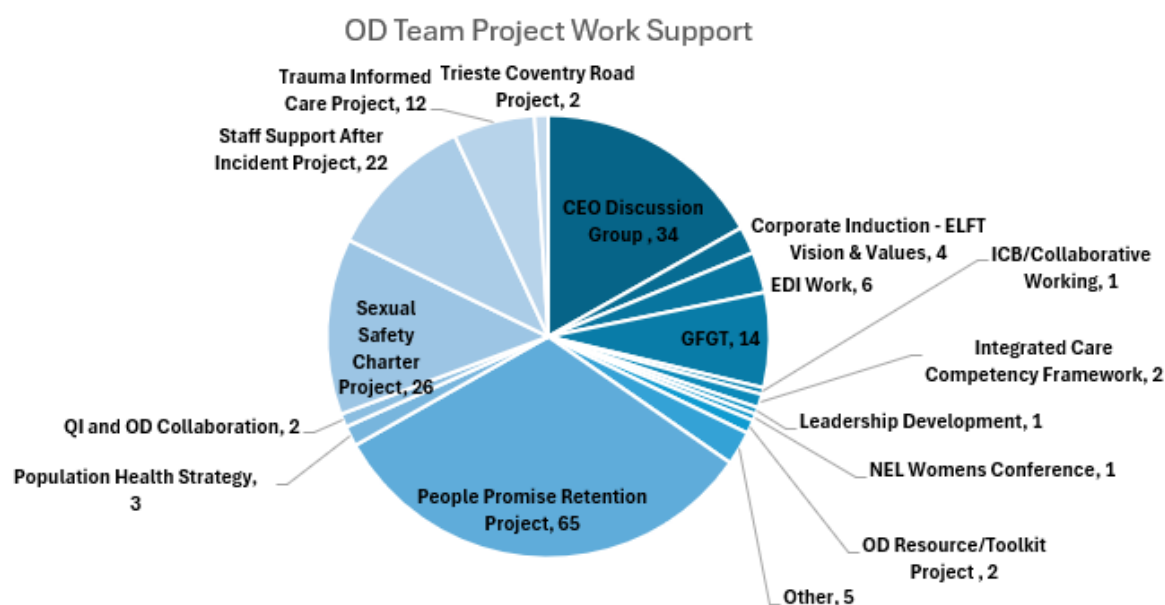
The main themes emerging for this required longer-term support are team dynamics/ conflict/relationship building (40%), lack of psychological safety (16%) and culture (15%).



Given the ongoing financial pressures and the likelihood of having similar financial targets in 2025-2026 continuing, the OD team are witnessing the ongoing impacts to staff morale in OD development days with teams. One example of this were four OD sessions with a community team who shared very strong feelings of frustration, being overwhelmed and demoralised. Staff shared they are trying to manage an unsustainably high workload, and this is having a significant impact on them as individuals (burnout and extreme stress), and they were at 'breaking point.' Feedback received from the OD sessions was that staff really appreciated the time and space to share with each other and were appreciative that the issues were not just isolated to one team. The OD team provided detailed feedback to the senior leadership team who were aware of the issues but were profoundly impacted by hearing in detail the impact of these pressures on the team. The leadership team have implemented open forums to meet with staff regularly to discuss these issues and show increased visibility and transparency on the challenges. The OD team will be providing further OD sessions to support the wellbeing and identify ways to support the team going forward.

The OD team have also observed an increase in OD support requests from teams to address EDI concerns within teams, i.e. racism. The OD team are working with the head of equality, diversity & inclusion at the Trust and people business partners to discuss these concerns further and explore what support is available for the OD team to facilitate these complex conversations (either internally or externally) and are working to identify ongoing projects to support any ongoing anti-racism work.

As well as the OD resources tool kit being available on the intranet to support and empower teams to lead their own non-complex away days, the OD team is also working closely with the non-pay GFGT workstream to design a GFGT change pathway to support staff and managers through the whole change journey, linking in with people relations, learning and development and wider corporate teams. The OD Team has also supported ELFT on several Trustwide projects throughout 2024-2025 as detailed below:



## People Relations

The employee relations (ER) case load across the Trust has remained high throughout 2024-2025 with 46% of the cases being disciplinarys. There has been a slight increase in dignity at work cases in 2024-2025.

A review of the disciplinary cases that progressed to a formal stage in 2024-2025 has shown a significant reduction to previous years. In 2023-2024 there were 144 cases that entered the formal stage against 68 in 2024-2025. The total number of cases logged in the year has remained constant at 154 to 159. This indicates that informal resolution is effective but further work can be undertaken to review the timeliness of the informal resolution to reduce the length of time cases remain open. In addition, the fair treatment process (FTP) was 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 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 5.75:1. This has increased since 2023-2024.

Deep dives were undertaken in eight of the localities to discuss long standing cases, in particular disciplinary cases. Strategies and actions were put in place to ensure cases were concluded in a reasonable timeframe. Where possible, options of alternatives will be explored with the service, i.e. process review, training, informal resolution, or agreed outcomes. This work is being monitored in a monthly ER meeting with service directors supported by the people relations advisor and senior people relations adviser.

A formalised escalation process is being developed to support the people relations team to escalate internally and through the management structure when cases are not progressing in a timely manner. The intention is that this will assist in highlighting delays and challenges at an earlier stage and subsequently enable strategies to be put in place at an earlier opportunity.

Following successful investigating officer training in January 2024, the Trust has run a further four internal training sessions. Since January 2024, the Trust has trained 73 investigators available to undertake formal investigations. The HR skills for managers training was reviewed and updated following feedback from managers. It has been reconfigured to modular sessions. In addition, commissioning manager training, chair of hearing training, and maintaining high professional

standards (MHPS) case investigator training has been delivered. Recorded sessions of these trainings will be made available to managers via ELA.

The people relations team have started sickness deep-dives which commenced as part of the GFGT work to reduce sickness absence. The deep dives are locality led and the senior triumvirate (Service Director; Borough Lead Nurse and Clinical Lead) identifies who will be present to ensure senior oversight and accountability. The deep dives provide an opportunity to explore themes of absence as well as developing and monitoring sickness management plans. If themes are identified, the locality leadership team and people business partner can work together to develop actions to reduce sickness occurring.

To support the monitoring of the deep dives and their progress a pro-forma has been introduced to capture key outputs for the reviews and to enable future reporting.

## 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 Trustwide 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.

## Speaking Up

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. Speaking up about concerns at work is important as it supports improving the working environment and is essential for learning and continuous improvement. Speaking up and listening well supports equity, diversity and inclusion, and supports ELFT's commitment to the NHS People Promise.

The ELFT Speaking Up strategy, launched this year, outlines the Trust's commitment to improving the experience of our people. It shares all the routes available and the many internal process and policies to support individuals with speaking up.

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 Director/Service Director
- Professional Lead
- Raise an incident via InPhase
- Speak to the people and culture team
- Speak to their union/union representative.

## Freedom to Speak Up (FTSU)

If colleagues 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, 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, patient safety, worker safety or worker wellbeing.

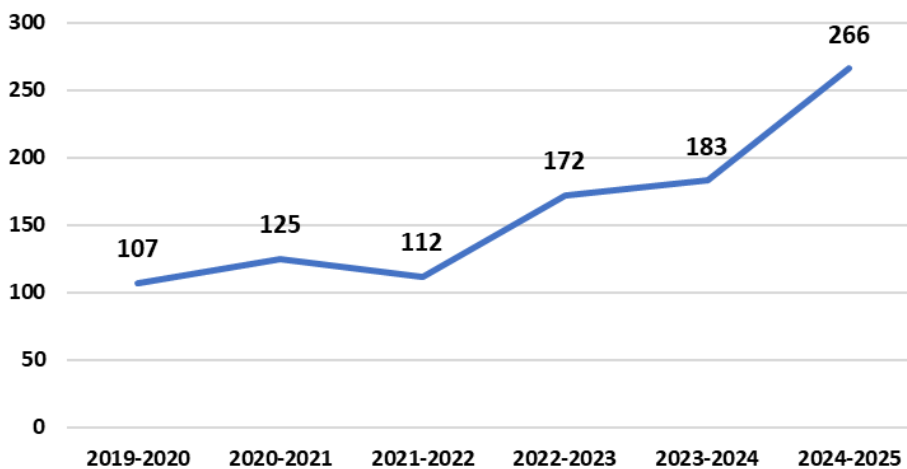


The Trust appointed to the FTSUG role in October 2017 and implemented the standard integrated policy which was adopted in line with recommendations of the review by Sir Robert Francis into whistleblowing in the NHS. The new FTSU policy for the NHS (national policy) was implemented by ELFT in November 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

266 concerns were raised with FTSU between 1 April 2024 to 31 March 2025. Depending on the nature of the concern raised, they are generally escalated to the directorate leads and/or the people & 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.

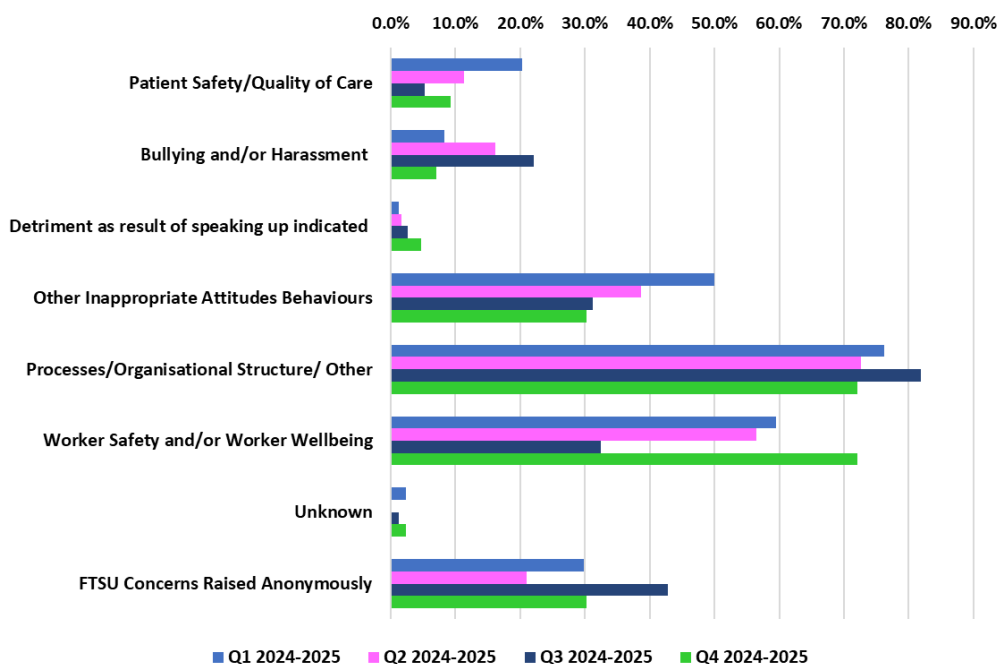
#### Number of FTSU Concerns Raised Yearly



### FTSU Concerns Broad Themes

76.3% of FTSU concerns raised related to the broad themes of processes/organisational/structure/other. 53% related to worker safety and/or worker wellbeing and 38.7% related to other inappropriate attitudes and behaviours.

#### % of FTSU Concerns Relating to Broad Themes - Quaterly 2024-2025



*\*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 via FTSU**

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

If colleagues wish to get advice or raise your concern via Freedom to Speak Up, they can:

- Email the FTSUG via the confidential inbox: [elft.freedomtospeakup@nhs.net](mailto:elft.freedomtospeakup@nhs.net)
- Call the FTSUG directly on 07436 027388
- Complete the [Online FTSU referral form](#)
- Complete a [FTSU MS form](#) where staff can share an experience, suggest an improvement or raise a concern anonymously if they so wish.
- 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 and can also seek advice on whistleblowing concerns via *Protect – Speak Up, Stop Harm* (<https://protect-advice.org.uk/>) and from their union representative if a member of a Trade Union.

Depending on the nature of the concern raised, feedback and outcomes of the exploration of the concerns raised are given via the FTSUG, 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.

## **2024 NHS National Staff Survey**

The national NHS staff survey 2024 took place during October 2024 to November 2024. As with previous years, we used the provider Picker to conduct the survey. The Trust undertook an extensive campaign to promote the benefits of the staff survey and repeated all the initiatives from the previous year, as well as:

- A video from service users explaining why it is important to them that staff complete the survey
- The wellbeing team visited the Trust's main sites and linked with the people promise webinars
- The communications team launched a comprehensive strategy to promote the 2024 staff survey.

A 'you said, we did' campaign was also communicated to staff as detailed below:



The 2024 ELFT national staff survey results are highlighted below.

7767 Invited to complete the survey	7530 Eligible at the end of survey	33% Completed the survey (2487)	51% Average response rate for similar organisations	42% Your previous response rate
65% q25c. Would recommend organisation as place to work	<b>Comparison to 2023**</b> 		<b>Comparison with average**</b> 	
62% q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation				
79% q25a. Care of patients/service users is organisation's top priority				

Three questions are significantly better than in 2023; 54 questions were not significantly different; and 43 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.

Top 5 scores vs Organisation Average	Org	Picker Avg
q23a. Received appraisal in the past 12 months	91%	87%
q25b. Organisation acts on concerns raised by patients/service users	78%	74%
q3e. Involved in deciding changes that affect work	56%	53%
q25a. Care of patients/service users is organisation's top priority	79%	77%
q3f. Able to make improvements happen in my area of work	62%	59%

Most improved scores	Org 2024	Org 2023
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	77%	72%
q4c. Satisfied with level of pay	34%	31%
q23a. Received appraisal in the past 12 months	91%	89%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	73%	71%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	41%	39%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q26c. I am not planning on leaving this organisation	52%	60%
q26b. I am unlikely to look for a job at a new organisation in the next 12 months	45%	51%
q4d. Satisfied with opportunities for flexible working patterns	62%	68%
q6c. Achieve a good balance between work and home life	56%	61%
q6b. Organisation is committed to helping balance work and home life	54%	58%

Most declined scores	Org 2024	Org 2023
q25c. Would recommend organisation as place to work	65%	71%
q26a. I don't often think about leaving this organisation	42%	48%
q26c. I am not planning on leaving this organisation	52%	58%
q2b. Often/always enthusiastic about my job	68%	73%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	62%	67%

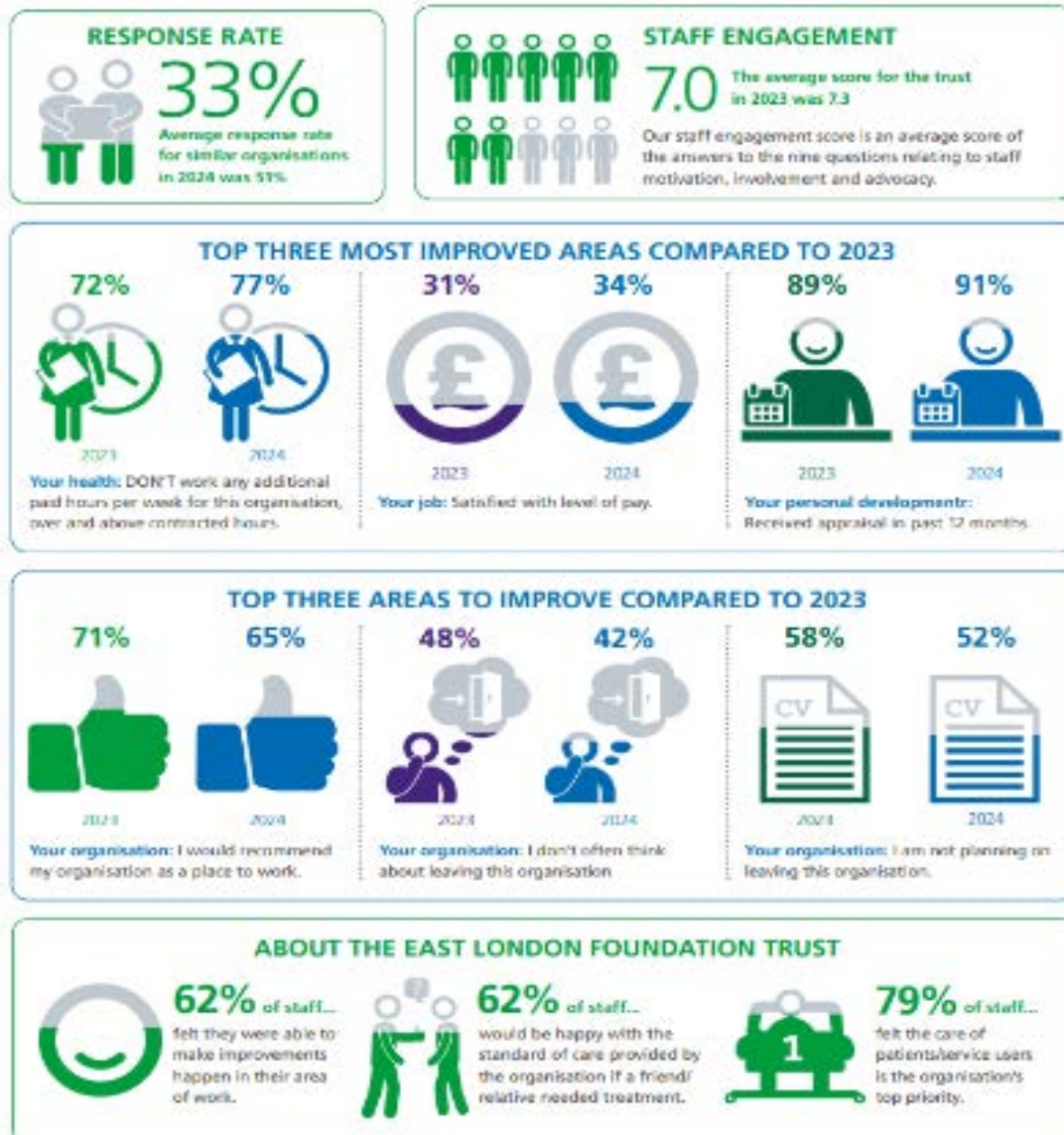
Tables are based on absolute % differences; not statistical significance



## EAST LONDON NHS FOUNDATION TRUST

### National Staff Survey 2024

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.

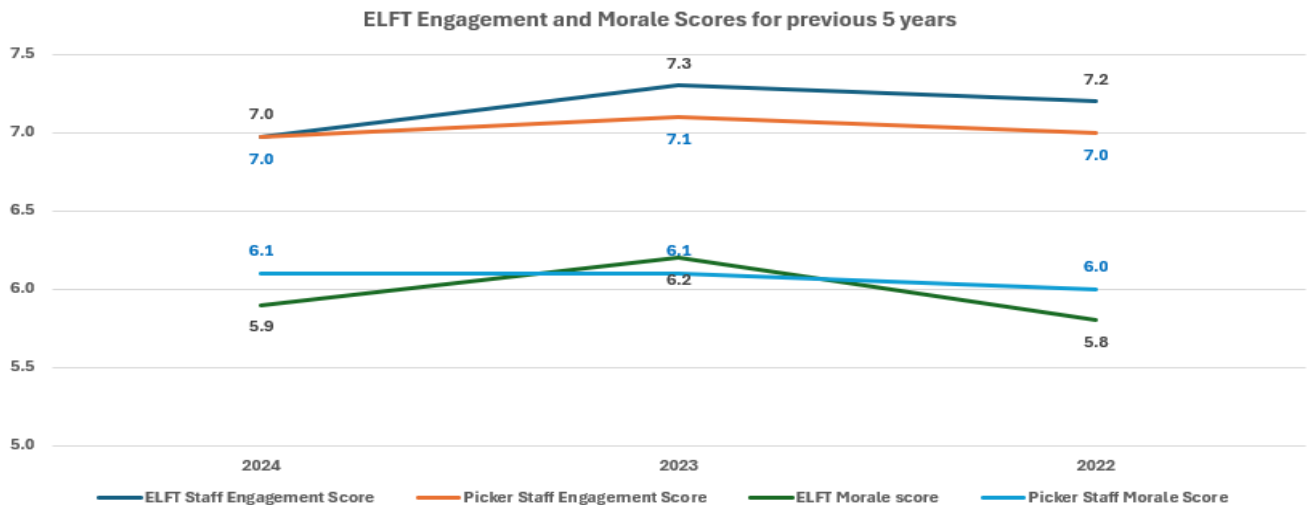


The overarching themes emerging for improvement from the 2024 NHS staff survey are:

- Staff retention
- Flexible working and work-life balance: we have started work on a flexible working campaign including the setting up of an ELFT Flexible Working Group and a flexible working hub on the intranet. The aim of this is to increase awareness and understanding of flexible working opportunities at the Trust, making flexibility in working patterns more accessible for staff.
- We are safe and healthy: The Trust has signed up to the NHSE Sexual Safety Charter and has recently launched Operational Cavell to support our staff to have the right to be safe and feel supported at work. As signatories to this Sexual Safety Charter, we are committed to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

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.

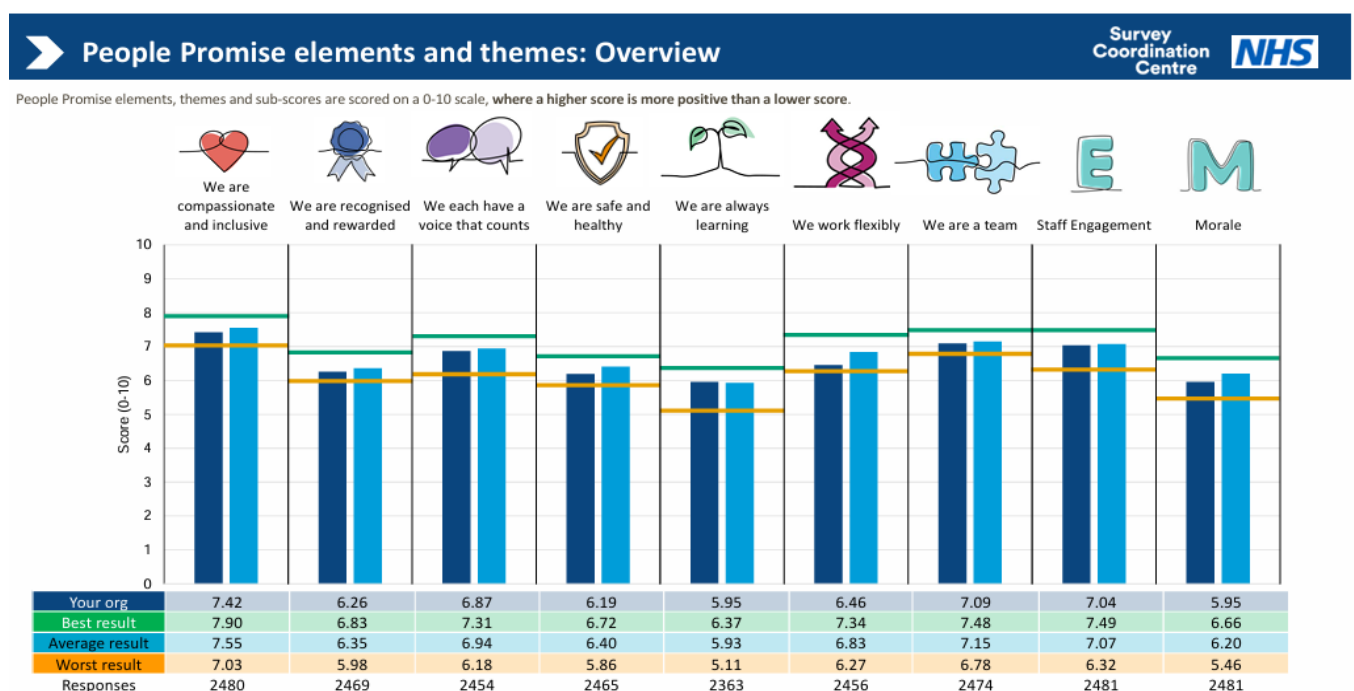
The run charts show the ELFT staff survey engagement and morale scores over the past three years compared to the Picker average. The Picker average for 2024 was the same as the Trust's engagement score (7.0) and ELFT's morale score was slightly lower than the Picker average for 2024 (5.9 compared to 6.1).



Staying with the comparison against other trusts, all 119 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 and morale.

Across the nine People Promise questions, for the most part, the Trust response is either similar to the national average or slightly lower. In one element however, the Trust is slightly above the average result for 'we are always learning.'





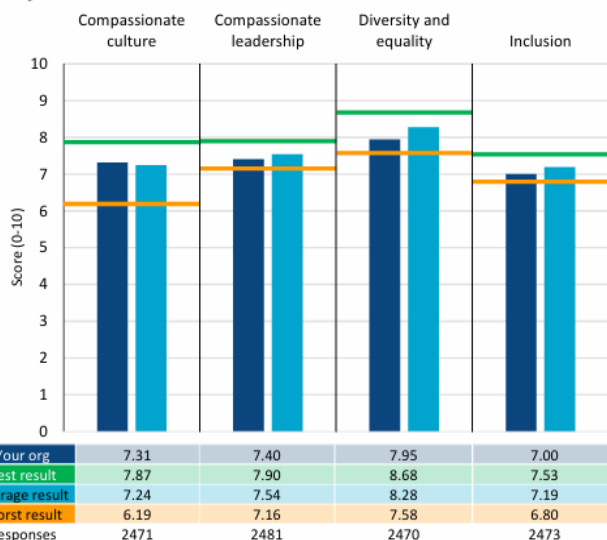
**People promise element 1: We are compassionate and inclusive:** The diversity and equality, the inclusion indicators and compassionate leadership for ELFT are all below the average whilst the remaining indicator (compassionate culture) is higher than the national average, respectively.

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

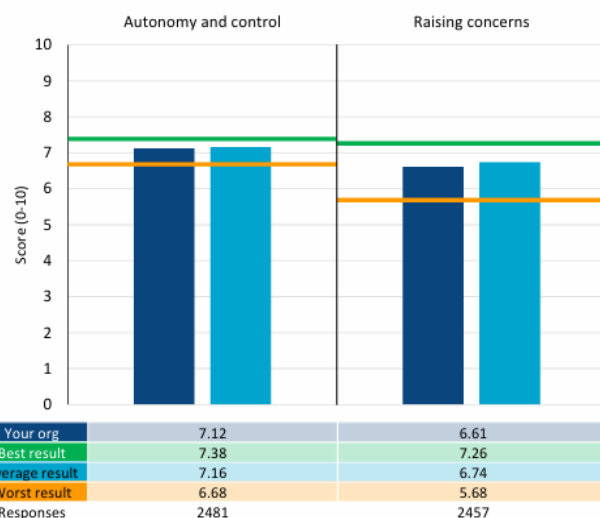
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### Promise element 1: We are compassionate and inclusive



#### Promise element 3: We each have a voice that counts



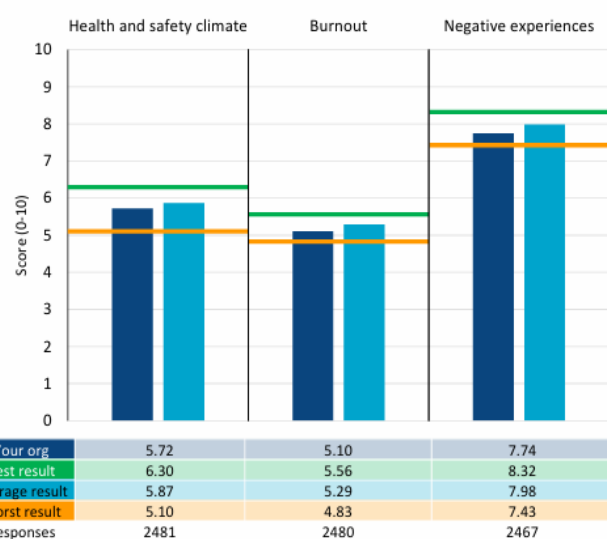
**People promise element 4: We are safe and healthy:** For all elements of the we are safe and healthy element, for health and safety climate, burnout and negative experiences the Trust is below the national average.

**People promise element 5: We are always learning:** For the development indicator, the Trust is below average, but slight above average for the appraisal indicator.

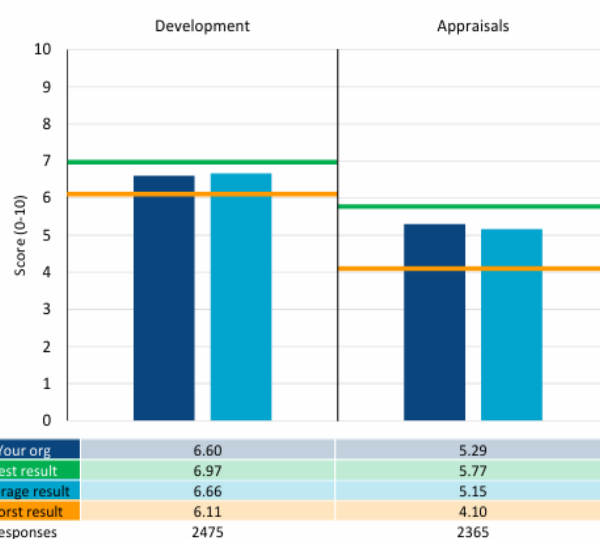
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



#### 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 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 slightly below 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.



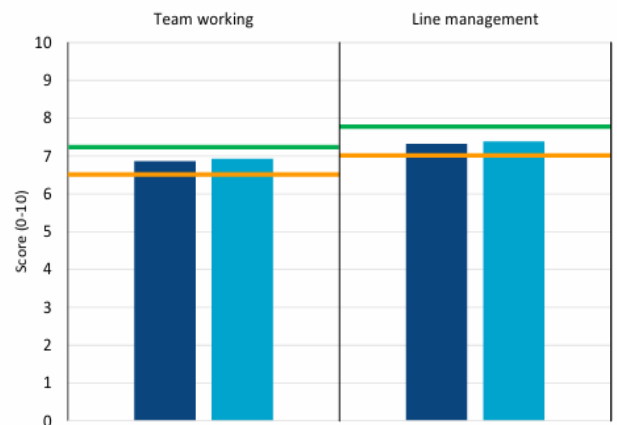
#### Promise element 6: We work flexibly



Your org	6.51	6.41
Best result	7.35	7.41
Average result	6.84	6.84
Worst result	6.33	6.18
Responses	2480	2459



#### Promise element 7: We are a team



Your org	6.86	7.32
Best result	7.23	7.78
Average result	6.92	7.39
Worst result	6.51	7.02
Responses	2475	2480

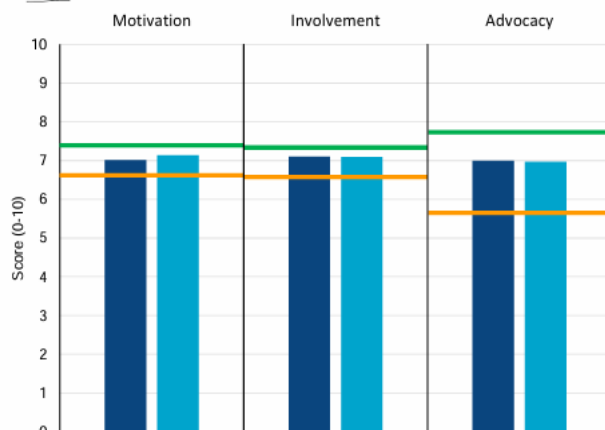
**Staff engagement:** There are three indicators for staff engagement (motivation, involvement and advocacy). The Trust is above the national average for involvement and advocacy but below the national average for motivation.

**Morale:** In terms of all three indicators (thinking about leaving, work pressure and stressors) for staff morale, the Trust is below 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.



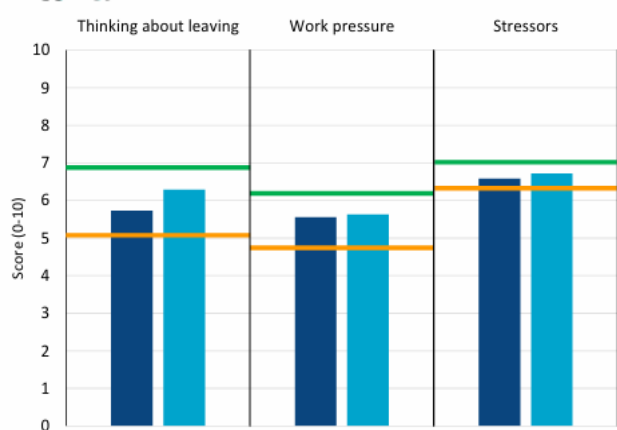
#### Theme: Staff engagement



Your org	7.01	7.10	7.00
Best result	7.39	7.34	7.73
Average result	7.14	7.09	6.96
Worst result	6.62	6.58	5.65
Responses	2447	2481	2471



#### Theme: Morale










Your org	5.72	5.55	6.58
Best result	6.88	6.19	7.02
Average result	6.29	5.62	6.72
Worst result	5.07	4.74	6.33
Responses	2473	2481	2471

We are currently in the process of drafting a 2025-2026 ELFT staff engagement plan to address these concerning staff survey and engagement scores. This plan will incorporate the ELFT People Plan, NHS People Promise, ELFT leadership behaviours framework and team health bundle, current and planned engagement forums/methods and the ELFT People Promise bundle, etc., as well as the ongoing work including career experience conversations, Trialog/supervision, team-based rostering, Sexual Safety Charter, etc.

The Trust will undertake the NHS health and wellbeing framework: organisational diagnostic tool to self-assess ELFT against each element of the framework. The seven elements of the NHS health and wellbeing model include improving personal health and wellbeing, profession wellbeing support, data insights, environment, managers and leaders, fulfilment at work, relationships.

We will then develop an ELFT staff engagement framework inclusive of our ELFT values and detailing the different element of the framework, i.e. health and wellbeing initiatives, flexible working, staff feedback/voice element, reward and recognition, EDI, professional development, governance, developing our people leaders.

A summary of retention and engagement initiatives in line with the People Promise elements and linked in with the 2024 national staff survey scores that are ongoing are detailed below:

People Promise Activity					NHS East London NHS Foundation Trust	
looking to improve retention and overall people experience						
People Promise Element	What this means at ELFT	2024 Staff Survey - People Promise Score (the max is 10 & lowest is 0)	What has happened / is happening	Engagement activity & plans:		
 Personal and professional development, leadership development, apprenticeships, quality improvement.	All personal and professional development, leadership development, apprenticeships, quality improvement.	5.9 - linked to development and appraisals (2023 score 6.2)	<ul style="list-style-type: none"> <li>Re-launch of ELFT lead</li> <li>Revision of appraisal cycle</li> <li>Launch of career experience conversation</li> </ul>	<ul style="list-style-type: none"> <li>People Promise Champion programme live – applications remain open</li> <li>QI project underway: about improving awareness and understanding of and engagement with the People Promise. We now have service user involvement too.</li> <li>Wellbeing strategy being revised – incorporating People Promise and sustainability.</li> <li>Online and print people promise 'bundle' resources continuously evolving. Z-cards sent to all clinical b3&amp;4s and intranet page being refined.</li> </ul>		
 Support following incidents, workplace adjustments, support for lone workers	Support following incidents, workplace adjustments, support for lone workers	6.2 - linked to health and safety climate, burnout and negative experiences (same score as last year)	<ul style="list-style-type: none"> <li>Launch of Operation Cavell / PeopleSafe App</li> <li>Reasonable adjustment project</li> <li>Sexual Safety Charter activity</li> <li>Promotion of support following safety incidents</li> </ul>			
 Salary deduction schemes, NHS discounts, staff awards / employee & team of the month, NHS pension	Salary deduction schemes, NHS discounts, staff awards / employee & team of the month, NHS pension	6.3 – linked to recognition opportunities (2023 score 6.4)	<ul style="list-style-type: none"> <li>Launch of new informal recognition platform</li> <li>Revision of staff awards</li> </ul>			
 Types of flexible working, manager and staff support, awareness and access to flex	Types of flexible working, manager and staff support, awareness and access to flex	6.5 - linked to support for work life balance and flexible working (2023 score 6.7)	<ul style="list-style-type: none"> <li>Flexible working group meeting monthly</li> <li>Moving to record flexible working outcomes on ESR</li> <li>Bank of staff case studies on the intranet</li> <li>Flexible working workshops for managers in progress</li> </ul>			
 Staff survey and pulse surveys, speaking up strategy and FTSU	Staff survey and pulse surveys, speaking up strategy and FTSU	6.8 - linked to autonomy and control and raising concerns (2023 score 7.1)	<ul style="list-style-type: none"> <li>New exit questionnaire</li> <li>Launch of new speaking up strategy</li> <li>Staff survey / people promise posters developed</li> <li>New National Quarterly Pulse Survey</li> </ul>			
 Staff networks, OD support and away day toolkit, healthy team bundle	Staff networks, OD support and away day toolkit, healthy team bundle	7.1 - linked to team working and line management (2023 score 7.2)	<ul style="list-style-type: none"> <li>Launch of away day toolkit</li> </ul>			
 Emotional / wellbeing support, supervision, leadership behaviours.	Emotional / wellbeing support, supervision, leadership behaviours.	7.4 - linked to compassionate culture, compassionate leadership, diversity and equality and inclusion (2023 score 7.6)	<ul style="list-style-type: none"> <li>Managers encouraged to use TRIALOG as wellbeing conversation</li> <li>Service user now involved in People Promise / Wellbeing work a part of QI project</li> </ul>			

## National Quarterly Pulse Survey (NQPS)

The NQPS survey is completed in the months of January, April and July each year (skipping the national staff survey quarter) and replaces the old Friends & Family Test (FFT). The nine core questions are mandated and are reported to NHSE. The last NQPS survey ran during January 2025:

- The Trust received a response rate of 11% (2% lower than the Trust's previous quarter response rate, and 8% lower than that of the Picker average response rate of 19%)
- Corporate and Bedfordshire CHS yielded our highest response rates, 21% and 18% respectively
- Our bank response rate was the lowest at 5%
- The Trust response, consisting of 940 completed surveys, yielded positive scores of 60% or higher on eight of the nine core questions.

The scores for the two staff friends and family questions were:

- 61.6% of staff would recommend the Trust as a place to work (down from last quarter's 65.6%)
- 61.6% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (slightly down from last quarter's 63.5%).

The Trust's NQPS staff engagement score is 6.85 (slightly down from last quarter's 6.94) and higher than that of the Picker average engagement score of 6.62.

## 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 three 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 2025 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.

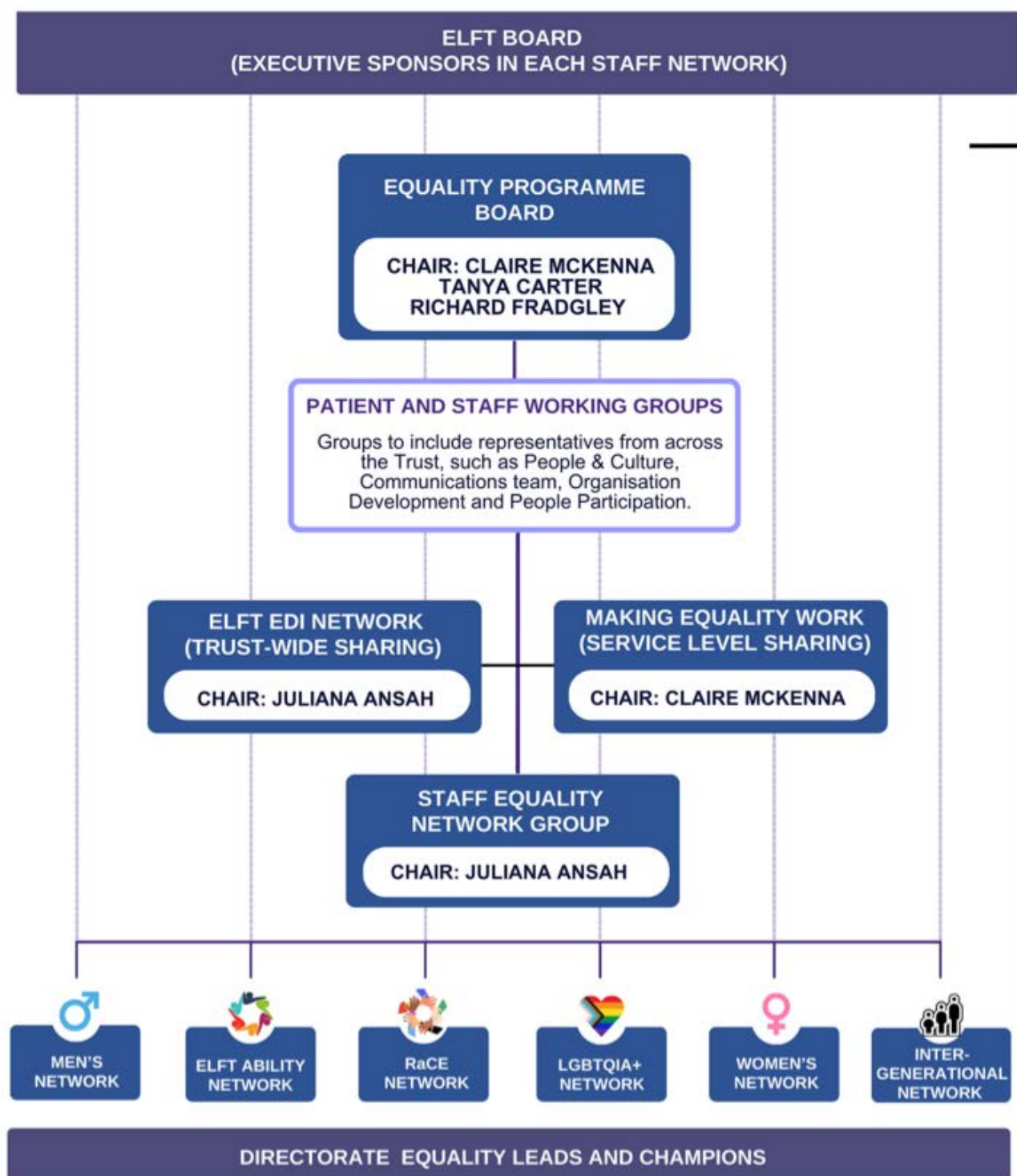
## Going Forward

In 2025-2026, the Trust's people plan will continue to aim to achieve the following:

- Create and roll out a Trustwide engagement plan to improve engagement with our staff and to improve the staff survey response rates.
- Build on the use of ELA, 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
- Evaluate the effectiveness of the workshops on Antisemitism, Islamophobia and Xenophobia and to outline a plan for the coming year
- Continue to support the journey of being a Marmot Trust and an anchor organisation
- Continue to expand the organisational development and leadership 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 2024 Insights

The Workforce Race Equality Standard (WRES) is a national framework designed to address inequities and ensure employees from Black and Minority Ethnic (BME) backgrounds have equal opportunities and fair treatment.

In 2024, ELFT submitted its workforce data to the National Workforce Equality Team. Unlike previous years, no data was requested for the Medical Workforce Race Equality Standard (MWRES) or Bank Workforce Race Equality Standard (BWRES).

## Summary of Findings

- Metric 1: 57% of our workforce are BME, almost double the national NHS average of 29%. Representation increased across all bands except for Medical and Dental Trainees, whose recruitment is managed externally
- Metric 1: BME staff were disproportionately represented in Band 1-4 (clinical and non-clinical) and Band 5-7 (clinical roles)
- Metric 2: ELFT ranked in the top 15% nationally in the relative likelihood of BME staff appointment following shortlisting, compared to white staff
- Metric 3: The likelihood of BME staff entering formal disciplinary processes decreased (2.9 to 2.11)
- Metric 7: Equity gaps in career progression improved, with metric 7 (equal opportunities for career progression or promotion) halving its equity gap from 15.1% in 2023 to 7.5% in 2024
- Metric 9: ELFT ranked in the bottom 10% nationally for the gap in BME representation at Band 8c VSM compared to the overall workforce.

In 2024, although the overall number of disciplinary cases increased again for both white and BME staff increased, the relative likelihood of BME staff entering disciplinary compared with white staff has decreased. At 2.11, this metric remains a priority area for the Trust, as this was almost double the national average of 1.09. The aim is to achieve equity with a relative likelihood of 1. To aid this, we have promoted fair investigation processes by reviewing the pool of trained investigative officers and assessing their ethnic breakdown. Since January 2024, 73 newly trained investigators joined the pool, 45% of whom are from BME backgrounds.

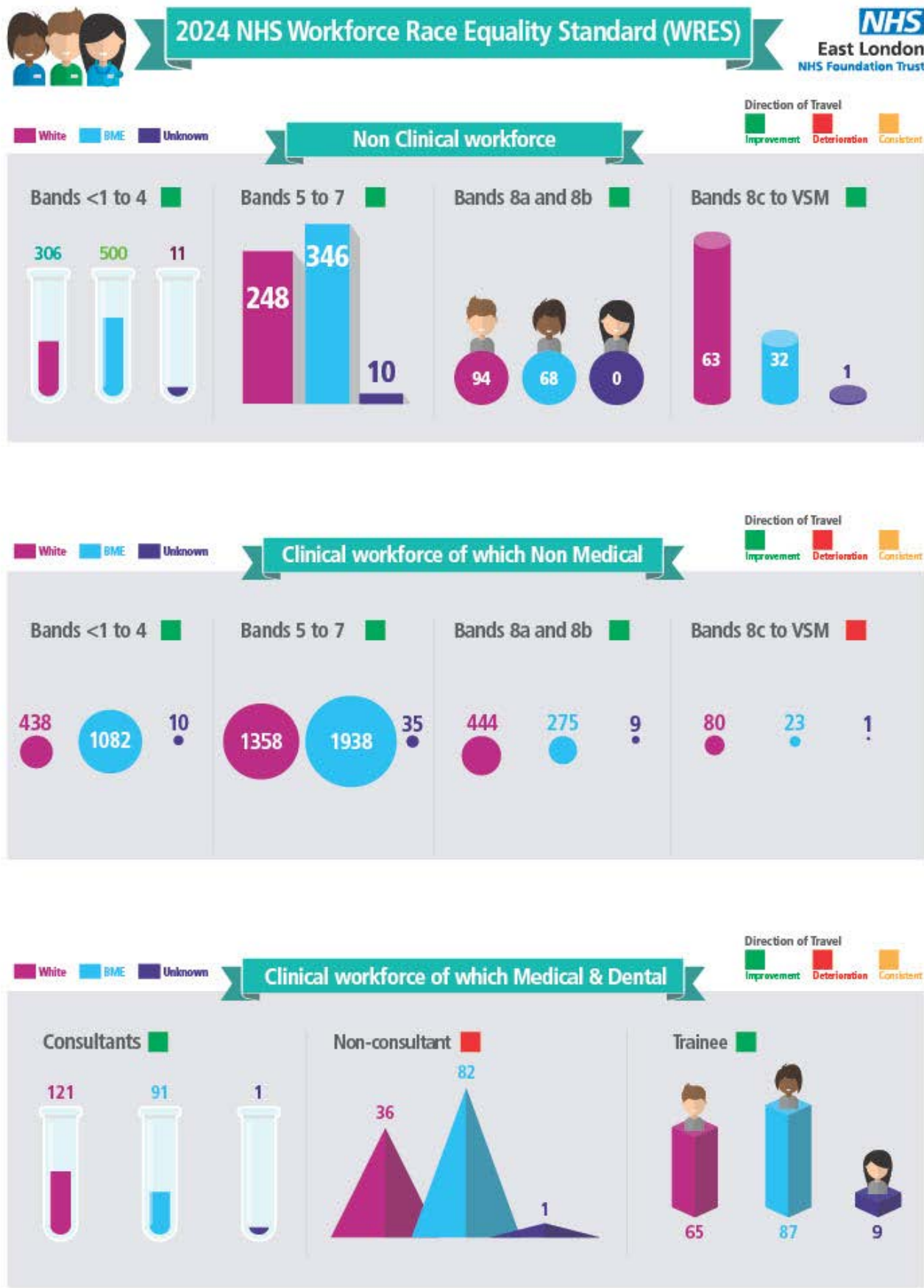
Through formal and informal reporting mechanisms (such as the dignity at work policy, FTSU, the anonymous raising concerns inbox and bullying and harassment advisers), people and culture, and our FTSU Guardian review reports of incidents and report these to Board. The FTSU Guardian also reports equity themes to the staff network leads and Equity Programme Board to ensure alignment of initiatives and effective addressing of concerns. Next steps include introducing enhanced training and support mechanisms for managers to mitigate unconscious bias in disciplinary decisions.

Another priority is career progression for non-clinical roles, by addressing barriers to progression from lower bands to senior levels for BME staff. Through expanding mentoring and sponsorship programs for BME staff, the Trust aims to increase BME representation at senior levels.

We will also continue to address and reduce incidents targeting BME staff, particularly for metric 5: harassment, bullying or abuse from patients, relatives or the public. In addition to embedding cultural competency learning and strengthening cultural awareness amongst staff, we will launch targeted campaigns and provide additional resources to support BME staff who experience harassment or bullying.



2024 NHS Workforce Race Equality Standard (WRES) Infographic





## 2024 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Direction of Travel  
Improvement Deterioration Consistent

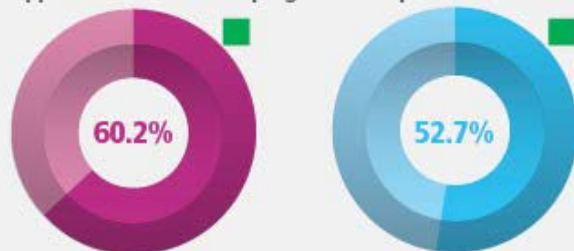
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



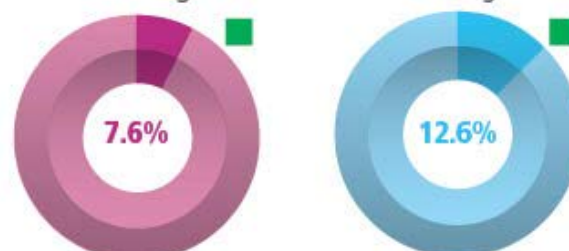
% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% 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 2023 Staff Survey*



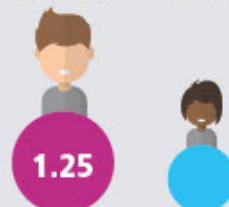
## 2024 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

### Likelihood of staff being appointed from shortlisting across all posts

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

The gap in likelihood has narrowed from 2023 - 2024

White BME Unknown

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

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

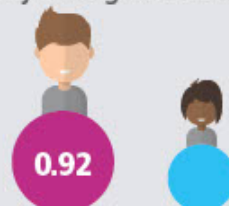
The gap in likelihood has narrowed from 2023 - 2024

White BME Unknown

### Relative likelihood of staff accessing non-mandatory training and CPD

Direction of Travel  
Improvement Deterioration Consistent

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



**Improvement**

The gap in likelihood has been consistent from 2023 - 2024



## 2024 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

### Board Representation

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



## Workforce Disability Equality Standard (WDES)

### WDES 2024 Insights

The Workforce Disability Equality Standard (WDES) measures and addresses disparities in workplace experiences between Disabled and Non-Disabled staff. As a Level 2 Disability Confident Employer, ELFT are committed to inclusive recruitment and accessibility. The Trust has partnerships with Purple Space, providing professional development resources for disabled staff, and Business Disability Forum, which delivers person-centred support to our workforce.

ELFT submitted its WDES data to NHSE in 2024 on time.

### Summary of Findings

- Metric 1: In 2024, 7.5% of ELFT staff declared a disability, up from 7.3% in 2023
- Metric 1: The percentage of disabled staff increased in most bands, except non-clinical Band 5-7 and Band 8C-VSM (clinical and non-clinical)
- Metric 3: The relative likelihood of disabled staff entering the formal capability process improved, dropping from 11.65 in 2023 to 3.82 in 2024

- Metric 4a-4c: The percentage of disabled staff experiencing harassment, bullying or abuse from patients, managers or other colleagues reduced in 2024 by an average of 5.37%
- Metric 7: The percentage of disabled staff satisfied with how the organisation values their work increased, from 43% in 2023 to 49.3% in 2024. The Trust ranked in the top 10% nationally for this metric
- Metric 8: The percentage of disabled staff reporting adequate adjustments increased from 71% in 2023 to 76% in 2024.

The Trust showed progress in reducing equity gaps for metrics 4-6, though further work remains to sustain these positive changes.

Increasing disability declarations in our workforce is a priority to improve metric 1. Promoting self-disclosure through the employee staff record (ESR) at induction and periodically thereafter is key, especially for neurodivergent conditions and hidden disabilities. It is estimated that 15-20% of the workforce is neurodivergent. By leveraging awareness campaigns and staff networks to encourage open conversations about disability, increasing disability declarations will support metrics on representation and capability process equity. In addition to encouraging self-disclosure for existing staff, we aim to enhance inclusive hiring practices to ensure fair outcomes for disabled applicants, building on our existing work as a Disability Confident Level 2 Employer. Our action plan to achieve Disability Confident Level 3 (Leader) accreditation by March 2026 will align directly with WDES reporting and actions.

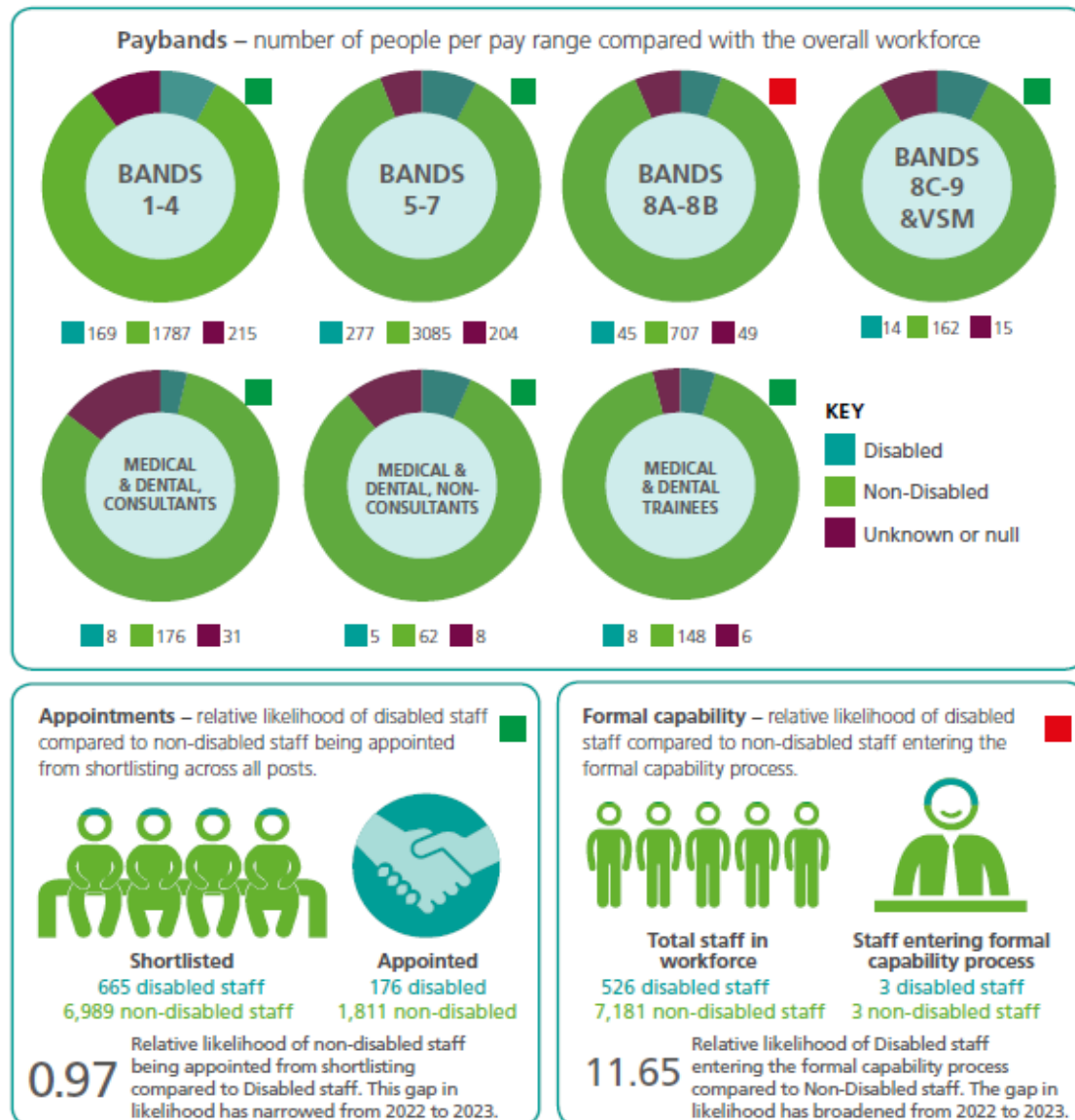
Another priority area identified in WDES reporting is to continue reducing the disparity in disabled staff entering formal capability procedures. Although the metric has seen improvement in 2024 at 3.82 compared to 11.65 in 2023, this is still above the national average of 2.22. To address this, we have provided targeted training for managers on unconscious bias and neurodivergence. Our reasonable adjustments guidance and flexible working policies have been updated. We will continue to enhance early support and reasonable adjustments in a consistent, timely manner to prevent escalation to capability processes.



# 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.

Direction of Travel  
Improvement Deterioration Constant



In 2025, the Trust will work to deliver the following:

- Implement and deliver the patient and carer equity 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, ethnicity and disability pay gap
- Deliver the identified actions in the NHSE sexual safety charter, including addressing violence against women and girls
- Measure the impact of established EDI action plans.



## ELFT's Workforce Equity Plan

The workforce equity plan underpins the Trust strategy, the people plan and the equity, diversity and human rights policy. Using an intersectional approach, the Trust aims to create a workplace where all staff feel valued, respected, and empowered to thrive. We recognise that staff often hold multiple protected characteristics, such as race, gender, disability, age and sexual orientation. By addressing intersecting identities and the unique challenges they present, the Trust seeks to ensure its initiatives are inclusive and responsive to the diverse needs of its workforce through an all-inclusive, collective approach.

## Staff Equity Networks

ELFT is proud to host five staff Equity Networks: Men's, Women's, RaCE (Race and Cultural Equity), ELFT Ability (supporting disabled staff), and LGBTQIA+. These networks serve as essential platforms for dialogue, advocacy, and peer support, amplifying the voices of underrepresented and marginalised groups across the organisation.

Each network is sponsored by a member of the Executive team, ensuring their insights and concerns are reflected in strategic decisions and organisational policy. This collaborative structure strengthens ELFT's commitment to equity and inclusion, enabling staff to actively influence workplace culture, challenge systemic barriers, and help shape inclusive practices at every level.

### Closure of the Intergenerational Network

The Intergenerational Network, launched in 2022, was one of only two of its kind across the NHS. It was established in recognition of the diverse work experiences shaped by age and generational identity. The network played a key role in influencing the "age" EDI NHS workforce action plan, developed by NHSE's national transformation team.

Although the network formally closed in 2024, its legacy continues through the Trust's focus on age inclusion. Insights from the network have informed our wellbeing offer and contributed to embedding age-related considerations into the Trust's broader intersectional approach. Understanding the varied needs of different age groups remains an important part of our commitment to an inclusive, equitable workplace.



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

The LGBTQIA+ Staff Network plays a vital role in promoting inclusion, visibility, and equity for LGBTQIA+ colleagues across ELFT. It provides a safe and supportive space where staff can share experiences, raise concerns, and connect with others who understand their identities and lived realities.

In 2024, the network continued to advise the Trust on the development of inclusive policies and services, while also organising events and initiatives to raise awareness of LGBTQIA+ issues across the organisation.

The network is committed to increasing understanding of LGBTQIA+ inclusion and empowering colleagues across the Trust to become active allies. Through its work, the network helps shape a more inclusive culture where all staff, regardless of sexual orientation, gender identity, or expression, feel respected, valued, and able to thrive.



## 2024 Highlights – LGBTQIA+ Network

- Following the LGBTQIA+ network conference in February 2024, monthly membership steadily increased, reflecting growing engagement and visibility across the Trust
- A dedicated online safe space for neurodivergent LGBTQIA+ staff was launched in partnership with the ELFT Ability Network. The space has been well-attended and continues to offer vital peer support
- The network's weekly safe space sessions have grown in popularity, remaining a cornerstone of its support offer and fostering a strong sense of community
- A Pride planning working group was established with a renewed emphasis on accessibility and inclusion. Plans for 2025 include ELFT's participation in London Pride with an open-top double-decker bus to ensure visibility and representation
- In collaboration with the RaCE Network, the Trust hosted a joint stall at UK Black Pride, further strengthening intersectional advocacy
- ELFT improved its ranking in the 2024 Stonewall Workplace Equality Index, moving from 210th in 2023 to 156th out of 256 participating organisations. The Trust was awarded a Bronze Award in recognition of this progress.

## UK Black Pride 2024

ELFT attended and hosted a stall at UK Black Pride 2024 at Queen Elizabeth Olympic Park in Stratford on Sunday 11 August. The theme of the world's largest Pride celebration for LGBTQIA+ people of diverse ethnic backgrounds was "Freedom and Justice", embodied in ELFT's t-shirts (co-designed with the RaCE Network) which say, "No one left behind". Our LGBTQIA+ Network Leads, Executive Sponsor and Head of EDI braved the heat to lead ELFT's stall, celebrating diverse sexualities, gender identities, gender expressions and cultures. The day was full of joy, solidarity and empowerment, highlighting the Trust's commitment to meaningfully impact LGBTQIA+ people of the Global Majority.



## London Pride 2024

ELFT marched at London Pride on 29 June 2024. Attended by 80 ELFT staff and their friends and family, ELFT colleagues embraced the parade's theme, "We Are Everywhere", in a joyous celebration of love, equity and diversity. The LGBTQIA+ Network Leads turned out in style with

much laughter, songs and waving of flags, demonstrating the importance of queer joy and sharing this with members.



## ELFT Ability Network

ELFT Ability is 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.

The network is led by disabled staff and those with long-term health conditions, both in agreeing on our priorities, helping organise network events or working on projects within the Trust. ELFT Ability remains committed to making the voices of disabled staff heard and ensuring the Trust continues to grow as an inclusive, supportive workplace.

We are proud to be a pan-disability group who have naturally come together as we want to improve the working lives of disabled staff. Between us, we have a range of disabilities, impairments and health conditions and a wealth of life experiences that come as part of this. Disability doesn't discriminate and as a group, we come from a number of professions and work in different directorates; some are new to the NHS and others are nearing retirement.





## 2024 Highlights – ELFT Ability Network

- ELFT Ability hosted three regular monthly meetings, each designed with a distinct focus:
  - Open forums provided an informal and supportive space for staff to raise concerns, share lived experiences and build connections
  - Learning and development sessions focused on enhancing understanding of disability, accessibility, and inclusion in the workplace
  - Collaborative sessions were held jointly with other staff networks to explore the intersections of disability with other identities and experiences
- The network deepened its focus on intersectionality, with sessions such as Women Who Stammer, exploring how gender and disability interact in the workplace
- In collaboration with the LGBTQIA+ Network, a dedicated online space was launched for neurodivergent LGBTQIA+ staff, which has been well-attended and positively received.
- ELFT Ability contributed to improving accessibility in Trustwide communications and training programmes, ensuring greater inclusivity
- The network continued to support staff in accessing workplace adjustments and provided targeted feedback to the people and culture team to help enhance the reasonable adjustments process
- Laura Pisaneschi, one of the network leads, presented at a Women's Network event on neurodiversity, helping to raise awareness and foster cross-network dialogue
- In support of ELFT's successful accreditation as a Disability Confident Level 2 Employer, the network led a focus group with members to ensure the process was co-produced. ELFT Ability is now working with the EDI team towards achieving Disability Confident Level 3 (Leader) status
- The network contributed to improvements in the Trust's WDES scores, including helping shape the WDES staff survey and embedding an intersectional lens through collaborative work with other networks
- Ongoing engagement with external partners such as Purple Space and the Business Disability Forum helped inform the development of inclusive policies and best practices
- As part of the Trust's international recruitment programme, ELFT Ability helped design and deliver induction sessions that introduced new staff to the purpose and value of staff networks. These sessions, delivered in partnership with other networks, ensure new colleagues feel welcomed, supported, and included from their very first day.



## RaCE and Culture Equity (RaCE) Network

The Race and Culture Equity (RaCE) Network is a key driver of the Trust's commitment to tackling racial inequities and fostering a culturally inclusive workplace. As one of the largest and most active Staff Equity Networks at ELFT, RaCE provides a vital platform for staff from diverse ethnic, racial, and cultural backgrounds to connect, reflect, and advocate for meaningful change.

In 2024, 57% of ELFT staff identified as being from Black and Minority Ethnic (BME) backgrounds. This diversity is a core strength of the organisation and highlights the importance of the RaCE Network in ensuring that the voices, experiences, and needs of racially and culturally diverse staff are heard, valued, and acted upon.

The network plays a strategic advisory role, contributing to the development of inclusive policies, services, and practices across the organisation. Its work spans a broad range of equity themes including race, ethnicity, culture, heritage, religion, and belief, recognising the complex ways in which identity and lived experience shape workplace and service user outcomes.

Throughout 2024, the RaCE Network continued to offer a safe and supportive space for open dialogue, peer support, and collective action. Its activities help to ensure that the perspectives of racially and culturally diverse staff remain central to ELFT's equity, diversity, and inclusion agenda.



### 2024 Highlights – RaCE Network

The RaCE Network remained active throughout 2024, creating supportive, inclusive spaces and fostering cross-network collaboration:

- Building on the success of our monthly 'Food for Thought' sessions, we introduced weekly safe spaces where staff could openly share their thoughts, feelings, and anxieties in response to challenging events both internationally and within the UK
- In August, we hosted an emergency safe space in response to the race-related unrest. This well-attended session provided an opportunity for members to come together, reflect, and offer mutual support
- During Black History Month, the network hosted a series of impactful events:
  - An in-person "Share Your Narratives" coffee morning at Trust Head Office
  - A webinar spotlighting Black leaders in CAMHS
  - A joint webinar with North East London NHS FT's Global Majority Network to conclude the month
  - Plans are underway to build on this successful collaboration in the year ahead
- In October, we also hosted a Jewish Festivals Webinar led by a Jewish Network member, which saw increased staff engagement and attendance
- The RaCE Network was proud to be represented at both the LGBTQIA+ and ELFT Ability Network conferences, strengthening our commitment to intersectional collaboration across Staff Networks
- We were also featured at the ELFT Allied Health Professionals Conference, where Network Lead Annabelle Lambourn, alongside Executive Sponsor Edwin Ndlovu, the Head of EDI, and the Freedom to Speak Up Guardian, presented on advancing diversity in AHP leadership and the wider workforce. There was also a joint Staff Network stall with the RaCE and Women's Network present.



### Women's Network

The Women's Staff Network plays a central role in advancing equity, diversity, and inclusion for women across the Trust. With thousands of women employed across the organisation, the network serves as a key forum for engagement, representation, and empowerment.

The network provides a supportive space where women can share experiences, access resources, and participate in development opportunities. Regular initiatives include monthly educational lunch sessions, group events, and live meetings designed to foster connection, learning, and professional growth.

Throughout 2024, the network continued to inform and support the Trust's broader EDI priorities, including contributions to workforce policies and advocacy for flexible career pathways and inclusive leadership. Its work ensures that the voices and experiences of women remain embedded in the Trust's strategic direction and organisational culture.



## 2024 Highlights – Women's Network

The Women's Network continued to expand its reach and impact in 2024, promoting inclusion, wellbeing, and equity across the Trust:

- The network was represented at the LGBTQIA+ Conference and the Women's Health Conference in October. Network Lead Doris Mc Meel was also interviewed by the BBC during Armed Forces Recruitment Day, where she highlighted the NHS as an inclusive employer for veterans
- Monthly meetings and safe space sessions remained well-attended, including a notable session in August to reflect on the race riots. These gatherings featured open discussions on topics such as breast cancer, domestic and gender-based violence, and menopause. Guest speakers included ELFT Staff Network Leads and Queen's Nurse Award recipients Narenza Dhanasar and Julie Roye
- The network's fortnightly bulletin shared a wide range of resources and events on topics including hormonal and digestive health, burnout prevention, and financial wellbeing.
- Key awareness campaigns were promoted throughout the year, including Cervical Screening Awareness Week in June and the International Day for the Elimination of Violence Against Women in November
- The network supported the Trust's Sexual Safety Charter by working closely with the Sexual Safety Lead and the Safeguarding team to help shape messaging and engagement.
- The Women's Network supported the launch of a monthly Parents & Guardians meeting, with more doctors joining the Women's Network and engaging in network activities.
- For World Menopause Day, the network achieved its highest online turnout to date. In advance of the session, merchandise was mailed to 14 teams to support awareness and participation
- In collaboration with the RaCE Network, we have begun exploring workforce data on career progression to better understand and address the barriers faced by women from racialised backgrounds.



## Men's Network

The Men's Network provides a safe, inclusive, and supportive space for all men across ELFT to connect, share experiences, and build a sense of community. As men make up approximately 25% of the Trust's workforce, the network plays a vital role in recognising and celebrating the unique



contributions men make across our services, while also addressing challenges specific to men's health and wellbeing.

The network focuses on raising awareness of key issues affecting men, including mental health, physical wellbeing, stigma, and help-seeking behaviours. Through interactive, engaging, and educational initiatives, the network aims to empower men to take an active role in managing their health and to foster open conversations in the workplace.

In 2024, the Men's Network entered a new phase of development, appointing a new Network Lead and gaining senior sponsorship from our Chief People Officer, Tanya Carter. With renewed leadership and strategic backing, the network began its scoping work to better understand the priorities, concerns, and aspirations of ELFT's male workforce.

Early engagement activities have included informal listening sessions and planning workshops designed to shape a responsive, inclusive agenda. While the network is still in its early stages, its long-term ambition is to contribute meaningfully to ELFT's equity and wellbeing agenda by supporting men across all backgrounds, roles, and identities—including those with intersecting experiences related to race, sexuality, disability, or age.

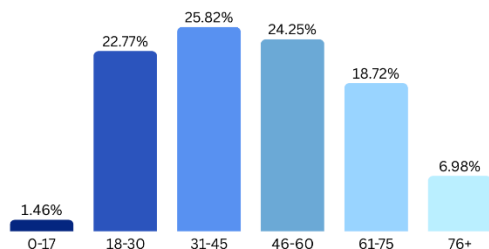
Looking ahead, the Men's Network aims to deliver targeted initiatives in 2025, such as health awareness campaigns, peer support groups, and collaborative events with other Staff Equity Networks. The Trust remains committed to enabling the network to thrive as part of our broader commitment to an inclusive workplace for all.

# Staff Profile

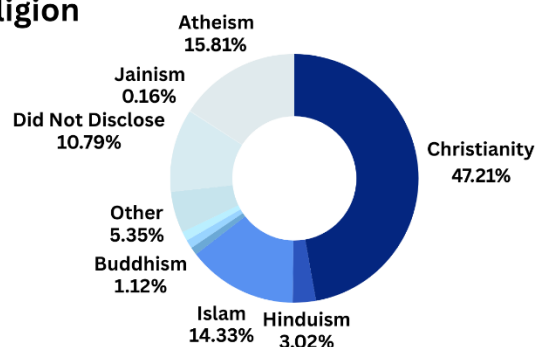
## ELFT STAFF - 2024

Staff Total (including Bank and Honorary Contracts): 11439

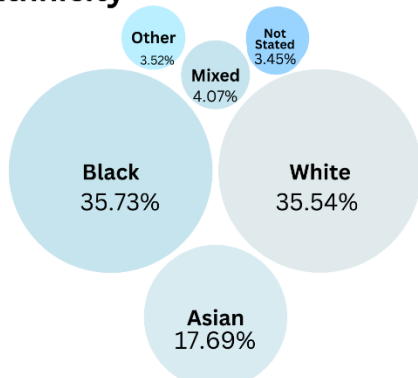
### Age Group



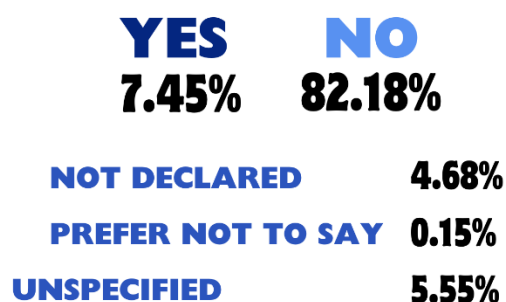
### Religion



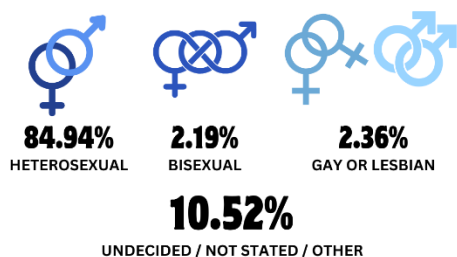
### Ethnicity



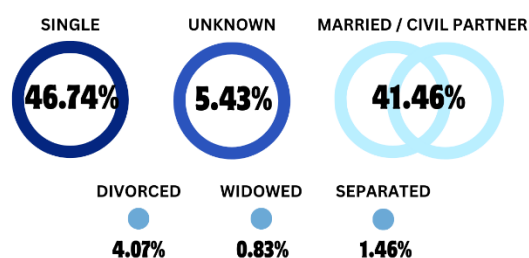
### Disability



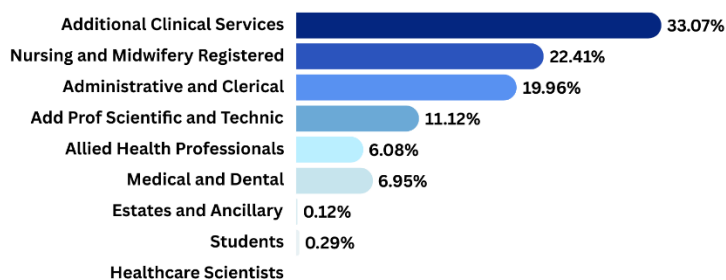
### Sexual Orientation



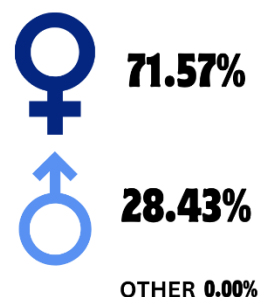
### Marital Status



### Staff Group



### Gender



2023-2024

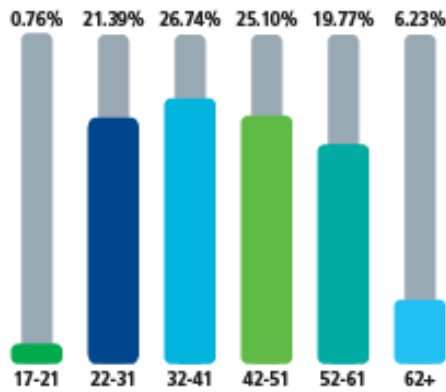


# OUR TRUST PROFILE

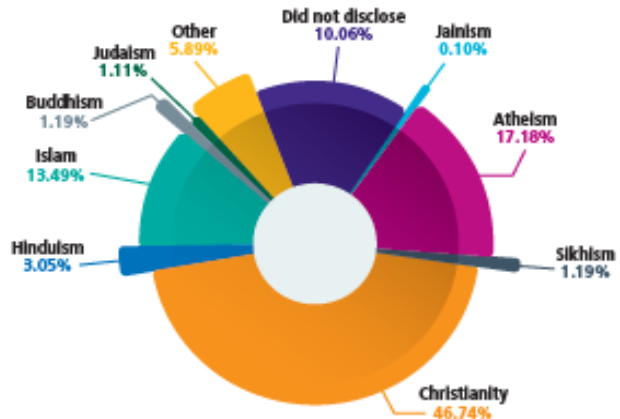
1 April 2023 - 31 March 2024



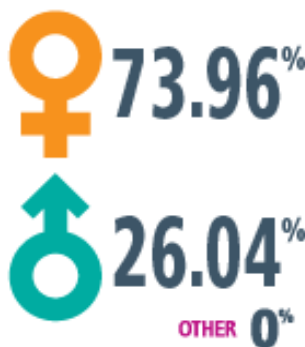
## AGE GROUP



## RELIGIOUS BELIEF



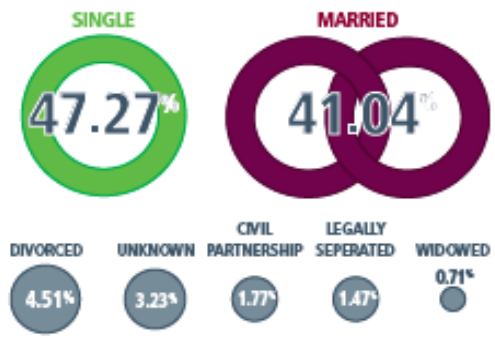
## GENDER



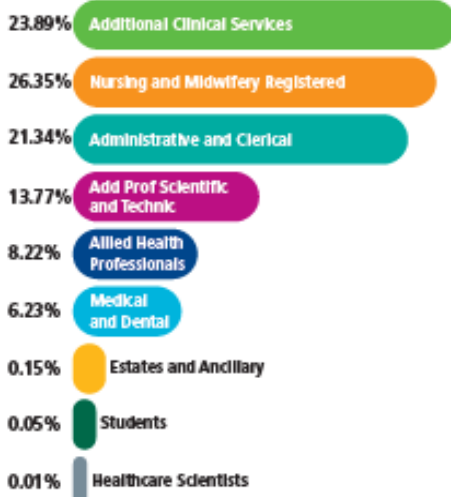
## DISABILITY



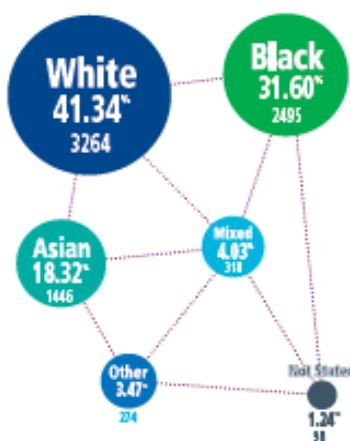
## MARITAL STATUS



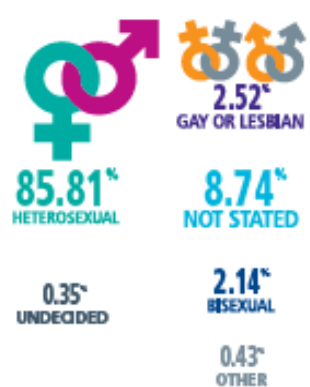
## STAFF GROUPS



## ETHNIC ORIGIN



## SEXUAL ORIENTATION



EastLondonNHSFoundationTrust

@NHS\_ELFT

NHSELF

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T: 020 7655 4000 (switchboard)

E: [elft.communications@nhs.net](mailto:elft.communications@nhs.net)

[www.elft.nhs.uk](http://www.elft.nhs.uk)

## Staff Costs (subject to audit)

	Permanent Staff £000	Other Staff £000		2023/24 Total £000
Salaries and wages	338,875	59,476	398,351	350,106
Social security costs	44,238	0	44,238	42,184
Apprenticeship levy	1,979	0	1,979	1,881
Employer's contributions to NHS pensions	46,010	0	46,010	41,320
Pension cost - other	115	0	115	128
Pension costs- employer contributions paid by NHSE on provider's behalf	29,987	0	29,987	17,956
Agency/contract staff	0	19,900	19,900	32,739
<b>Total staff costs</b>	<b>461,204</b>	<b>79,376</b>	<b>540,580</b>	<b>486,314</b>

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

Staff Group	Total	Permanent	Other
Medical and dental	522	443	79
Administration and estates	1,698	1,575	123
Nursing, midwifery and health visiting staff	3,975	3,157	818
Scientific, therapeutic and technical staff	2,218	2,130	88
Other	6	6	0
<b>Total average numbers</b>	<b>8,419</b>	<b>7,311</b>	<b>1,108</b>

## Gender Analysis

Staff Group	Total	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board Directors	19	9	10	0	2	15	2
Employees	7782	5719	2063	382	4095	3104	201
<b>All Employees</b>	<b>7801</b>	<b>5728</b>	<b>2073</b>	<b>382</b>	<b>4097</b>	<b>3119</b>	<b>203</b>
<b>All Employees %</b>	<b>100</b>	<b>73</b>	<b>27</b>	<b>5</b>	<b>52</b>	<b>40</b>	<b>3</b>

## Pay Gap

Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure. Our goal is to aim for total pay gap equity, while promoting diversity and inclusion in leadership and enhancing workforce support and engagement. Our pay gap actions include increased salary transparency and pay progression, specific targets for recruitment, retention and promotion and the fostering of a more inclusive workplace culture that addresses the needs of all employees, particularly those from marginalised backgrounds. These actions align with our strategic plans for WRES, WDES, our People Plan, and our NHS High Impact Action Plan.

Our analysis of data includes pay gap by pay quartiles, staff group, pay bands and bonuses, allowing for us to identify more pronounced pay inequities and marked improvements, all which inform our strategic priorities. [Link to Pay Gap Report 2024](#)

## Gender

Gender pay gap reporting has been mandated since 2019 for employers with 250 or more employees. Legislation requires NHS Trusts provide snapshots of average pay differences for men and women, as well as differences in bonus payments. Reports must be published on the employer's website, a government website and confirmed by a senior official.

Our gender pay gap reporting is particularly important given 72% of ELFT's workforce are women. Since 2020, our mean and median hourly pay differences have narrowed between male and female employees. In 2020, the mean gender pay gap was 12%; in 2023, it is 7%. Additionally, the median gender pay gap was 6% in 2020, and it is now 1% in 2023.

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

## Ethnicity

This is the first year ELFT has reported on ethnicity pay gap. Future ethnicity pay gap reports will include data analysis of trends, improvements and priority areas, measuring the Trust's progress from the previous year.

57% of ELFT's workforce come from diverse ethnic backgrounds (significantly more than the national average of the NHS workforce, of which 31% are from non-white ethnicities). Thus, our ethnicity pay gap reporting is vital in informing our strategic equity plans, aligned with the WRES action plan and the NHS high impact action plan. Targets include retention of Black and Asian staff through mentoring and development initiatives, setting recruitment targets for Black and Asian staff and encouraging increases in Black and Asian representation in Band 8d and above through mentorship and development programmes. All pay gaps are calculated against the average pay of white employees.

Across ELFT's workforce, white staff receive a higher average and median hourly pay rate than any other ethnicity. Black employees have the biggest average hourly pay gap (14.26%), while Asian employees have the largest median hourly pay gap (15.70%). Black staff face the largest ethnicity pay gap (11.25%) in the Allied Health Professionals staffing group. Asian staff have the largest ethnicity pay gap in the Administrative & Clerical staff group. However, within some staff groups, white employees experience a pay gap, such as Additional Clinical Services where average pay of white employees is less than Black, Asian and Mixed Ethnicity staff.

## Disability

This is the first year ELFT has reported on disability pay gaps, though they are not yet mandated by NHSE.

7.5% of ELFT's workforce has declared a disability, largely in line with the national average in the NHS workforce (7% of whom declared a disability). 86.3% of ELFT's workforce are non-disabled; 6% did not disclose their disability status. Given this, our disability pay gap reporting helps inform our strategic goals, particularly relating to the WDES action plan and NHS high impact action plan. This includes increasing disability declaration rates, recruiting more disabled staff and improving reasonable adjustments for disabled staff. Pay gaps are calculated against the average pay of non-disabled staff.

In ELFT's overall workforce, disabled staff experience an hourly pay gap of 7.27% and median hourly pay gap of 4.54%. The majority of disabled staff are in the lower quartile, and Band 3 disabled staff face the largest disability pay gap (10.04%) followed by Band 9 staff (9.17%). Disabled staff are significantly underrepresented in Band 8b (4%) and Medical (4.4%). The staffing group with the largest disability pay gap is Medical and Dental (13.63%) followed by Additional Clinical Services (5.63%) and Allied Health Professionals (5.07%).

## 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 2024 can be found on NHS Digital website. The average sickness rate for the Trust during 2024-2025 was 11.72 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 2024-2025	Adjusted FTE days lost to Cabinet Office definitions (225 working days per year)	Average sick days per FTE	FTE-Days available	FTE-Days lost to sickness absence
7,219	84,642	11.72	2,637,447	137,308

## 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 2025 earning at least £245 per day:

The total number of existing engagements as of 31 March 2025	0
<b>Of which:</b>	
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 2025 and earning more than £245 per day:**

Number of off-payroll workers engaged during the year ended 31 March 2025	<b>0</b>
<b>Of which:</b>	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	<b>0</b>
Number of engagements reassessed for consistency/assurance purposes during the year	<b>0</b>
Of which: number of engagements that saw a change to IR35 status following review	<b>0</b>
Number of engagement where the status was disputed under provisions in the off-payroll legislation	<b>0</b>

**For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025:**

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year. This figure must include both off-payroll and on-payroll engagements	19

## Staff Exit Packages (subject to audit)

There were 48 exit packages agreed in 2024-2025 totalling £0.929m (28 in 2023-2024 totalling £0.641m). The amounts disclosed for the exit packages are inclusive of Employer's National Insurance contributions where relevant.

Exit Packages 2024-2025	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
<b>Exit package cost band (inc any special payment element)</b>						
< £10,000	8	60	17	99	25	159
£10,001 - £25,000	6	120	7	109	13	229
£25,001 - £50,000	7	240	0	0	7	240
£50,001 - £100,000	1	51	0	0	1	51
£100,001 - £150,000	2	250	0	0	2	250
<b>Total</b>	<b>24</b>	<b>721</b>	<b>24</b>	<b>208</b>	<b>48</b>	<b>929</b>

Exit Packages: Other Departures 2024-2025	Payments agreed Number	Total value of agreements £000
Contractual payments in lieu of notice	18	143
Exit payments following employment tribunals or court orders	6	65
<b>Total</b>	<b>24</b>	<b>208</b>

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
<b>Exit package cost band (inc any special payment element)</b>						
< £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
<b>Total</b>	<b>17</b>	<b>554</b>	<b>11</b>	<b>87</b>	<b>28</b>	<b>641</b>

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
<b>Total</b>	<b>11</b>	<b>87</b>

There were no non-contractual payments requiring HM Treasury approval in 2024-2025.

## Trade Union Facility Time

For the period 1 April 2024 – 31 March 2025

**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
<b>30</b>	<b>27.37</b>

**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%	29
51%-99%	1
100%	0

**Percentage of pay bill spent on facility time:** Percentage of the total pay bill spent on paying employees who were relevant union officials for facility time

<b>Total cost of facility time</b>	£711,498.30
<b>Total pay bill</b>	£4,863,140.000
<b>Percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100</b>	1.4%

**Paid trade union activities:**

<b>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</b>	4%
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## Expenditure on Consultancy

During 2024-2025 £708,000 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 2024 to 31 March 2025.



**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 2025**

# Council of Governors

The 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.

Council meetings are held face to face 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 during the meeting; however, the meeting format is not hybrid.

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 2024-2025

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 collaboration North East London NHS Foundation Trust**

- Governors had agreed previously to the Board's proposal to recruit a Joint Chair with our neighbours at North East London NHS FT. Eileen Taylor assumed the role on 1 January 2023
- Governors reviewed the Chair's performance following the initial six months and again after a full year in post. Given the depth of the full-year review, both Councils agreed that the scheduled 18 month review in 2024 would take a light-touch approach which was duly completed and concluded satisfactorily
- Governors remain mindful of the cultural and operational differences between the two Trusts and their respective Councils, and continue to manage these respectfully and constructively
- Throughout, Governors have maintained a clear focus on the strategic benefits of the joint Chair arrangement and the value of collaboration in improving outcomes for our service users and the populations both Trusts serve.

### **Strategic priorities**

Arising from a previous QI project, the Council was the first 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:

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

In January 2025, the Council set the priority themes for the coming year which broadly dovetail with the NHS 10 year plan such as changing from acute to community care or using artificial intelligence and digital service to improve service user experience.

### **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, like the rest of the Trust, continued to wrestle with the impact of the financial challenges the Trust is faced with. This is a new experience for the Council. They overturned the Agenda of the July 2024 Council meeting to seek assurance from the Non-Executive Directors how they are keeping abreast of the challenges; they received updates in subsequent meetings from the Chief Finance Officer on the financial situation but they also asked for an update on the impact 'beyond the numbers', focusing on the effect on our service users and staff
- Governors raised the issue of observations on mental health wards, following press coverage from a Coroner's court case on falsified observation records and sought assurance from the Trust around quality improvement work undertaken to improve the



accuracy of record keeping and the overall therapeutic quality of observations on our wards

- Governors continue to have discussions with the Trust and involving service users and the Corporation of London on addressing problems City of London service users can face accessing services based in Hackney.

### **Membership engagement**

Governors play a key role in ensuring the views of members and the wider public are at the heart of the Trust's strategy.

Following a review of our membership strategy, our new membership engagement plan was developed as a 'plan on a page' to focus on what matters most to our members, service users, staff and communities. The plan recognises that membership complements, rather than replaces, other forms of engagement in the Trust.

### **NHS Providers Showcase Award**

In July 2024 NHS Providers awarded our Governors with a showcase winner award and were given the opportunity to share how we developed our membership engagement approach at their annual Governor Focus Conference.

With our focus on *connection*, the new plan's aim is for a membership which strengthens the links between the Trust and the diverse communities we serve. The plan has supported new ways of engaging with both internal teams and external partners. Throughout the year we held a number of successful 'pop up' meetings by meeting communities where they already gather. We also launched "Caring Together – What Matters to You" online sessions, trialling a variety of dates and timings including evenings and weekend to reach more members. Rich feedback has been received which will inform the Council's attention for the year ahead.

### **System-working**

Governors remain actively engaged in system-wide collaboration, mindful of the Trust's shared Chair arrangement with North East London NHS Foundation Trust. Through two performance reviews, they sought assurance that the joint Chair role is delivering tangible benefits for service users. Governors continue to approach this partnership with respect for the differing cultures of each organisation.

In addition, Governors are involved in the wider integrated care system, regularly attending public meetings of the BLMK ICB.

During the year, the Council hosted two joint development sessions with Governors from North East London NHS FT and Homerton Healthcare NHS Foundation Trust. The first session in July 2024 focused on the talking therapy collaborative in NEL and explored how Governors can bring the voices of our members and the wider public in shaping services.

The second session in January 2025 emphasised the shared goal of ensuring there is a clear focus and commitment on improving service user experience in a joint endeavour with the Board. They refreshed their knowledge of the different roles of the Board and the Council and discussed how they can be supported to maintain that important focus on service users.

Both meetings have been very successful, and Governors particularly valued the opportunity to learn from their peers. A third session is planned for summer 2025.

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

A core responsibility of Governors is to represent the views of our members and the wider public ensuring these perspectives are reflected in the Trust's decision-making. This often involves raising difficult or challenging issues, and we are grateful to our Governors for doing so with integrity and constructive challenge and a shared commitment to identifying solutions and driving improvement.

## Taking decisions

Governors are required under the NHS Act 2006 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 until 1 November 2024)	5
	Luton	3
	Newham	5
	Rest of England	1
	Tower Hamlets	5
Staff	Staff Constituency (single Trustwide constituency)	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 2025)	1
	Education Sector (vacancy as of 31 March 2025)	1
	Voluntary Sector	1

## Council of Governors 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.

2024 saw Governor elections for 17 vacancies across eight constituencies. Seven “becoming a Governor” workshops for prospective candidates were held during July and August, and elections commenced on 4 July 2024 with the nominations closing on 15 August 2024. Nominations were sought through postal and regular email invitations, via the Trust website as well as social media. Unlike in the previous year, all the elections were contested.

A summary of candidates elected is as follows:

Name	Constituency	Name	Constituency
Felicity Stocker*	Bedford Borough	Ian Gibbs	Newham
Mark Cox	Central Bedfordshire	Hazel Thomas*	Newham
Shafiqul Alam	Hackney	Elliot Goodman	Rest of England
Caroline Diehl*	Hackney	Gren Bingham*	Tower Hamlets
Coral Jones	Hackney	David Edgar	Tower Hamlets
Beverley Morris*	Hackney	Rofikul Islam*	Tower Hamlets

Name	Constituency	Name	Constituency
Eseoghene Okonedo	Hackney	Staff	Andrea Okoloekwe
Fatima Begum*	Luton		

\* indicates re-elected Governors

## Board's Relationship with the Council

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

The Chair works closely with the elected Lead Governor Caroline Ogunsola and Deputy Lead Governor Jamu Patel. The Chair meets with both the Lead Governor and Deputy Lead Governor as well as the Director of Corporate Governance and Corporate Governance Manager at regular intervals to set the Council meeting 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 Trust's challenging financial stretch target for the year (where Governors decided to abandon the remainder of the Council agenda to focus on this single issue), the Trust's work on improving observations following press reports on a patient death in 2020 and the impact of our financial viability plan on Trust services.

Our aim is for Non-Executive Directors to introduce major agenda items at Council meetings to support the Council in gaining a better understanding in how the Non-Executive Directors seek and receive assurance from the Executive Directors. Joint Non-Executive Director/ Governor site visits are also 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 2024-2025 these included:

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

A new set of priorities were set in January 2025 for 2025-2026:

- Shifting from acute to community care
- Staff Wellbeing
- AI and digital improving patient experience
- Prevention and support for independent in older adults
- Estates and community.

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 the impact of our financial viability targets on Trust services (moving away from the numbers and focusing on services) and responding to press coverage through an update on quality improvement work on clinical observations.

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.

Richard Carr, the Senior Independent Director actively pursues an effective relationship between the Council and the Board, and regularly attends Council meetings. As part of his performance review of the Chair, the Senior Independent Director proactively speaks with the Lead and Deputy Lead Governors. While in the previous year he held a private session with all Governors during his preparation for the Chair's performance review, this year's performance review had been agreed by Council to be a light-touch one due to the thorough nature of the previous review and the Senior Independent Director held discussions with the Lead and Deputy Lead Governor only who in turn sought the views of Governors. Governors can contact the Senior Independent Director if they have concerns regarding any issues that have not been addressed by the Chair, Chief Executive or 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 join Non-Executive Directors at site visits; this is a relatively recent 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. Governors are provided with information on services to be visited plus any additional information from Board papers or, where applicable, from local news.

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.

Our co-produced membership engagement plan 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 by the Trust Chair to Council and 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 piloted exit interviews with departing Governors in 2023; in 2024, two departing Governors were happy to carry out exit interviews which focused 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

All responses to these questions have been reported back to the Communications & Engagement Committee and 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
- **Ad hoc drop-in sessions** for all Governors at certain points, for example an April 2024 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 possible reasons for an increase in children living with mental ill health or a Governor visit to the Bromley by Bow health Centre focusing on population health/social prescribing activities

- **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
- Regular **Governors' update e-newsletter**.

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 occasional features 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 Head of Governors & Community Engagement 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.

## 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 is now being supported by the Trust's Community Engagement Manager. It has a core membership comprising of at least six Governors; however, as of 1 November it has a membership of 11, highlighting the importance Governors place on their role in representing the interests of members and the wider public; its meetings are open to all interested Governors.

The committee met six times during the year. In addition to a standing agenda item of a communications and media update by the Trust's head of communications & PR, Governors:

- Carried out the review of the changes to the publication format of *Trusttalk* magazine
- Reviewed the literature for the Council of Governors elections
- Received reports on:
  - The exit survey for Governors leaving the Trust
  - The Trust's Charitable Funds and People Participation Committees
  - Joint Governor/NED site visits
  - Reviewed Governor communication guidelines
  - Discussed the possibility of offering Council meeting summaries (now published on the Trust website)
  - Carried out a review of its terms of reference.

## 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.' Governors draw on the guidance and support of Kevin Curnow, the Trust's Chief Finance Officer and other executive leaders as required.

The committee also serves as the Council's horizon-scanning forum, with in-depth discussions on issues such on what focusing on population health as ELFT's core strategy means in terms of what

the Trust focuses on. 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 2024-2025. In addition to a review of the Trust's business developments and opportunities, the committee reviewed and updated the Governors' key lines of enquiry framework on business development developed by the committee, in the light of the financial viability challenges the Trust has been facing. This unique framework provides further information and assurance from the Board and key principles to support Governors in making informed decisions and was approved by Council in July 2024. 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.

In a further meeting the Committee developed a formal response to the NHS 10 year plan consultation which was submitted with the approval of the Chair and the CEO in February 2025.

In a further meeting, Governors received and discussed an update about the Trust's change in strategic direction, withdrawing from delivering generalist primary care services.

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 2024-2025

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)
<b>Public: Tower Hamlets</b>			
Roshan Ansari (to 31 October 2024)	3 <sup>rd</sup> term	2021-2024	2/5
Yesmin Begum	1 <sup>st</sup> term	2022-2025	5/9
John Bennett	3 <sup>rd</sup> term	2022-2025	6/9
Gren Bingham	2 <sup>nd</sup> term	2024-2027	7/9
David Edgar (from 1 Nov 2024)	1 <sup>st</sup> term	2024-2027	3/3
Rofikul Islam	2 <sup>nd</sup> term	2024-2027	4/9
<b>Public: Newham</b>			
Shirley Biro (to 31 Oct 2024)	3 <sup>rd</sup> term	2021-2024	5/5
Ian Gibb (from 1 Nov 2024)	1 <sup>st</sup> term	2024-2027	2/3
Peter Landman	2 <sup>nd</sup> term	2022-2025	6/9
Stella Oloyede	1 <sup>st</sup> term	2022-2025	5/9
Sarifa Patel	1 <sup>st</sup> term	2023-2025	3/9
Hazel Thomas	2 <sup>nd</sup> term	2024-2027	5/9
<b>Public: Hackney</b>			
Shafiqul Alam (1 Nov to 25 Nov 2024)	1 <sup>st</sup> term	2024-2027	0/1

Name		Term	Attendance (actual/possible)
Renato Congias (from 25 Nov 2024)	1 <sup>st</sup> term	2024-2027	2/2
Caroline Diehl	3 <sup>rd</sup> term	2024-2027	7/9
Coral Jones	1 <sup>st</sup> term	2024-2027	3/3
Beverley Morris	3 <sup>rd</sup> term	2024-2027	7/9
Eseoghene Okonedo (from 1 Nov 2024)	1 <sup>st</sup> term	2024-2027	2/3
Patricia Wheeler (to 31 Oct 2024)	1 <sup>st</sup> term	2021-2024	0/5
<b>Public: Rest of England</b>			
Julie Aduwa (to 31 Oct 2024)	1 <sup>st</sup> term	2021-2024	2/5
Elliot Goodman (from 1 Nov 2024)	1 <sup>st</sup> term	2024-2027	3/3
<b>Public: City of London</b>			
Reno Marcello	2nd term	2023-2026	5/9
<b>Public: Luton</b>			
Fatima Begum	2nd <sup>t</sup> term	2024-2027	6/9
Dafni Boula	1 <sup>st</sup> term	2023-2026	9/9
Jamu Patel**	3 <sup>rd</sup> term	2023-2026	8/9
<b>Public: Bedford</b>			
Cass Howes	1 <sup>st</sup> term	2022-2025	3/9
Felicity Stocker	3 <sup>rd</sup> term	2024-2027	8/9
<b>Public: Central Bedfordshire</b>			
Elizabeth Birch	1 <sup>st</sup> term	2022-2025	6/9
Bob Cazley	1 <sup>st</sup> term	2022-2025	9/9
Mark Cox (1 Nov 2024 to 13 Jan 2025)	1 <sup>st</sup> term	2024-2027	1/1
Larry Smith (to 31 Oct 2024)	3 <sup>rd</sup> term	2021-2024	4/5
Suzana Stefanic	2 <sup>nd</sup> term	2022-2025	6/9
Gordon Weller (from 14 Jan 2025)	1 <sup>st</sup> term	2025-2027	2/2
<b>Staff</b>			
Patrick Adamolekun	2nd term	2023-2026	4/9
Mark Dunne	2nd term	2023-2026	7/9
Love-Jane Egbe	1 <sup>st</sup> term	2022-2025	5/9
Elizabeth Maushe	1 <sup>st</sup> term	2023-2026	3/9
Caroline Ogunsola*	3 <sup>rd</sup> term	2023-2026	9/9
Andrea Okoloekwe	1 <sup>st</sup> term	2024-2027	3/3
John Peers	2 <sup>nd</sup> term	2023-2026	7/9
Betsy Scott (to 31 Oct 2024)	2 <sup>nd</sup> term	2021-2024	2/5
Kathryn Smith	1 <sup>st</sup> term	2022-2025	3/9
Sharmeen Sheikh Sultana	1 <sup>st</sup> term	2023-2026	2/9
<b>Appointed: Bedford Borough Council</b>			
Martin Towler	1 <sup>st</sup> term	Jul 2023	1/9
<b>Appointed: Central Bedfordshire Council</b>			
Gareth Mackey (to 27 May 2024)	1 <sup>st</sup> term	Jun 2023	0/2
Robert Morris (from 28 May 2024)	1 <sup>st</sup> term	May 2024	4/6

Name		Term	Attendance (actual/possible)
<b>Appointed: City of London</b>			
Rehana Ameer (to 20 May 2024)	2 <sup>nd</sup> term	Oct 2017	0/2
Ruby Sayed (from 16 Sep 2024)	1 <sup>st</sup> term	Sep 2024	3/3
<b>Appointed: Clinical Commissioning - VACANCY</b>			
<b>Appointed: Education Sector - VACANCY</b>			
<b>Appointed: Hackney Council</b>			
Sade Etti	1 <sup>st</sup> term	Feb 2024	6/9
<b>Appointed: Luton Council</b>			
Khtija Malik	2 <sup>nd</sup> term	Feb 2020	5/9
<b>Appointed: Newham Council</b>			
Mumtaz Khan (to 28 May 2024)	1 <sup>st</sup> term	Aug 2022	1/2
Rita Chadha (from 28 May 2024)	1 <sup>st</sup> term	May 2024	1/6
<b>Appointed: Tower Hamlets Council</b>			
Gulam Choudhury	1 <sup>st</sup> term	Aug 2022	0/9
<b>Appointed: Voluntary Sector</b>			
Viv Ahmun	2 <sup>nd</sup> term	Aug 2020	1/9

\* *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 Head of Governors & Community Engagement monitors the group to see if additional support or advice would be beneficial. He also 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 2024-2025 there have been various opportunities for providing support to Governors with their training and development including:

- Prospective Governor workshops were held across the Trust's constituencies prior to elections in July and August 2024
- A new series of iterative, bite-sized induction sessions had been introduced to enable as many Governors as possible, new and old, to take part in the sessions, avoid overloading new Governors with information and facilitate learning. These have been very successful and have been rolled out again from November 2024 to January 2025, including for the first

time a session on bringing the voice of the members and wider public to the Trust through the Council's Membership Engagement Plan.

- Attendance at NHS Providers Governor Focus Conference
- Invitations to attend Trust events which the Head of Governors & Community Engagement proactively seeks out such as the recent patient safety focus groups and conference, the regular *Future of Primary Care* webinars (now organised by North East London NHS FT), events organised by staff networks, FTSU Guardian and many others
- Briefing sessions for Governors were held covering a range of topics identified by Governors as well as in response to Governor queries to support them in understanding their role and the changing environment and context within which the Trust is operating, particularly in respect of the development of Integrated Care Systems
- In addition to separate briefing sessions, the Council meetings themselves now include updates on topical operational issues and Borough/Service Director Meetings include reference to local service performance data.
- Examples of the sessions held (often in response to Governor queries) include:
  - Annual accounts (with the Chief Finance Officer)
  - Safeguarding and domestic violence
  - Recovery colleges
  - Governors and CQC inspections
  - Older adults mental health services
  - Joint ELFT/North East London NHS FT and Homerton Healthcare NHS FT session, July 2024: talking therapies
- Joint ELFT/North East London NHS FT/HHFT Session, January 2025: Joint development and networking session with Governors from North East London NHS FT and Homerton Healthcare NHS Foundation Trust have been introduced. The first session held in July 2024 focused on the role of the Board and Council, with a follow-up session on 14 January 2025. Feedback from Governors indicate the high value they place on an exchange of information with Governors from other Trusts and the joint learning this enables. The Trust will proactively pursue joint meeting opportunities with Councils active in the BLMK system
- Governor Open Forums: These meetings, held 4-5 times each year and chaired by the Lead/Deputy Lead Governor, provide the opportunity for Governors to meet informally and without Trust staff present to discuss issues of interest or concern. A summary of queries will be reported back to the Trust Chair as appropriate who may address these in public at the following Council meeting
- In addition, two Non-Executive Directors are now routinely invited to be part of this meeting which provides the opportunity for Governors to discuss topical issues and ask questions. An annual joint session with the Chair and the Chief Executive has also been introduced.
- Borough/Service Director Meetings are held regularly across the Trust's constituencies (City and Hackney, Bedfordshire & Luton, Newham and Tower Hamlets). These meetings offer Governors the opportunity to learn about local service developments and feed back to service directors any issues or concerns they may have heard from service users, members or the wider public. In addition to regular service updates and performance data, Governors are setting a forward plan of items they wish to look at in depth at each meeting, for example, Bedfordshire and Luton will look at service through the lens of carers and parents, following feedback from our "What Matters to You" conversations between Governors and service users/members
- Our Chief Executive and other Board members are regular attendees of our Council meetings where they present on a specific topic, lead on discussion groups, and respond to questions from Governors. All Governors are also routinely sent the Chief Executive's and Chair's report as well as the quality report to the Board separately in addition to the Board papers; the Chair's report highlights the feedback to the Board of previous Council discussions
- Particular attention has been paid at Council meetings about the financial challenges faced by the Trust with a whole Council meeting (July 2024) dedicated to this subject.
- A programme of joint site visits with Non-Executive Directors with regular visits across the Trust scheduled, with two Governors attending in addition to one or two NEDs.

- Staff Governors continued to meet regularly with broad ranging discussions but also with a particular focus on staff wellbeing and issues such as supporting staff through and following on from CQC inspections or through service restructuring.

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](mailto: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 of 31 March 2024, the Trust had 8,532 public members and 7,856 staff members.

Membership size and movements	
Public constituency	2024-2025
At year start (1 April 2024)	8,533
New members	326
Members leaving	307
At year end (31 March 2024)	8,552
Staff constituency	2024-2025
At year start (1 April 2023)	7,929
New members	1,283
Members leaving	1,395
At year end (31 March 2025)*	7,817

Analysis of current membership	
Public constituency	Number of members
Age (years):	
0-16	6
17-21	16
22+	7,751
<b>Ethnicity:</b>	
White	2,973
Mixed	380
Asian or Asian British	2,309
Black or Black British	1,640
Other	177
<b>Socio-economic groupings</b>	
AB	1,762
C1	2,446
C2	1,567
DE	2,739
<b>Gender analysis</b>	
Male	3,217
Female	5,271

The analysis section excludes:

- 779 public members with no stated dates of birth
- 1073 members with no stated ethnicity
- 63 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. This second year has given us more opportunities to reach new communities that ensure we change with the needs of our both of communities and partners.



In 2024 our focus has been on creating more opportunities for the community to hear directly from the Trust on topics that matter to them, while also making access to that information easier. We have continued to open new channels of engagement and strengthen how we listen to the voices within our community, bringing our plan to life in meaningful ways.

Specifically, we have been working more closely with other teams across the Trust to ensure less duplications and improve collaboration. This includes joint efforts with people participation, population health, the crisis team and smoking cessation services.

This year also marks the first time we have worked in partnership with other Trusts and organisations across NEL, as well as the BLMK IC. This is a really important step forward. We all share the same goal: to improve health outcomes for the communities we serve, and working together helps us make a bigger impact.

## 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 is 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 membership pop-up meetings, 'what matters to you' meetings and 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. Communication continues to be 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. The Trust continues to work with our service users to improve communication in all settings. Ensuring that it is clear, inclusive, considerate and respectful.

## Members Pop-ups





Our members told us that opportunities to meet in person were still to them and we explored how we could continue to meet that need whilst being mindful of costs and making the best use of time and important resources. These meetings take place in local areas, alongside existing community groups that are already up and running. Put simply, we joined groups or used venues that already have an engaged audience.

We met with the community at the following events:

- Hackney Recovery college graduation presentation
- Employment fairs in London and Luton
- World Mental Health day in Luton
- Cost of Living event in Hackney
- Ujala lunch in Luton
- Supporting Macmillan at Newham Hospital
- The ELFT Greenhouse practice
- Move it Monday with BLMK ICB
- Sharing the Love at the Homerton hospital



## Annual Members Meeting

Due to the delay in receiving the external audit opinion on the Local Government Pension Scheme as part of the final external audit for 2023/24 the Annual Members Meeting to receive the Trust's annual report and accounts for 2023/24 and the auditors' report was combined with the Council of Governors meeting on 14 May 2024.

## Trustwide Annual Planning

The Annual planning process for Trusts has changed \*It is still important to offer our members opportunities to meet with our Governors. We held four "What Matters to You" meetings online during March, providing opportunities to have a conversation in a safe environment. Key take aways was support for carers and the continuing need for improved communication. We plan to hold these sessions more regularly moving forward, with the exact schedule still to be decided.

As every year, the Trust invited its members to attend meetings for London, 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 key emerging themes from the local consultation events were summarised in a report to the Council and Trust Board. Again, it was reassuring how they often dovetailed with the Trust's own priorities:

<b>Trust Strategic Objectives</b>	<b>Priorities</b>
<b>Improved population health</b>	<ul style="list-style-type: none"> <li>• 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”</li> <li>• Organise showcasing events locally offering signposting, support, information, advice</li> <li>• Greater focus on drug and alcohol services (run by ELFT or others) –help improve our/others’ services? How can we improve access?</li> <li>• Campaign around risks of alcohol consumption (see recent WHO advice)</li> <li>• (Re?)-Establish an Older People’s champion</li> <li>• Tackle social isolation and loneliness</li> </ul>
<b>Improved experience of care</b>	<ul style="list-style-type: none"> <li>• Improved offer of courses for the Bedfordshire &amp; Luton recovery college held in Luton</li> <li>• Improve offer for carer – review progress on carer strategy; improve respect for carers in line with Trust values</li> <li>• Secure long-term future of the Lighthouse in Leighton Buzzard</li> <li>• More use of Zoom technology to bring patients, MDT, GPs and carers together for case review discussions</li> <li>• Advice for service users on the benefits of setting up Powers of Attorney for when they are acutely unwell</li> <li>• Increase the offer of meaningful activities for patients on mental health wards</li> <li>• Review service for older adults – are we doing well? How do we know?</li> </ul>
<b>Improved staff experience</b>	<ul style="list-style-type: none"> <li>• Staff support to dovetail with staff needs, retention and local recruitment</li> </ul>
<b>Improved value</b>	<ul style="list-style-type: none"> <li>• Regular communication about progress of and challenges around Bedfordshire new build</li> </ul>

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.

# 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 of 31 March 2025.

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**

**27 June 2025**



**Kevin Curnow**  
**Chief Finance Officer**  
**East London NHS Foundation Trust**

**27 June 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', written in a cursive style.

**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 2025**

# Annual Governance Statement 2024-2025

## Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS 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 2025 and up to the date of approval of the annual report and accounts.

## Capacity to Handle Risk

As the Accounting Officer, I am ultimately accountable for the Trust's capacity to manage risk effectively across all areas including organisational, clinical and financial risks. I am responsible for maintaining a sound system of internal control that supports the achievement of the Trust's objectives.

The Trust's leadership arrangements for risk management are set out in our risk management framework, 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.

Executive Directors are responsible for managing risk within their specific areas of control in line with the management and accountability arrangements in the Trust. All BAF risks are assigned both an Executive lead and a responsible Board committee for oversight. The BAF risks and the actions in place to reduce and mitigate the risks are reviewed and monitored by the relevant Board committee at least quarterly.

Audit Committee has delegated responsibility for developing, maintaining and monitoring the risk management and assurance systems within the Trust and specifically the BAF including regular deep dives on strategic risks and assurance over the effectiveness of controls.

Directorate governance arrangements ensure regular review of directorate and corporate risk registers and escalation where appropriate with regular monitoring by the Service Delivery Board.

All members of staff have an important role to play in identifying, assessing and managing risk. A fair and open culture and environment promotes early reporting of risks, incidents and concerns with multiple routes for escalation as detailed in our speaking up strategy including the Freedom to Speak Up Guardian, raising concerns policy, the Senior Independent Director. The Trust does not apportion blame and promotes the reporting of all incidents and encourages learning and transparency.

Staff across the Trust are trained to manage risk in a manner appropriate to their duties and authority. All staff, regardless of role or grade, are required to complete mandatory training including safeguarding, Oliver McGowan training on learning disability and autism, health and safety, fire safety, infection control, conflict resolution, equality and diversity, moving and handling, information governance and data security training. compliance is monitored at team level on an ongoing basis through the Trust's learning management system – ELFT Learning Academy (ELA), with oversight by the People & Culture Committee. 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 onboarding 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. There has been ongoing training to support staff with the InPhase system for recording patient safety incidents, risk and assurance which replaced 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 quality assurance team leads communications to ensure learning from good practice, experience and lessons learnt from incidents or near misses is shared with staff promptly and effectively. The Trust embeds quality improvement methodology to support continuous learning with local improvement data shared and visible to teams to encourage adoption, scaling and spread of successful practices.

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. Regular reporting to each Audit Committee meeting ensures the Board is frequently apprised of counter fraud prevention and detection activity, and any necessary improvements required to the Trust's controls.

The internal audit plan includes a yearly review of the Trust's approach to risk management. The recommendations and learning identified from such reviews are taken forward in an action plan, to support improvements and the embedding of risk management in the Trust. The Audit Committee maintains oversight of the internal audit plans; in addition, our internal auditors provide progress reports on internal audits relating to quality and safety at each Quality Assurance Committee and

the relevant lead Board committee will also receive an overview of the internal audit findings and recommendations.

The Trust remains committed to learning from experience, 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 and also focuses on a specific theme highlighting both Trust and system-wide learning, and outlining actions being taken to further strengthen and embed practice.

## The Risk and Control Framework

### Key Elements of the Risk Management Framework

The Trust considers risk management to be an integral component of our governance and quality frameworks. It is embedded throughout our organisational culture and operational processes, forming a core element of our strategic and day-to-day decision-making rather than operating as a standalone function.

Effective risk management underpins the delivery of our strategic objectives supporting the provision of high quality, safe and effective care to service users while ensuring a safe and responsive working environment for staff.

The Trust adopts a comprehensive approach to risk management encompassing clinical, non-clinical, corporate, financial and operational domains. This approach ensures that risk is systematically identified, evaluated and managed at all levels across the organisation. Risk management is a continuous process that informs strategic planning, resource allocation, and service delivery. All staff are expected to actively engage in identifying and managing risk within their areas of responsibility.

The Trust's risk management framework sets out the structures, responsibilities and processes in place to manage risk across the organisation. Risks are identified through a variety of sources including local and corporate risk registers, incident reporting, internal and external audits, complaints, claims, workforce data, safety alerts, horizon scanning and intelligence from regulatory bodies. This framework supports a cohesive and consistent approach to managing both current and emerging risks and ensures alignment with our internal control environment.

Our BAF provides a structured mechanism for identifying, assessing, and managing the most significant risks to the delivery of our strategic objectives. Principal risks are assessed using a 5 x 5 risk matrix to determine the likelihood and impact of each risk. Each risk is assigned an Executive Director lead and is overseen by a lead Board committee. The Board regularly reviews the complete BAF at its meetings in public usually through the Audit Committee assurance report and other committees.

The Board defines the Trust's risk appetite and reviews this in light of evolving internal and external factors including national policy developments, changes in healthcare commissioning and funding priorities, system level reforms and developments, and increasing regulatory and public expectations. The Trust also remains cognisant of wider geopolitical risks including economic instability, workforce supply challenges, global health threats and political uncertainty, all of which have the potential to influence service delivery, financial sustainability and patient outcomes.

In response to these challenges, the Board considers the extent to which it is willing to accept or tolerate different levels and types of risk in pursuit of its strategic objectives. This includes a cautious approach to risks that could compromise patient or staff safety, regulatory compliance, or public confidence, while recognising the need to tolerate a higher degree of risk to support innovation, digital transformation, and service redesign. These positions are informed by annual



strategic risk discussions at Board development sessions and are reflected in committee-level oversight throughout the year.

The Board recognises that the Trust's long-term sustainability relies not only on the successful delivery of its strategy but also on maintaining strong relationships with service users, staff, the public, and strategic partners. In an increasingly complex and dynamic health and care landscape, the Trust remains committed to maintaining robust risk management processes that are adaptable to change, promote accountability, and enable the organisation to respond confidently and effectively to both current and future challenges.

## Quality Governance

The Trust is committed to maintaining an effective and responsive quality governance system to ensure compliance with national standards and to support the continuous improvement in care quality and safety. We regularly review our governance structures and reporting arrangements to strengthen assurance and enhance the effectiveness of Board and committee oversight.

The Quality Assurance Committee chaired by a Non-Executive Director is the key forum for seeking that high standards of care are maintained, quality improvement and learning is embedded, and appropriate governance structures, processes and controls are in place. Executive responsibility for clinical risk management sits with the Chief Nurse who reports directly to the Chief Executive as the Accounting Officer.

Operational oversight of clinical governance and risk management is provided by the Quality Committee which reports to the Quality Assurance Committee and oversees specialist groups covering areas such as safeguarding, medicines management, infection control, health and safety, information governance, patient safety, mental health law, and service user and carer experience. 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 Board receives regular quality and performance reports at its meetings in public. These include a quality report that provides assurance on both quality performance and quality improvement activity, and the performance report covers organisational-level quality measures, strategic metrics and risk. The quality of performance information is validated through the Data Security & Protection Toolkit.

We aspire to provide highest quality care in collaboration with those who use our services. Our approach to quality management is comprehensive encompassing quality planning, control, assurance and improvement. This is underpinned by a well-established quality improvement programme and training infrastructure that enables staff at all levels to develop the skills to lead change, focusing on what matters most to our service users and staff to improve experiences of care and outcomes.

The Trust's structured Quality Impact Assessment (QIA) process supports effective quality governance, ensuring that all service change and FV schemes are evaluated for their potential impact on quality, safety, and equity. QIAs are a core component of the decision-making process involving clinical leaders and service users, providing a mechanism to assess risks and benefits, and to ensure appropriate mitigation is in place. The process supports robust quality governance, promotes learning, and ensures alignment with wider system priorities where relevant.

Through our integrated approach to quality assurance and quality improvement, we aim to deliver outstanding care in partnership with those who use our services, continuously improving experiences and outcomes.

Further details on our quality management approach are provided in the main body of the annual report.

## CQC

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 with biannual reports to the Board.

Following a CQC comprehensive inspection and well-led review in 2021, the Trust was rated 'outstanding' for the third consecutive time. The Trust has not participated in any special reviews, investigations or inspections by the CQC during the reporting period. There have therefore been no changes to this overall rating.

As part of the Trust's approach to assurance, work has been undertaken to assess whether services are well-led in line with the CQC and NHS England well-led frameworks. This includes internal reviews aligned with the eight key lines of enquiry, alongside ongoing board development, staff engagement initiatives and governance reviews.

In supporting readiness for a potential CQC well-led inspection in 2025, the Trust is undertaking a structured programme which also reflects the Trust's ongoing commitment to strengthening leadership, governance and service quality. This programme includes board development sessions, peer supportive interviews in partnership with another NHS trust, leadership briefings and 'Know Your Service' sessions to strengthen local leaders understanding of their services. Inpatient services have also been supported through mock inspections across twelve wards, resulting in detailed service-specific reports and action plans to address identified themes, such as medication practices, consent procedures, multidisciplinary team working and ward environments.

Additionally, in response to the national learning from the CQC's rapid review of Nottinghamshire Healthcare NHS Foundation Trust, the Trust has undertaken a review of its own community mental health services. This included board-level reflection, self-assessment and the development of action plans to strengthen patient safety, quality of care and staff experience. Progress on these actions is monitored through the Quality Committee and reported to the Quality Assurance Committee and the Board. Collectively, these activities reflect a proactive and systematic approach to ensuring the Trust meets the requirements of a well-led organisation and continues to strengthen its leadership, safety and governance arrangements.

## Embedding Risk Management in the Activity of the Organisation

Risk management is a core component of the Trust's operational and governance structures with directorates maintain local risk registers and taking responsibility for managing their risks, supported by the central risk and assurance team. These registers are reviewed at directorate meetings and, where appropriate, risks are escalated to the corporate risk register. While this framework supports active risk oversight, it is recognised that further improvements are needed to ensure greater consistency in the quality, review and escalation of risks, and to embed risk management more fully into routine business processes across all areas of the Trust.

Internal audit reviews have highlighted key areas for improvement in the Trust's risk management approach, including the quality and consistency of risk registers, clarity of mitigating actions, accountability and the effectiveness of risk controls. While directorate representatives participate in key governance committees, promoting staff engagement, consistent reporting and the sharing of learning across the organisation, enhancing communication, training and role clarity will support a more consistent and embedded risk culture to ensure that all staff contribute to the identification and management of risk. In 2025-2026, the internal audit risk management programme will focus on reviewing the past five years of implementation to strengthen the alignment of risk practices

with strategic objectives, improve organisational culture and communication around risk, and promote consistent, accountable, and proactive risk management across all levels of the Trust.

Patient safety remains a core organisational priority underpinned by a strong culture of openness and learning. Oversight is maintained through systems such as Trustwide safety huddles, local safety forums, Executive walkrounds and comprehensive safety reporting to the Board. The Trust actively promotes a culture in which staff feel safe to speak up about safety concerns, recognising this as fundamental to high-quality safe care. The Quality Assurance Committee receives a quarterly integrated patient safety report which triangulates safety data, system performance and improvement initiatives; the report also includes updates on learning from incidents and the resulting safety improvement work. Additionally, the committee has oversight on directorate-level quality and safety reports ensuring oversight at both strategic and operational levels.

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.

The Trust continues to implement the NHS patient safety incident response framework (PSIRF) with a focus on continuous learning, improvement and supporting those affected by incidents. Safety is further supported by systematic environmental risk assessments across all sites, monitored by the Health & Safety Committee.

Emergency planning, resilience and business continuity arrangements continued to be strengthened during the year with full compliance confirmed through the NHSE annual assurance process against emergency prevention, preparedness and response (EPPR) core standards. An internal audit of the Trust's business continuity arrangements identified areas for improvement in policy consistency, training compliance, record-keeping, and third-party assurance. The Trust is taking action to address these, strengthen resilience and ensure compliance.

The Trust has a standards of business conduct policy, and all Board standing committees, sub-committees and other Trust groups include 'declarations of interest' as a standing agenda item. The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff as defined by the Trust with reference to the guidance, within the past twelve months as required by the *Managing Conflicts of Interest in the NHS* guidance.

## Trust's Major Risks

The BAF includes nine risks that align with the Trust's strategic objectives, and some risks and target scores reflecting multi-year programmes.

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

In 2024-2025, the Trust continued to strengthen its approach to the Board Assurance Framework (BAF) as a key tool for strategic oversight and risk management, recognising the complex and evolving challenges facing the NHS. These included persistent financial pressures, increased service demand, workforce recruitment and retention issues, industrial action and a shifting political and regulatory landscape. While some fluctuations in BAF risk scores occurred during the year, many scores remained static despite implementation of a wide range of mitigating actions. This

reflects the ongoing external pressures and systemic constraints impacting the wider healthcare system.

During the year, the Trust undertook a comprehensive review and reframing of all risks on the BAF to ensure alignment with its strategic objectives. Using a quality improvement approach, Executive leads worked with Non-Executive Directors to analyse each risk, identifying root causes and obstacles. A revised 'bowtie' template was introduced to better align risk causes, consequences and mitigating actions. In addition, the Board agreed to the creation of a new estates risk (BAF 10), a refinement of digital/cyber and financial risks, and updates to risk wording and trajectories. Feedback from committees led to improvements in clarity, consistency and narrative. The Executive team recognises this is an iterative process and will continue to develop risk trajectories, moderation approaches and standardisation across BAF risks to strengthen oversight and assurance.

By the end of Q4, the target scores for risks 2 and 5 had been achieved demonstrating progress in specific priority areas. However, four risks remained rated as 'significant,' underscoring the scale of ongoing challenges. The Board remains committed to using the BAF proactively to monitor risk, track mitigation effectiveness, and inform decision-making, while recognising the need for continued adaptability and focus as the Trust navigates a period of considerable uncertainty and change.

Risk Description	Risk Score 2024-2025				
	Q1	Q2	Q3	Q4	Target
<b>Strategic Objective: Improved population health outcomes</b>					
<b>Risk 1:</b> If the Trust does not build and sustain the right capability and capacity to support new models of <b>integrated care</b> , this may impact adversely on our ability to deliver the Trust strategy	12 ↔	12 ↔	12 ↔	12 ↔	8 High
<b>Risk 2:</b> If the Trust does not build and sustain <b>effective partnerships</b> with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy	8 ↔	8 ↔	8 ↔	8 ↔	8 High
<b>Risk 9:</b> If the Trust does not effectively manage its <b>commissioning responsibilities</b> and associated risks as a lead provider and/or collaborative commissioner, this will impact on the quality and experience of care for service users and patients	16 ↔	16 ↔	16 ↔	16 ↔	8 High
<b>Strategic Objective: Improved experience of care</b>					
<b>Risk 3:</b> If the Trust does not work effectively with <b>patients and local communities</b> in the planning and delivery of care, services may not meet the needs of local communities	12 ↔	12 ↔	n/a	12 ↔	8 High
<b>Risk 4:</b> If essential standards of <b>quality and safety</b> are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	12 ↔	12 ↔	12 ↔	12 ↔	9 High
<b>Strategic Objective: Improved staff experience</b>					
<b>Risk 5:</b> If matters related to <b>staff experience</b> such as the recruitment and retention of individuals with the appropriate skills are not effectively planned for and addressed, this will negatively impact on staff retention, motivation, engagement and satisfaction	16 ↔	16 ↔	12 ↓	12 ↔	12 High
<b>Strategic Objective: Improved value</b>					
<b>Risk 7:</b> There is a risk that the Trust cannot achieve it strategic priority to ensure <b>financial stability</b>	20 ↑	20 ↔	20 ↔	20 ↔	8 High

Risk Description	Risk Score 2024-2025				
	Q1	Q2	Q3	Q4	Target
<b>Risk 8:</b> If <b>digital infrastructure plans</b> are not robustly implemented and embedded, this will adversely impact on our service quality and deliver, patient care and carer experience as well as our ability to transform services within digital	20 ↔	16 ↔	16 ↔	20 ↑	12 High
<b>Risk 10:</b> If the estate is not effectively maintained or improved this will result in a <b>poor quality environment</b> , reduced statutory compliance and failure in net zero carbon (NZC) obligations	20	20 ↔	20 ↔	20 ↔	10 High

**BAF 1:** Throughout 2024-2025, the risk remained rated as High (score of 12), reflecting ongoing complexities within Integrated Care Systems (ICSs), financial recovery pressures and the risk of reduced collaboration which could impede transformation efforts. Despite progress in integrated care models through national programs, challenges such as internal capability gaps, workforce pressures and the ongoing strain on local authority social care services persist, such as delayed discharges due to lack of supported housing which impact system flow and resource allocation. Additional actions were introduced during the year such as targeted leadership development via the Going Further Going Together programme; however, low uptake of training highlights the need to build system leadership skills and embed integrated care approaches. The consistent risk score reflects the ongoing operational and systemic challenges in delivering fully integrated care, despite progress in some areas. Addressing this risk remains a priority as the Trust continues to work with partners to transform service delivery and improve population health outcomes.

**BAF 2:** Throughout 2024-2025, the risk remained consistently rated as High (score of 12), reflecting the ongoing challenges of operating within complex and evolving ICSs. The static risk score recognises the impact of system-wide financial recovery efforts, varying maturity of place-based partnerships and the risk of retrenched behaviours that could limit collaboration. The Trust has continued to invest significantly in system partnership working, maintaining strong leadership roles across both North East London and Bedfordshire, Luton and Milton Keynes ICSs. However, progress in areas like collaborative governance and joint service planning has been slower than expected due to broader system pressures. Targeted actions have focused on strengthening relationships, enhancing influence in place-based partnerships, and contributing to the development of future commissioning frameworks though several actions remain open-ended, highlighting the long-term nature of system development. The consistently high score reflects the Trust's recognition of the strategic importance of effective partnerships and the external factors that continue to limit system collaboration. Strengthening partnership working will remain a key priority in 2025-2026 to support delivery of the Trust's strategy.

**BAF 9:** Throughout 2024-2025, the risk remained consistently rated as Significant (score of 16) reflecting the ongoing complexity and risk exposure associated with the Trust's role in leading multiple new models of care (NMCs) and provider collaboratives. While established programmes like the CAMHS Collaborative have shown stability, newer arrangements such as the Perinatal Collaborative have presented higher risks due to financial uncertainty, capacity issues and limited data visibility. Additional pressures arose from the temporary closure of Simmons House, which introduced reputational and financial risks, mitigated through strong engagement and interim service planning. The Trust has also made progress in preparing for the delegation of specialised commissioning with strong external engagement and a focus on governance. Despite improvements, the consistent risk score reflects the persistent complexity and material risks that will require continued attention into 2025-2026.

**BAF 3:** Throughout 2024-2025, the risk remained consistently rated as High (score of 12) reflecting variation in engagement practices, limited infrastructure, and financial and workforce pressures. While there was demonstrable progress in embedding people participation within both service delivery and system-level planning, challenges persisted that constrained full implementation. While meaningful progress was made in some areas such as peer support roles



and developing coproduction initiatives across neighbourhood and system levels, challenges remained including variation across services in the quality and extent of people participation, limited local patient experience data to inform service design and funding uncertainty. Despite growing recognition of the importance of people participation, the risk level remains high due to continued underdeveloped infrastructure and system-level inconsistencies that continue to limit the Trust's ability to embed consistent, meaningful coproduction in all areas.

**BAF 4:** Throughout 2024-2025, the risk remained consistently rated as High (score of 12) for quality and safety, reflecting the continued pressures on demand, patient flow and bed availability. Despite coordinated system responses, improvements in safety governance, and strengthened leadership oversight, challenges persisted particularly around discharge delays, observation practices and capacity constraints in key areas. Despite targeted improvements such as reductions in out-of-area placements, enhanced observation practices and strengthened quality governance the underlying risks remained. Quality improvement programmes, leadership engagement and system-level collaboration progressed well, but high service demand and financial constraints continued to pose threats to consistent, safe care. The risk score was unchanged as these systemic pressures, coupled with variable service resilience and evolving risks like GP action and service decommissioning, meant the likelihood and impact of compromised care remained significant.

**BAF 5:** Throughout 2024-2025, the risk remained a significant concern for the Trust due to persistent challenges in workforce recruitment, retention and staff experience/wellbeing. Initially rated at Significant (score of 16) due to high vacancy and sickness rates and concerns around culture and morale, the risk score was reduced to High (score of 12) in November following sustained improvements. These included streamlined recruitment, better agency oversight and cultural development through the Going Further Going Together (GFGT) programme. While workforce indicators have stabilised and strategic actions are yielding results, the risk remains high due to ongoing financial pressures and reduced staff survey engagement, necessitating continued focus on inclusive workforce planning and staff engagement.

**BAF 7:** Throughout the year, the Trust has continued to face a growing financial challenge that extends beyond the scope of efficiency savings alone, driven by multiple and compounding factors. In recognition of this broader threat to financial sustainability, the risk score was raised mid-year from Significant 16 to Significant 20 and has remained at this elevated level. The increase reflects both the short-term operational impacts and longer-term strategic risks, including constrained funding, inflationary pressure, and a persistent gap between financial plans and required savings. In response, the Trust launched the GFGT programme to strengthen financial sustainability efforts, improve accountability and enhance governance. While these actions have led to greater coordination and increased identification of schemes, continued reliance on non-recurrent measures and external support highlights the ongoing nature of the challenge. As a result, despite improvements in planning and control, the financial risk remains significant and the current score of 20 is considered an accurate reflection of the Trust's financial position and ongoing uncertainty.

**BAF 8:** Throughout 2024-2025 the risk score remained as Significant with the score initially set at Significant 20 due to infrastructure fragility, cyber risk and capital funding limitations. Mid-year progress in digital infrastructure and cybersecurity allowed for a temporary reduction to Significant 16 reflecting improvements in network resilience, virtual desktop rollout and alignment with ISO standards. However, by March renewed financial uncertainty and the lack of confirmed national cyber funding led to the risk score returning to Significant 20. Despite clear strategic direction and strengthened governance, persistent capital, workforce and cyber threat landscape challenges continue to drive the need for heightened vigilance and sustained investment.

**BAF 10:** As a new risk introduced during the year, the risk has score has remained as Significant (score of 20) reflecting the persistent challenges posed by a deteriorating and ageing estate, constrained capital funding and growing pressures on delivery capacity. Despite this, the Trust has made consistent progress in managing estates-related risks through structured programmes such as Patient-Led Assessments of the Care Environment (PLACE), NHS Premises Assurance Model



(PAM), and Going Further Going Together, and by initiating hard FM redesign and procurement. The capital programme governance has been strengthened and environmental quality reporting to the Board has improved. However, progress is increasingly hindered by under-resourcing, recruitment restrictions, and anticipated further reductions in CDEL, which collectively constrain the Trust's ability to address estate-related compliance and quality issues at pace. The risk score remains unchanged due to the systemic nature of the underlying issues and the growing risk these pose to service quality and patient safety if not mitigated through sustained investment and support.

For 2025-2026, the Trust continues to face a broad range of major strategic risks arising from a rapidly evolving internal and external environment including changes in national policy, healthcare commissioning, funding priorities, system reforms and increasing regulatory and public expectations. The national political and policy landscape remains uncertain. Financial pressures, workforce challenges and growing demand and acuity add to the complexity while geopolitical factors such as economic instability and political uncertainty also pose risks to service delivery and sustainability. These challenges demand strong collaboration across health and social care systems and internal flexibility to adapt. The Board is committed to managing these risks by balancing low tolerance for risks affecting safety, compliance, or public confidence with openness to measured risks that support innovation and transformation. The Trust remains committed effective risk management that supports accountability, strengthens relationships with partners and communities to address both current and future challenges. The key issues and opportunities facing the Trust are outlined in the main annual report.

## NHS Foundation Trust Licence Condition Compliance

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 meet these obligations, the Trust maintains an effective corporate governance framework. This includes a clearly defined Board and committee structure, regularly reviewed terms of reference and committee effectiveness, forward plans and clear lines of accountability. This system of layered oversight sees each committee undertaking scrutiny and assurance of the systems of internal control including risk management, performance, finance, quality and compliance.

The Board receives regular integrated reports on finance, performance, quality and compliance as well as specific reports on areas such as safe staffing levels and regulatory risks. Assurance is further strengthened through reports from committee chairs following each meeting; this ensures clear oversight of the Trust's delivery against its objectives and licence conditions.

Governance arrangements are mirrored at divisional and directorate level, promoting alignment across the organisation. A comprehensive internal audit programme aligned to areas of key financial and operational risk, supports assurance on the effectiveness of internal control systems.

The Trust remains committed to upholding the principles of good governance, transparency and accountability in line with its licence requirements and the expectations of NHS England. The Trust 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.

## Involvement of Stakeholders

The Trust is committed to working 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 and 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 and NEL ICB through our North East London Mental Health Learning Disability & Autism Collaborative (MHLDA), and which has had a major role in developing and mobilising our NEL-wide plans for mental health as part of our system operating plan, and through our developing Community Health Services Collaborative, with NEL ICB, North East London NHS FT, 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 thorough the BLMK MHLDA Collaborative which was formed during 2024-25.

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, working with fully alongside lived experience leaders. 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.

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. Further detail is included in the annual report.

## 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. I am supported in this by my executive team which oversees the day-to-day operations of the Trust. The Board regularly monitors performance in this area through financial, performance and quality reports as well as through assurance reports from its standing committees. The Board also approves the Trust's strategic and annual plans, and associated 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 to assess progress against the Trust's annual plan, strategic objectives and overall organisational performance. These reports together with the annual population health report provide assurance on the delivery of the Trust's strategy and include insights into quality, compliance and Trustwide performance.

Directorate performance and quality review meetings examine performance across a wide range of financial and quality metrics. These reviews inform the monthly performance and compliance reports to the Service Delivery Board forming a key component of operational oversight.

During the year, the Trust strengthened its system for setting and controlling budgets, including activity-based financial planning and periodic review. This is underpinned by a clear framework of standing financial instructions, a scheme of delegation and reservation, and established financial approval limits. These controls are reviewed regularly by the Finance, Business & Investment Committee and the Board to ensure ongoing effectiveness.

To further strengthen financial governance in response to increasing financial pressures and to support the delivery of one of the Trust's key strategic outcomes – improving value – the *Going Further, Going Together (GFGT)* programme was established. This strategic initiative reflects a collaborative, strategic approach and recognises that achieving long-term financial resilience requires more than isolated cost-cutting, the programme focuses on reducing both known and emerging cost pressures while delivering against ambitious savings commitments. Governance arrangements were enhanced to support oversight, with clear ownership at Executive and directorate levels and regular reporting to the Finance, Business & Investment Committee and the Board. The Board recognised that successful delivery of this programme is essential not only for maintaining financial stability, but also for creating the headroom necessary to invest in innovation and service development to meet evolving service user needs.

The Audit Committee plays a central role in supporting the Board and me as the Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management and internal control. It is chaired by a Non-Executive Director and engages closely with the work of both internal and external audit. Its scope, defined in its terms of reference, reflects the full range of assurance needs of the Board.

Internal audit provides an independent and objective opinion on the effectiveness of the Trust's governance, risk management and control systems. The internal audit plan, approved by the Board, is aligned to financial and operational risk areas and includes specific reviews of value for money and efficient use of resources. Outcomes and management responses from audits are reviewed not only by the Audit and Quality Assurance Committees but also by relevant standing committees for more detailed scrutiny.

In addition, the Trust has an embedded counter fraud work plan, approved by the Audit Committee, with a strong emphasis on prevention and deterrence. There is a proactive approach to fraud awareness raising among staff through proactive communications and engagement.

The Trust also uses national benchmarking tools to identify areas for cost reduction and service improvement. These tools help inform service redesign and productivity improvements, ensuring we deliver value for money in line with national benchmarks and expectations.

Digital transformation is a key enabler in delivering economy and efficiency. Investment in digital infrastructure, automation and electronic systems supports the delivery of more integrated, safe and efficient care. These programmes are aligned to the Trust's strategy and include outcome monitoring.

Workforce planning and productivity are actively monitored through key performance indicators such as agency usage, vacancy rates and staff wellbeing metrics. These are routinely reviewed to ensure the optimal use of human resources and reduce avoidable costs.

The Trust is committed to working collaboratively across the wider health and care system. We actively engage with our Integrated Care Boards in both North East London and Bedfordshire, Luton & Milton Keynes and system partners to align financial plans, maximise joint investment opportunities, and reduce duplication through shared services and planning.

Continuous improvement underpins our approach. Lessons learned from internal audit, counter fraud, external reviews, and transformation programmes are used to refine our resource management practices and embed a culture of learning and accountability.

## 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 16 reportable incidents via the Data Security and Protection Toolkit in 2024/5. The incidents primarily involved misdirected communications, unauthorised access to patient records and data exposure through email or online platforms. Technical issues, including system outages and a cyberattack on a key provider, also caused operational disruption. One incident relating to the accidental publication of a spreadsheet containing data on 4,200 young people met the threshold for notification to the Information Commissioner's Office (ICO); following review, the ICO confirmed that no further action would be taken.

## Data Quality and Governance

The Trust maintains strong governance and leadership arrangements to ensure high standards of data quality and clinical governance. The Chief Quality Officer is the Executive Director lead for the development of the annual quality account overseen by the Quality Committee and Quality Assurance Committee.



The quality priorities for 2024-2025 were co-developed with senior clinicians and managers, 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. Quality improvement and co-production are integral to the Trust's culture and service delivery model.

The Trust has established systems to ensure the accuracy, completeness and timeliness of data used in decision making. Data quality is monitored through the Information Governance Steering Group, chaired by the SIRO and is reported into the Quality Committee and Service Delivery Board. All data presented to the Board within the performance report is locally validated and supported by contextual analysis to ensure informed scrutiny.

Responsibilities for data quality and quality governance are clearly defined in job descriptions. When new data processes are introduced, appropriate training and guidance are provided. These processes help embed a culture of continuous improvement and support safe, effective and transparent decision-making across the organisation.

## Review of Effectiveness

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

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed external auditors' observations as detailed 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. While some areas for improvement have been identified, a plan is being developed to address these weaknesses and to support the continued development of a robust and responsive control framework. The work of the committees including their oversight of internal and external audit findings, has provided assurance that systems are in place to identify and manage risks effectively and ensure compliance with regulatory and statutory obligations.

During the year, the Board revisited its involvement in primary care, reflecting both on the processes leading to recent strategic decisions and on the lessons learned from previous approaches. As part of this, the Trust has commissioned an independent review to assess the governance, due diligence and decision-making processes associated with its historic primary care involvement. This review reflects the Trust's commitment to transparency, accountability, and continuous improvement. Insights from this work will inform future engagement in primary care, ensuring alignment with Trust priorities and a clear understanding of risk, opportunities and system-wide impact.

I am assured that where areas for improvement have been identified, appropriate actions are being taken with progress monitored closely by the Executive team and relevant Board committees. Executive Directors provide regular assurance through reporting on audit action progress, risk management updates and committee oversight, ensuring that issues are addressed and improvements embedded.

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 Head of Internal Audit's opinion for 1 April 2024 to 31 March 2025 based on the findings and conclusions of the agreed workplan for 2024-2025 highlights that there are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and ineffective. The factors influencing the opinion include inherent risk in the area being audit; limitations in the individual audit assignments; the adequacy and effectiveness of risk management and/or governance control framework; the impact of weaknesses identified; the level of risk exposure; and the response to management actions and timeliness of actions taken.

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):
  - Key financial controls
  - Raising concerns
  - Financial viability programme
  - Out of area placements
- Partial assurance:
  - Appraisals
  - Mental Health Act
  - Business continuity (non-digital)
  - Risk management
  - Temporary staffing (non-medical).

The key areas requiring further development and focus in the year ahead include strengthening governance structures and escalation processes; fostering a positive organisational culture where staff feel empowered to speak up; clarifying roles and responsibilities across the Trust; ensuring policies and procedures are up to date and consistently applied, embedding core processes across all services, and addressing instances of non-compliance; reviewing and strengthening lessons learnt processes across the Trust with regular progress monitoring to support continuous improvement; and . Additionally, a stronger focus is required on learning from incidents through formal lessons learnt mechanisms and ensuring staff have access to relevant and accessible training to perform their roles effectively with appropriate follow-up and escalation for any non-compliance.

In his report, the Head of Internal Audit also 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. No exceptions were noted.
- NHS SBS ISAE 3402 (PWC): NHS Shared Business Services provide finance and accounting services to the Trust. The opinion was qualified on the basis of three controls where exceptions were identified in testing. However, these are not considered sufficiently significant to impact on the internal audit opinion.

## Conclusion

In concluding this Annual Governance Statement, I recognise the significant challenges facing the NHS and wider public sector. The national political and policy landscape continues to evolve, with the prospect of change and uncertainty compounded by persistent financial pressures, workforce constraints, system reform, and a volatile geopolitical environment. These factors present real risks to operational stability, long-term planning, and the sustainability of services.

Despite the challenges faced, the Trust has remained resilient and committed to delivering safe, high-quality and equitable care. We have continued to strengthen our governance, risk

management, and assurance processes to ensure they are responsive and fit for purpose. However, we acknowledge there are areas requiring further development, including governance structures, organisational culture, role clarity, policy consistency, process compliance and training. These will be a key focus in the year ahead to support continuous improvement.

We continue to navigate a demanding financial environment, rising demand, and increasing expectations with a focus on delivering value, improving population health, and strengthening partnerships across the integrated care system. Our commitment to collaborative system working and prudent financial management will be central to sustaining services and meeting the needs of those we serve.

Overall, I am satisfied that the Trust's governance structure remains fit for purpose and responsive to a complex and changing context. While there is always room for improvement, my review confirms that overall the Trust maintained an adequate and effective governance system throughout 2024-2025 with no significant internal control issues identified through internal or external reviews during the year. We are not complacent and will continue to strengthen our approach, drawing on insight from internal and external reviews, performance reporting and engagement with staff, service users and partners to drive ongoing improvement.



**Lorraine Sunduza, OBE**  
**Chief Executive**  
**East London NHS Foundation Trust**

**27 June 2025**

## CONTACT US

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

# FINANCIAL STATEMENTS

# East London NHS Foundation Trust

Audited Annual Accounts  
for the year ended 31 March 2025





# Audited Annual Accounts for the year ended 31 March 2025

## FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2025, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:



Lorraine Sunduza, OBE  
Chief Executive Officer

Date: 27 June 2025



# Audited Annual Accounts for the year ended 31 March 2025

## Statement of Comprehensive Income for the year ended 31 March 2025

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	716,457	668,998
Other operating income	4	27,282	24,346
<b>Total operating income from continuing operations</b>		<b>743,739</b>	<b>693,344</b>
Operating expenditure	5	(753,101)	(697,868)
<b>Operating deficit from continuing operations</b>		<b>(9,362)</b>	<b>(4,524)</b>
Finance income	8	6,307	6,986
Finance expenditure	9	(5,244)	(7,387)
Public Dividend Capital dividends payable		(6,648)	(6,651)
<b>Net finance costs</b>		<b>(5,585)</b>	<b>(7,052)</b>
Share of (loss) / profit of joint venture	29.4	(317)	(201)
Other gains/(losses)		133	(347)
<b>Deficit for the year from continuing operations</b>		<b>(15,131)</b>	<b>(12,124)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments charged to revaluation reserve	11.1	(1,790)	(9,427)
Revaluation to revaluation reserve		2,684	4,024
Share of other comprehensive (expense)/income from joint ventures	29.4	(27)	8
Remeasurements of the net defined benefit pension scheme asset	20.2	(174)	(1,115)
Other reserve movements		(1)	2,033
<b>Total comprehensive expense for the year</b>		<b>(14,439)</b>	<b>(16,601)</b>

The notes on pages 195 to 229 form part of these accounts.

# Audited Annual Accounts for the year ended 31 March 2025

## Statement of Financial Position as at 31 March 2025

	Note	31 March 2025 £000	31 March 2024 £000
<b>Non-current assets</b>			
Intangible assets	12	2,922	3,220
Property, plant and equipment	11	258,600	270,023
Right of use assets	14	70,977	79,210
Investment property	13	2,081	148
Investment in joint ventures	29	1,443	1,787
Trade and other receivables	15	442	444
Net defined benefit pension scheme asset	20.1	266	377
<b>Total non-current assets</b>		<b>336,731</b>	<b>355,209</b>
<b>Current assets</b>			
Inventories		187	557
Trade and other receivables	15	30,727	34,050
Assets held for sale		350	350
Cash and cash equivalents	16	120,978	116,413
<b>Total current assets</b>		<b>152,242</b>	<b>151,370</b>
<b>Current liabilities</b>			
Trade and other payables	17	(70,870)	(73,690)
Borrowings	19	(15,021)	(15,248)
Provisions	21	(1,915)	(438)
Deferred income	18	(12,328)	(7,368)
<b>Total current liabilities</b>		<b>(100,134)</b>	<b>(96,744)</b>
<b>Total assets less current liabilities</b>		<b>388,840</b>	<b>409,835</b>
<b>Non-current liabilities</b>			
Borrowings	19	(78,928)	(88,416)
Provisions	21	(1,747)	(496)
<b>Total non-current liabilities</b>		<b>(80,675)</b>	<b>(88,912)</b>
<b>Total assets employed</b>		<b>308,165</b>	<b>320,923</b>
<b>Financed by</b>			
Public dividend capital		120,566	118,885
Revaluation reserve		95,737	94,688
Income and expenditure reserve		91,862	107,350
<b>Total taxpayers' equity</b>		<b>308,165</b>	<b>320,923</b>

The notes on pages 195 to 229 form part of these accounts.



Lorraine Sunduza, OBE  
Chief Executive Officer

Date: 27 June 2025

# Audited Annual Accounts for the year ended 31 March 2025

## Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' equity at 1 April 2024</b>	<b>118,885</b>	<b>94,688</b>	<b>107,350</b>	<b>320,923</b>
Surplus / (deficit) for the year	-	-	(15,131)	(15,131)
Revaluations to revaluation reserve	-	2,684	-	2,684
Impairments charged to revaluation reserve	-	(1,790)	-	(1,790)
Share of other comprehensive expense from joint ventures	-	-	(27)	(27)
Remeasurements of the net defined benefit pension scheme asset	-	-	(174)	(174)
Public dividend capital received	1,681	-	-	1,681
Other reserve movements	-	155	(156)	(1)
<b>Taxpayers' equity at 31 March 2025</b>	<b>120,566</b>	<b>95,737</b>	<b>91,862</b>	<b>308,165</b>

## 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 2025

**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
<b>Taxpayers' equity at 1 April 2023</b>	<b>112,578</b>	<b>99,779</b>	<b>129,290</b>	<b>341,647</b>
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
<b>Taxpayers' equity at 31 March 2024</b>	<b>118,885</b>	<b>94,688</b>	<b>107,350</b>	<b>320,923</b>



# Audited Annual Accounts for the year ended 31 March 2025

## Statement of Cash Flows for the year ended 31 March 2025

		2024/25	2023/24
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating deficit		(9,362)	(4,524)
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	5	36,664	38,061
Impairments and reversals of impairments	5	1,453	4,532
Income recognised in respect of capital donations (non-cash)	4	(105)	-
Non-cash movements in on-SoFP pension asset		(64)	(11)
(Increase) / decrease in receivables and other assets		3,593	8,515
(Increase) / decrease in inventories		369	(212)
Increase / (decrease) in payables and other liabilities		6,340	(29,143)
Increase / (decrease) in provisions		1,252	(4,602)
<b>Net cash generated from / (used in) operating activities</b>		<b>40,140</b>	<b>12,616</b>
<b>Cash flows from investing activities</b>			
Interest received		6,341	6,672
Purchase of intangible assets		(3,921)	(34)
Purchase of property, plant, equipment		(12,322)	(17,942)
Sales of property, plant, equipment and investment property		-	736
<b>Net cash from / (used) in investing activities</b>		<b>(9,902)</b>	<b>(10,568)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		1,681	6,307
Capital element of lease liability repayments		(14,041)	(12,778)
Capital element of PFI payments	24.3	(2,207)	(1,905)
Other interest (pension fund liabilities)	20.2	(359)	(361)
Interest element of lease liability repayments	14.3	(830)	(863)
Interest paid on PFI obligations	24.3	(2,968)	(3,072)
PDC dividend paid		(6,950)	(7,509)
<b>Net cash (used in) / generated from financing activities</b>		<b>(25,674)</b>	<b>(20,181)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>4,564</b>	<b>(18,133)</b>
<b>Cash and cash equivalents at 1 April</b>		<b>116,413</b>	<b>134,546</b>
<b>Cash and cash equivalents at 31 March</b>	16	<b>120,977</b>	<b>116,413</b>

# Audited Annual Accounts for the year ended 31 March 2025

## 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 2024/25 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. For the purpose of the valuation, it has been assumed that the new building would be constructed in compliance with current building standards and may differ in appearance and construction type to the current buildings. We have, adopted the same floor area as the existing building. Where the building is underutilised, or unused, specific adaptations to the floor area of the building have been made within the valuation. The catchment area for patients using the services has been taken into account, when deciding on an appropriate alternative site.

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 with staff contracted to work across all sites.

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

- For Right of Use assets the Trust considers the cost model to be an appropriate proxy for current value in existing use or fair value.

##### 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 £2.23m increase or decrease in the value of land & buildings and a 5% variation would result in an £11.15m increase or decrease in the value of land & buildings. Refer to Note 11.

The key assumptions that are most likely to affect the valuations are:

**Cost data:** For specialised properties valued on a depreciated replacement cost basis, the valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available, the valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to the costs that would actually be incurred in practice. If the cost data were to increase by 2% (both locational weighting and BCIS costings), this would increase the value of specialised properties by £6.59m.

# Audited Annual Accounts for the year ended 31 March 2025

## 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 value assumed, this would increase the value of non-specialised operational properties by £0.83m, and the investment properties by £0.05m.

- 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 20.

### 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 2024/25 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 2025

## 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 2025

## 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 2025 (excluding building works done to leasehold properties).

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 where these assets have short useful lives or low values or both, 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 2025

## 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 2025



## 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 and LIFT liabilities*

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. The change in measurement basis was 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.

#### Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	60	60
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 where it meets recognition criteria.

# Audited Annual Accounts for the year ended 31 March 2025

## 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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

# Audited Annual Accounts for the year ended 31 March 2025



## 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.

### 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 2025:

	Inflation rate	Prior year rate
Year 1	2.6%	3.6%
Year 2	2.3%	1.8%
Into perpetuity	2.0%	2.0%

# Audited Annual Accounts for the year ended 31 March 2025

## Notes to the Accounts

### 1.11 Provisions (continued)

#### 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 22 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 at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principle and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

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 using the effective interest method, less any impairment.

Financial liabilities are classified as subsequently measured at amortised cost using the effective interest method.

The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

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.

# Audited Annual Accounts for the year ended 31 March 2025



## Notes to the Accounts

### 1.13 Value added tax

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

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

Public dividend capital (PDC) is a type of public sector equity finance 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 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 14 Regulatory Deferral Accounts	This has not been UK-endorsed. It applies to first time adopters of IFRS after 1 January 2016. Therefore, it is not applicable to DHSC group bodies.
IFRS 17 Insurance Contracts	The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.
IFRS 18 Presentation and disclosure in financial statements	The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.
IFRS 19 Subsidiaries without Public Accountability: Disclosures	The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

The below are changes anticipated changes to the requirements in the GAM: -

Changes to non-investment asset valuation	Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.
Changes to subsequent measurement of intangible assets and PPE classification / terminology	To be implemented for NHS bodies from 1 April 2025: - Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost. - Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity. These changes are not expected to have a material impact on these financial statements.
Changes to valuation cycles and methodology	To be implemented for NHS bodies in later periods: - A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. - Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury. The impact of applying these changes in future periods has not yet been assessed. PPE assets currently subject to revaluation have a total book value of £223.1m as at 31 March 2025.

# Audited Annual Accounts for the year ended 31 March 2025

## 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 2025

## Note 3 Operating income from patient care activities

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

	2024/25 £000	2023/24 £000
<b>Mental health services</b>		
Block contract / system envelope income	424,445	376,525
Services delivered as part of a mental health collaborative	39,347	39,941
Clinical income for the secondary commissioning of mandatory services	53,415	49,369
Other clinical income from mandatory services	50,641	51,042
<b>Community services</b>		
Block contract / system envelope income	106,884	107,686
Income from other sources	11,130	26,323
<b>All services</b>		
Agenda for change pay offer central funding *	608	156
Additional pension contribution central funding **	29,987	17,956
<b>Total income from activities</b>	<b>716,457</b>	<b>668,998</b>

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

Income from patient care activities received from:	2024/25 £000	2023/24 £000
NHS England	75,448	70,860
Integrated Care Boards	529,697	485,734
NHS foundation trusts	37,503	10,480
NHS trusts	44,075	61,698
Local authorities	21,138	29,818
Department of Health and Social Care	-	13
NHS other	-	-
Non NHS: Other	8,596	10,395
<b>Total income from activities</b>	<b>716,457</b>	<b>668,998</b>

\* Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised..

\*\* Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions was 23.7%, of this 9.4% was funded by NHS England (2023/24 contributions were 20.6% with 6.3% funded).

# Audited Annual Accounts for the year ended 31 March 2025

## Note 4 Other operating income

	2024/25	2023/24
	£000	£000
Research and development	1,507	1,903
Education and training	16,589	14,438
Rental revenue from operating leases	400	370
Consumables (inventory) donated from DHSC group bodies for COVID response	-	56
Peppercorn leased assets recognised	105	-
Other income *	8,681	7,579
<b>Total other operating income</b>	<b>27,282</b>	<b>24,346</b>

\* Other income for 2024/25 includes income for the Benchmarking network which was hosted in the year, 2023/24 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

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	7,368	13,074

### Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2025	31 March 2024
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised: within one year	12,328	7,368
<b>Total</b>	<b>12,328</b>	<b>7,368</b>

### 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:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	716,457	668,998
Income from services not designated as commissioner requested services	27,282	24,346
<b>Total</b>	<b>743,739</b>	<b>693,344</b>

Within the 2024/25 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 2025

## Note 5 Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	26,260	45,320
Purchase of healthcare from non NHS bodies <sup>1</sup>	33,123	22,756
Employee expenses - non-executive directors	202	204
Employee expenses - staff & executive directors	540,580	486,314
Supplies and services - clinical	13,134	8,358
Supplies and services - general	25,244	26,914
Drug costs	6,653	5,611
Establishment	6,716	6,779
Research and development	6,818	2,517
Transport	4,910	5,722
Premises	35,334	30,258
Movement in credit loss allowance: contract receivables	250	(139)
Depreciation on property, plant and equipment	35,631	38,061
Amortisation on intangible assets	1,033	-
Impairments/(Reversals of impairments)	1,453	4,532
Audit fees payable to the external auditor		
audit services- statutory audit <sup>2</sup>	180	141
Internal audit costs	87	85
Clinical negligence	2,068	1,841
Legal fees	1,081	685
Consultancy costs	708	316
Education and training	4,696	4,836
Redundancy	1,694	614
Hospitality	94	220
Insurance	117	298
Other services, eg external payroll	1,122	1,049
Losses, ex gratia & special payments	153	250
Other	3,760	4,326
<b>Total</b>	<b>753,101</b>	<b>697,868</b>

### Of which:

<sup>1</sup> The purchase of healthcare from non-NHS bodies includes local authority, independent sector, private sector and charitable organisations.

<sup>2</sup> The Trust's auditor, Forvis Mazars LLP, have charged £180k (inclusive of VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2025 (2023/24: £141k exclusive of VAT)

# Audited Annual Accounts for the year ended 31 March 2025

## Note 6 Limitation on auditor's liability

The Trust's auditor, Forvis Mazars LLP, have not limited their liability in respect of their audits for 2024/25 or 2023/24.

## Note 7 Employee benefits

	2024/25	2023/24
	£000	£000
Salaries and wages	398,351	350,106
Social security costs	44,238	42,184
Apprenticeship levy	1,979	1,881
Employer's contributions to NHS pensions	46,010	41,320
Pension cost - other	115	128
Pension cost - employer contributions paid by NHSE on provider's behalf (9.4% 2024/25, 6.3% 2023/24)	29,987	17,956
Termination benefits	-	-
Agency/contract staff	19,900	32,739
<b>Total staff costs</b>	<b>540,580</b>	<b>486,314</b>

There have been 6 early retirements from the Trust agreed on the grounds of ill health (2023/24: 6). The estimated additional pension liabilities of these ill-health retirements is £667k (2023/24: £1,016k).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## Note 8 Finance Income

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	5,815	6,552
Other finance income	492	434
	<b>6,307</b>	<b>6,986</b>

## Note 9 Finance Expenses

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

	2024/25	2023/24
	£000	£000
<b>Interest expense:</b>		
Interest on lease obligations	830	863
<b>Finance costs on PFI, LIFT and other service concession arrangements:</b>		
Main finance costs	2,968	3,072
Remeasurement of the liability resulting from change in index or rate	1,030	3,091
<b>Total interest expense</b>	<b>4,828</b>	<b>7,026</b>
Unwinding of discount on provisions	57	-
Other finance costs	359	361
<b>Total finance costs</b>	<b>5,244</b>	<b>7,387</b>

# Audited Annual Accounts for the year ended 31 March 2025

## Notes to the Accounts

### Note 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](http://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 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before the new contribution rates are implemented from April 2027.

The estimated expected employer contributions to the NHS pension scheme for 2025/26 is £76.5m, of this £30.2m will be funded by NHS England.

#### 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 on 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 2025

## Note 11 Property, plant and equipment

### Note 11.1 Property, plant and equipment - 2024/25

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2024</b>	<b>24,988</b>	<b>222,113</b>	<b>109</b>	<b>5,666</b>	<b>116</b>	<b>64,335</b>	<b>3,877</b>	<b>321,204</b>
Additions	-	2,200	8,005	127	-	947	28	11,307
Impairments charged to operating expenses	(1,347)	(391)	(7)	-	-	-	-	(1,745)
Impairments charged to revaluation reserve	(494)	(1,296)	-	-	-	-	-	(1,790)
Reversals of impairments	-	292	-	-	-	-	-	292
Reclassifications	-	(1,793)	-	-	-	-	-	(1,793)
Revaluations	79	(3,939)	-	-	-	-	-	(3,860)
Disposals / derecognition	-	(175)	-	(1,409)	-	(5,513)	(2,416)	(9,513)
<b>Valuation/gross cost at 31 March 2025</b>	<b>23,226</b>	<b>217,011</b>	<b>8,107</b>	<b>4,384</b>	<b>116</b>	<b>59,769</b>	<b>1,489</b>	<b>314,102</b>
<b>Accumulated depreciation at 1 April 2024</b>	<b>-</b>	<b>9,945</b>	<b>-</b>	<b>4,231</b>	<b>82</b>	<b>33,864</b>	<b>3,059</b>	<b>51,181</b>
Provided during the year	-	8,393	-	523	17	11,128	310	20,371
Revaluations	-	(6,544)	-	-	-	-	-	(6,544)
Disposals/ derecognition	-	(175)	-	(1,409)	-	(5,506)	(2,416)	(9,506)
<b>Accumulated depreciation at 31 March 2025</b>	<b>-</b>	<b>11,619</b>	<b>-</b>	<b>3,345</b>	<b>99</b>	<b>39,486</b>	<b>953</b>	<b>55,502</b>
<b>Net book value at 31 March 2025</b>	<b>23,226</b>	<b>205,392</b>	<b>8,107</b>	<b>1,039</b>	<b>17</b>	<b>20,283</b>	<b>536</b>	<b>258,600</b>
<b>Net book value at 1 April 2024</b>	<b>24,988</b>	<b>212,168</b>	<b>109</b>	<b>1,435</b>	<b>34</b>	<b>30,471</b>	<b>818</b>	<b>270,023</b>

The figures for Buildings excluding dwellings above include building works that the Trust has done to leasehold properties. The £11.6m disclosed as accumulated depreciation at year-end relates to these assets. All other accumulated depreciation has been written out following the revaluation exercise.

#### Useful economic life

- Minimum useful economic life	60	5	5	3	5
- Maximum useful economic life	60	10	5	10	5



# Audited Annual Accounts for the year ended 31 March 2025

## Note 11.2 Property, plant and equipment - 2023/24

	Land £000	Buildings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation/gross cost at 1 April 2023</b>	<b>26,549</b>	<b>230,475</b>	<b>231</b>	<b>933</b>	<b>4,939</b>	<b>116</b>	<b>56,035</b>	<b>3,582</b>	<b>322,860</b>
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/ from assets held for sale	(105)	-	(245)	-	-	-	-	-	(350)
<b>Valuation/gross cost at 31 March 2024</b>	<b>24,988</b>	<b>222,113</b>	<b>-</b>	<b>109</b>	<b>5,666</b>	<b>116</b>	<b>64,335</b>	<b>3,877</b>	<b>321,204</b>
<b>Accumulated depreciation at 1 April 2023</b>	<b>-</b>	<b>2,858</b>	<b>-</b>	<b>-</b>	<b>3,578</b>	<b>64</b>	<b>23,918</b>	<b>2,733</b>	<b>33,151</b>
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 income	(72)	(289)	-	-	-	-	-	-	(361)
Revaluations	(992)	(9,658)	(4)	(412)	-	-	-	-	(11,066)
<b>Accumulated depreciation at 31 March 2024</b>	<b>-</b>	<b>9,945</b>	<b>-</b>	<b>-</b>	<b>4,231</b>	<b>82</b>	<b>33,864</b>	<b>3,059</b>	<b>51,181</b>
<b>Net book value at 31 March 2024</b>	<b>24,988</b>	<b>212,168</b>	<b>-</b>	<b>109</b>	<b>1,435</b>	<b>34</b>	<b>30,471</b>	<b>818</b>	<b>270,023</b>
<b>Net book value at 1 April 2023</b>	<b>26,549</b>	<b>227,617</b>	<b>231</b>	<b>933</b>	<b>1,361</b>	<b>52</b>	<b>32,117</b>	<b>849</b>	<b>289,709</b>

The figures for Buildings excluding dwellings above include building works that the Trust has done to leasehold properties. The £9.9m disclosed as accumulated depreciation at year-end relates to these assets. All other accumulated depreciation has been written out following the revaluation exercise.

### 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 2025

Note 11.3 Property, plant and equipment financing - 2024/25

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2025</b>								
Owned	23,226	164,203	8,107	1,039	17	20,283	536	217,411
On-SoFP PFI contracts	-	38,969	-	-	-	-	-	38,969
Donated	-	2,220	-	-	-	-	-	2,220
<b>NBV total at 31 March 2025</b>	<b>23,226</b>	<b>205,392</b>	<b>8,107</b>	<b>1,039</b>	<b>17</b>	<b>20,283</b>	<b>536</b>	<b>258,600</b>

Note 11.4 Property, plant and equipment financing - 2023/24

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Net book value at 31 March 2024</b>								
Owned	24,988	177,625	109	1,435	34	30,471	818	235,480
On-SoFP PFI contracts	-	32,323	-	-	-	-	-	32,323
Donated	-	2,220	-	-	-	-	-	2,220
<b>NBV total at 31 March 2024</b>	<b>24,988</b>	<b>212,168</b>	<b>109</b>	<b>1,435</b>	<b>34</b>	<b>30,471</b>	<b>818</b>	<b>270,023</b>

# Audited Annual Accounts for the year ended 31 March 2025

## Note 12 Intangible assets

### Note 12.1 Intangible assets - 2024/25

	Software licences £000	Total £000
<b>Valuation/gross cost at 1 April 2024</b>	4,099	4,099
Additions	735	735
Disposals/derecognition	(566)	(566)
<b>Valuation/gross cost at 31 March 2025</b>	<b>4,268</b>	<b>4,268</b>
<b>Accumulated depreciation at 1 April 2024</b>	879	879
Provided during the year	1,033	1,033
Disposals/derecognition	(566)	(566)
<b>Accumulated depreciation at 31 March 2025</b>	<b>1,346</b>	<b>1,346</b>
<b>Net book value at 31 March 2025</b>	<b>2,922</b>	<b>2,922</b>

### Note 12.2 Intangible assets - 2023/24

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

## Note 13 Investment Properties

	2024/25 £000	2023/24 £000
<b>Carrying value at 1 April</b>	<b>148</b>	157
Fair value gains/(losses)	140	(9)
Reclassifications from Property, Plant and Equipment	1,793	-
<b>Carrying value at 31 March</b>	<b>2,081</b>	148

# Audited Annual Accounts for the year ended 31 March 2025

## Note 14 Right of use assets

### Note 14.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation/gross cost at 1 April 2024</b>	104,420	-	104,420	94,547
Additions	2,252	182	2,434	460
Remeasurements of the lease liability	3,175	-	3,175	2,174
Dilapidation provisions arising	1,419	-	1,419	134
Disposals / derecognition	(4,533)	-	(4,533)	(3,797)
<b>Valuation/gross cost at 31 March 2025</b>	<b>106,733</b>	<b>182</b>	<b>106,915</b>	<b>93,518</b>
<b>Accumulated depreciation at 1 April 2024</b>	25,210	-	25,210	22,216
Provided during the year	15,200	60	15,260	12,384
Disposals / derecognition	(4,532)	-	(4,532)	(3,797)
<b>Accumulated depreciation at 31 March 2025</b>	<b>35,878</b>	<b>60</b>	<b>35,938</b>	<b>30,803</b>
<b>Net book value at 31 March 2025</b>	<b>70,855</b>	<b>122</b>	<b>70,977</b>	<b>62,715</b>
Net book value of right of use assets leased from other NHS providers				6,649
Net book value of right of use assets leased from other DHSC group bodies				56,066

### Note 14.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation/gross cost at 1 April 2023</b>	92,151	-	92,151	84,401
Additions	3,925	-	3,925	3,124
Remeasurements of the lease liability	8,344	-	8,344	7,022
<b>Valuation/gross cost at 31 March 2024</b>	<b>104,420</b>	<b>-</b>	<b>104,420</b>	<b>94,547</b>
<b>Accumulated depreciation at 1 April 2023</b>	11,713	-	11,713	10,411
Provided during the year	13,497	-	13,497	11,805
<b>Accumulated depreciation at 31 March 2024</b>	<b>25,210</b>	<b>-</b>	<b>25,210</b>	<b>22,216</b>
<b>Net book value at 31 March 2024</b>	<b>79,210</b>	<b>-</b>	<b>79,210</b>	<b>72,331</b>
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 2025

## Note 14.3 Reconciliation of the carrying value of lease liabilities

	2024/25	2023/24
	£000	£000
<b>Carrying value at 1 April</b>	<b>77,524</b>	78,044
Lease additions	2,329	3,925
Lease liability remeasurements	3,175	8,344
Interest charge arising in year	830	863
Terminations	-	(10)
Lease payments (cash outflows)	(14,871)	(13,641)
<b>Carrying value at 31 March</b>	<b>68,987</b>	<b>77,524</b>

## Note 14.4 Maturity analysis of future lease payments at 31 March 2025

	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025
	£000	£000
<b>Undiscounted future lease payments payable in:</b>		
- not later than one year;	13,289	11,105
- later than one year and not later than five years;	42,891	38,670
- later than five years.	15,377	13,588
<b>Total gross future lease payments</b>	<b>71,557</b>	<b>63,363</b>
Finance charges allocated to future periods	(2,570)	(2,030)
<b>Net lease liabilities at 31 March 2025</b>	<b>68,987</b>	<b>61,333</b>
<b>Of which:</b>		
- Current	12,566	10,522
- Non-Current	56,421	50,811

# Audited Annual Accounts for the year ended 31 March 2025

## Note 15 Trade and other receivables

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Contract receivables (invoiced and accrued)	22,680	27,608
Allowance for impaired contract receivables	(713)	(482)
Prepayments (non-PFI)	4,700	3,111
Clinician pension tax provision reimbursement funding from NHSE	18	13
VAT receivable	1,877	2,075
PDC dividend receivable	336	34
Other receivables	1,829	1,691
<b>Total current trade and other receivables</b>	<b>30,727</b>	<b>34,050</b>
<b>Non-current</b>		
Clinician pension tax provision reimbursement funding from NHSE	442	444
<b>Total non-current trade and other receivables</b>	<b>442</b>	<b>444</b>
<b>Of which receivable from NHS and DHSC group bodies</b>	<b>17,336</b>	<b>20,740</b>

## Note 15.1 Allowances for credit losses

	2024/25 £000	2023/24 £000
<b>At 1 April brought forward</b>	<b>482</b>	<b>645</b>
New allowances arising	422	399
Utilisation of allowances (write offs)	(19)	(24)
Reversals of allowances	(172)	(538)
<b>At 31 March</b>	<b>713</b>	<b>482</b>

## Note 16 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.

	2024/25 £000	2023/24 £000
<b>At 1 April</b>	<b>116,413</b>	<b>134,546</b>
Net change in year	4,565	(18,133)
<b>At 31 March</b>	<b>120,978</b>	<b>116,413</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	239	291
Cash with the Government Banking Service	120,739	116,122
<b>Total cash and cash equivalents as in SoFP</b>	<b>120,978</b>	<b>116,413</b>



# Audited Annual Accounts for the year ended 31 March 2025



## Note 17 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Trade payables	17,242	24,634
Capital payables	3,594	7,794
Other taxes payable	11,391	11,145
Other payables	7,741	7,616
Accruals	30,902	22,501
<b>Total current trade and other payables</b>	<b>70,870</b>	<b>73,690</b>
<b>Of which payable to NHS and DHSC group bodies</b>	<b>15,086</b>	<b>14,756</b>

## Note 18 Deferred income

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Deferred income	12,328	7,368
<b>Total deferred income</b>	<b>12,328</b>	<b>7,368</b>

## Note 19 Borrowings

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Lease liabilities	12,566	13,127
Obligations under PFI	2,455	2,121
<b>Total current borrowings</b>	<b>15,021</b>	<b>15,248</b>
<b>Non-current</b>		
Lease liabilities	56,421	64,398
Obligations under PFI	22,507	24,018
<b>Total non-current borrowings</b>	<b>78,928</b>	<b>88,416</b>

# Audited Annual Accounts for the year ended 31 March 2025



## Note 20 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 20.1 & 20.2.

### Note 20.1 Amounts recognised in the Statement of Financial Position

	2024/25 £000	2023/24 £000
<b>Change in benefit obligation during period</b>		
Defined benefit obligation as at 1 April	(7,557)	(7,637)
Current service cost	(115)	(128)
Interest on pension obligations	(359)	(361)
Member contributions	(42)	(53)
Remeasurements recognised in other comprehensive income	1,028	341
Benefits paid	600	281
<b>Defined benefit obligation as at 31 March</b>	<b>(6,445)</b>	<b>(7,557)</b>
<b>Change in fair value of plan assets during period</b>		
Fair value of plan assets as at 1 April	10,193	9,130
Interest income on plan assets	492	434
Actuarial gains	46	803
Employer contributions	58	68
Administration expenses	(12)	(14)
Member contributions	42	53
Benefits paid	(600)	(281)
<b>Fair value of plan assets as at 31 March</b>	<b>10,219</b>	<b>10,193</b>
Impact of asset ceiling	(3,508)	(2,259)
<b>Net asset/(liability) as at 31 March</b>	<b>266</b>	<b>377</b>

### Note 20.2 Amounts recognised in the Statement of Comprehensive Income

	2024/25 £000	2023/24 £000
Current service cost	(115)	(128)
Interest on pension obligations	(359)	(361)
Interest income on plan assets	492	434
<b>Total pension cost recognised</b>	<b>18</b>	<b>(55)</b>
<b>Re-measurements in other comprehensive income:</b>		
Return on fund assets in excess of interest	47	803
Change in financial assumptions	1,008	215
Change in demographic assumptions	17	79
Experience losses on defined obligations	3	47
Interest on impact of asset ceiling	(112)	-
Impact of asset ceiling	(1,137)	(2,259)
<b>Total re-measurements in other comprehensive income</b>	<b>(174)</b>	<b>(1,115)</b>

The projected pension expense for the year ending 31 March 2026 is £85k, with employer contributions estimated at £63k.

# Audited Annual Accounts for the year ended 31 March 2025

## Note 20 Employee retirement benefit obligations (continued)

### Note 20.3 Principal actuarial assumptions

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

	31 March 2025	31 March 2024
	% p.a.	% p.a.
Pension increase rate	2.95%	2.85%
Salary increase rate	3.95%	3.85%
Discount rate	5.85%	4.95%
RPI inflation	3.20%	3.15%

### Life Expectancy from Age 65 (years)

	31 March 2025	31 March 2024
- Retiring Today		
- Males	21.1	21.1
- Females	24.0	23.9
- Retiring in 20 years		
- Males	22.2	22.2
- Females	25.5	25.5

The estimate of past service liability duration is 24 years.

### Sensitivity analysis 2025/26

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,336	6,446	6,559
Projected Service Cost	89	92	94
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,464	6,446	6,428
Projected Service Cost	92	92	92
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,544	6,446	6,351
Projected Service Cost	94	92	89
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	6,624	6,446	6,273
Projected Service Cost	95	92	88

### 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

# Audited Annual Accounts for the year ended 31 March 2025



## Note 20 Employee retirement benefit obligations (continued)

### Note 20.4 Analysis of assets

	31 March 2025 £000	31 March 2025 %	31 March 2024 £000	31 March 2024 %
Equities	6,187	61%	6,140	61%
Bonds	2,076	20%	1,878	18%
Property	1,569	15%	1,464	14%
Cash	387	4%	711	7%
<b>Total assets</b>	<b>10,219</b>	<b>100%</b>	<b>10,193</b>	<b>100%</b>

### Assets break down is as follows:

	31 March 2025		31 March 2024	
	Quoted (%)	Unquoted (%)	Quoted (%)	Unquoted (%)
Corporate bonds				
Overseas	5.0%	-	5.0%	-
Equities				
Overseas	-	8.0%	-	7.0%
Property				
All	-	5.0%	-	5.0%
Others				
Absolute return portfolio	4.0%	-	4.0%	-
Private equity	-	2.0%	-	2.0%
Infrastructure	-	11.0%	-	9.0%
Unit trusts	-	48.0%	-	47.0%
Private debt	-	3.0%	-	3.0%
Unit trust - UK government bonds	-	-	-	-
Multi-asset credit	-	10.0%	-	11.0%
Cash/temporary investments	-	4.0%	-	7.0%
	<b>9.0%</b>	<b>91.0%</b>	<b>9.0%</b>	<b>91.0%</b>

### Note 20.5 Impact of the Asset Ceiling

	2024/25 £000	2023/24 £000
Opening impact of asset ceiling	2,259	-
Interest on impact of asset ceiling	112	-
Actuarial losses/(gains)	1,137	2,259
<b>Closing impact of asset ceiling</b>	<b>3,508</b>	<b>2,259</b>

Audited Annual Accounts  
for the year ended 31 March 2025

**Note 21 Provisions for liabilities and charges**

	Pensions - other staff	Other legal claims	Clinicians' pension reimbursement	Capitalised lease dilapidations	Other	Total
	£000	£000	£000	£000	£000	£000
<b>At 1 April 2024</b>	<b>81</b>	<b>214</b>	<b>457</b>	<b>-</b>	<b>182</b>	<b>934</b>
Change in discount rate	-	-	(4)	-	-	(4)
Arising during the year	285	564	13	1,419	1,629	3,910
Utilised during the year	(31)	(259)	(28)	-	(726)	(1,044)
Reversed unused	-	(69)	-	-	(144)	(213)
Unwinding of discount rate	-	-	22	57	-	79
<b>At 31 March 2025</b>	<b>335</b>	<b>450</b>	<b>460</b>	<b>1,476</b>	<b>941</b>	<b>3,662</b>

**Expected timing of cash flows:**

- not later than one year	29	450	18	477	941	1,915
- later than one year and not later than five years	116	-	50	882	-	1,048
- later than five years	190	-	392	117	-	699
<b>Total</b>	<b>335</b>	<b>450</b>	<b>460</b>	<b>1,476</b>	<b>941</b>	<b>3,662</b>

# Audited Annual Accounts for the year ended 31 March 2025



## Note 22 Clinical negligence liabilities

At 31 March 2025, £12,872k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£13,438k at 31 March 2024).

## Note 23 Better Payment Practice Code - measure of compliance

	2024/25 Number	2024/25 £000
Total Non-NHS trade invoices paid in the year	62,010	173,105
Total Non-NHS trade invoices paid within target	57,096	159,716
Percentage of Non-NHS trade invoices paid within target	92.1%	92.3%
Total NHS trade invoices paid in the year	1,790	62,568
Total NHS trade invoices paid within target	1,467	56,222
Percentage of NHS trade invoices paid within target	82.0%	89.9%
	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%

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 2025



## Note 24 On-Statement of Financial Position PFI

### Note 24.1 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 2025 £000	31 March 2024 £000
<b>Gross PFI obligation</b>	<b>36,806</b>	<b>40,390</b>
<b>Of which liabilities are due</b>		
- not later than one year	5,173	4,977
- later than one year and not later than five years	20,691	19,908
- later than five years	10,942	15,506
Finance charges allocated to future periods	(11,844)	(14,252)
<b>Net PFI obligation</b>	<b>24,962</b>	<b>26,139</b>
- not later than one year	2,455	2,121
- later than one year and not later than five years	12,978	11,200
- later than five years	9,529	12,818

### Note 24.2 Total future payments committed in respect of PFI

<b>Total future payments committed in respect of PFI</b>	<b>60,655</b>	67,070
<b>Of which due:</b>		
- not later than one year	8,036	7,732
- later than one year and not later than five years	33,503	32,234
- later than five years	19,116	27,104

### Note 24.3 Analysis of amounts payable to PFI operator

	2024/25 £000	2023/24 £000
<b>Unitary payment payable to operator</b>	<b>7,907</b>	7,607
<b>Consisting of:</b>		
- Interest charge	2,968	3,072
- Repayment of PFI liability	2,207	1,905
- Service element	2,732	2,630
<b>Total</b>	<b>7,907</b>	<b>7,607</b>

# Audited Annual Accounts for the year ended 31 March 2025

## Note 25 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 15).

### 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 25.1 Reconciliation of liabilities arising from financing activities

	Lease liabilities	PFI Obligations	Total	Lease liabilities	PFI Obligations	Total
	2024/25	2024/25	2024/25	2023/24	2023/24	2023/24
	£000	£000	£000	£000	£000	£000
<b>Carrying value at 1 April</b>	<b>77,524</b>	<b>26,139</b>	<b>103,663</b>	78,044	16,555	94,599
<b>Cash movements:</b>						
Financing cash flows - principal	(14,041)	(2,207)	<b>(16,248)</b>	(12,778)	(1,903)	(14,681)
Financing cash flows - interest	(830)	(2,968)	<b>(3,798)</b>	(863)	(3,072)	(3,935)
<b>Non-cash movements:</b>						
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	-	10,430	10,430
Additions	2,329	-	<b>2,329</b>	3,925	-	3,925
Lease liability remeasurements	3,175	-	<b>3,175</b>	8,343	-	8,343
Remeasurement of PFI	-	1,030	<b>1,030</b>	-	3,091	3,091
Interest charge arising in year	830	2,968	<b>3,798</b>	863	3,072	3,935
Other changes	-	-	-	(10)	(2,034)	(2,044)
<b>Carrying value at 31 March</b>	<b>68,987</b>	<b>24,962</b>	<b>93,949</b>	77,524	26,139	103,663

# Audited Annual Accounts for the year ended 31 March 2025

## Note 26 Financial instruments

### Note 26.1 Carrying values of financial assets\*

#### Carrying values of financial assets as at 31 March 2025

Trade and other receivables excluding non financial assets

Cash and cash equivalents at bank and in hand

**Total at 31 March 2025**

Held at amortised cost £000	Total £000
24,256	<b>24,256</b>
120,978	<b>120,978</b>
<b>145,234</b>	<b>145,234</b>

#### 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	<b>29,274</b>
116,413	<b>116,413</b>
<b>145,687</b>	<b>145,687</b>

### Note 26.2 Carrying value of financial liabilities\*

#### Carrying values of financial liabilities as at 31 March 2025

Obligations under leases

Obligations under PFI contracts

Trade and other payables excluding non financial liabilities

**Total at 31 March 2025**

Held at amortised cost £000	Total £000
68,987	<b>68,987</b>
24,962	<b>24,962</b>
45,202	<b>45,202</b>
<b>139,151</b>	<b>139,151</b>

#### 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	<b>77,524</b>
26,139	<b>26,139</b>
56,140	<b>56,140</b>
<b>159,803</b>	<b>159,803</b>

\*Carrying values are deemed to be a reasonable approximation to fair value

# Audited Annual Accounts for the year ended 31 March 2025



## Note 26.3 Maturity of financial liabilities

	31 March 2025 £000	31 March 2024 £000
In one year or less	63,664	75,022
In more than one year but not more than five years	63,582	64,226
In more than five years	26,318	37,693
<b>Total</b>	<b>153,564</b>	<b>176,941</b>

The above discloses undiscounted future contractual cashflows including finance charges, for this reason it will differ to book values reported in note 26.2.

## Note 27 Losses and special payments

	2024/25		2023/24	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>Losses</b>				
Losses of cash due to theft, fraud etc.	1	-	4	2
Losses of cash due to overpayment of salaries	24	8	-	-
Bad debts and claims abandoned	110	841	47	29
Damage to buildings, property etc.	-	-	27	11
<b>Total losses</b>	<b>135</b>	<b>849</b>	<b>78</b>	<b>42</b>
<b>Special payments</b>				
Compensation payments	14	147	14	125
Ex-gratia payments	35	6	30	112
<b>Total special payments</b>	<b>49</b>	<b>153</b>	<b>44</b>	<b>237</b>
<b>Total losses and special payments</b>	<b>184</b>	<b>1,002</b>	<b>122</b>	<b>279</b>

# Audited Annual Accounts for the year ended 31 March 2025



## Note 28 Related party transactions

During the period none of the Trust Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust (nil in 2023/24).

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 (nil in 2023/24).

Edwin Ndlovu, Chief Operating Officer and Deputy Chief Executive is also Director of East Bedford PCN. The Trust received £127k income (£133k in 2023/24) and paid nil for services received (£2k in 2023/24) there was nil (nil in 2023/24) receivable at year end.

Kevin Curnow, Chief Finance Officer, and Philippa Graves, Chief Digital Officer, are Directors of Health & Care Space Newham Ltd. See note 29.

Richard Fradgley, Director of Integrated Care, became a Director of Compass Wellbeing CIC on 31 May 2024. The Trust received £185k income (nil in 2023/24) for services provided and paid £5,780k for services received (£3,452k in 2023/24). There was £383k payable at year end (£19k in 2023/24) and £17k receivable (nil in 2023/24).

Dr Amar Shah, Chief Quality Officer, was seconded to the Royal College of Psychiatrists for 1 day a month for 2024/25 (23/24 - 1 day per week from April - October and 1 day per month from November to March). The Trust received £17k in respect of these services (£44k in 2023/24), this was all paid in year. The Trust was charged £89k for services by the Royal College of Psychiatrists, of this £4k was payable at year-end (2023/24 - £105k charged with £38k payable at year-end).

Dr Amar Shah was also seconded to NHS England for two days a week, the Trust received £58k in respect of these services, this was all paid in year (£19k in 2023/24, all paid in year).

Dr Mohit Venkataram was Executive Director of Commercial Development until 30th April 2024, he was also:

CEO and Director of Compass Wellbeing CIC, see above figures for Richard Fradgley.

Director of Health & Care Space Newham Ltd. See note 29.

Partner in Leighton Road Surgery, a GP practice operated by the Trust.

Director of Stratford PCN Ltd. The Trust received £131k income (£19k in 2023/24) and there was £78k (£5k 2023/24) receivable at year end.

Director of East Bedford PCN, see above figures for Edwin Ndlovu

Eileen Taylor, Chair is also Chair at North East London NHS Foundation Trust and Chair of the Mental Health, Learning Disability and Autism Collaborative at North East London ICB. Donna Kinnair, Non Executive Director, is also 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. Sue Lees, Non Executive Director, is a Non Executive Director at Barking, Havering and Redbridge University Hospitals and is Vice Chair and Non Executive Director at North East London NHS Foundation Trust. All of these organisations also have the Department of Health and Social Care as a parent department.

Peter Cornforth, Non Executive Director is a Non Executive Director of Community Health Partnerships Ltd, a company owned by the Department of Health and Social Care.

Sam Everington, Non Executive Director, is a Director & Chair of Mile End East Bromley by Bow (MEEBBB) CIC. The Trust received £36k income (£32k in 2023/24) and there was £3k (£5k in 2023/24) receivable at year end. He is also an Associate Non-Executive Director at NHS Resolution, the Trust paid £2,068k as clinical negligence premiums in year (£1,841k in 2023/24).

Anit Chandarana, Non Executive Director, is Director of Network Rail. The Trust received £179k income and there was a £112k receivable at year-end.

Amir Ahmad is a Director of Place2Be. The Trust incurred expenditure of £80k, all of this was paid in year (£50k in 2023/24, all paid in year). There was a prepayment of £40k at year-end (nil in 2023/24).

The Board members for the Trust are the corporate trustee for the ELFT Charity. The Trust has received £137k income from the Charity in 2023/24, of which £11k was outstanding 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 North Central 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  
Bedfordshire Hospitals NHS Foundation Trust  
Cambridgeshire Community Services NHS Trust  
Hertfordshire Partnership University NHS Foundation Trust  
North East London NHS Foundation Trust  
North 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.

# Audited Annual Accounts for the year ended 31 March 2025



## Note 29 Investments in subsidiaries and joint ventures

### Note 29.1 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 29.2 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 29.3 Operating results of subsidiaries and joint ventures

	HCSN		Compass	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Total (loss)/profit	(460)	(402)	93	270
Total gross assets	13,998	8,672	5,057	4,287
Total net assets	2,887	3,575	1,798	1,705

### Note 29.4 Carrying values in these accounts

	HCSN	
	2024/25 £000	2023/24 £000
Carrying value at 1 April	1,787	1,980
Share of trading (loss)/profit	(317)	(201)
Share of Other Comprehensive Income	(27)	8
Carrying value at 31 March	<u>1,443</u>	<u>1,787</u>

## Note 30 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 have been no events that took place after the reporting period that merit disclosure.



# 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 2025 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 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, 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 2025 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 2024/25; 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 for the audit of the financial statements" section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### 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.

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 2024/25 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 considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: Mental Capacity Act, Mental Health Act, Access to Health Records Act, Children's Act, employment regulation, health and safety regulation.

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;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- 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 also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

In addition, we evaluated management'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; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.
- addressing the risk of fraud in revenue recognition by performing appropriate sample testing of revenue; and
- addressing the risk of fraud in expenditure recognition by performing appropriate sample testing of expenditure.

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, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

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](http://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 2025.

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 November 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 and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; 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 2024/25; 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.

## **Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.



Suresh Patel,  
Key Audit Partner  
For and on behalf of Forvis Mazars LLP (Local Auditor)

27th June 2025

30 Old Bailey  
London EC4M 7AU



