



East London
NHS Foundation Trust

**East London
NHS Foundation Trust
Annual Report and Accounts
2017-2018**

East London NHS Foundation Trust Annual Report and Accounts 2017–2018

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

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FOREWORD FROM MARIE GABRIEL, TRUST CHAIR, AND DR NAVINA EVANS, CHIEF EXECUTIVE

We are delighted to introduce our Annual Report for 2017-2018 which sets out how we have performed over the last 12 months to ensure that we are a high-performing and financially-secure Trust, delivering best quality and cost-effective care to our communities.

We started the year by welcoming 270 new community health staff in Tower Hamlets on 1 April 2017. Although 1 April 2017 fell on a Sunday, that didn't stop us setting aside a few hours to visit staff who were working over the weekend to say a personal hello before meeting other teams over the next few days. These teams have been an asset to the Trust from Day One and are at the forefront of developing new approaches to care at home to prevent hospital admissions. Along with community health services in Newham, they have helped to put East London NHS Foundation Trust (ELFT) on the map as an innovative provider of community services. We recently welcomed another cohort of dedicated community health staff, this time in Bedfordshire, who joined us on 1 April 2018.

Being able to provide community health services as well as mental health services means that, along with partner agencies, we can design care pathways that are integrated and make sense to service users: to get the right care for them, in the right place, at the right time.

Our Quality Improvement (QI) Programme has gone from strength-to-strength, playing a critical role in improving the care and treatment we provide. QI is an integral part of how we do things and is used across the organisation. We have particularly focused on reducing incidents of violence, employing the least restrictive interventions when caring for people, reducing harm, improving waiting times and the prevention of pressure ulcers, all with encouraging results. We are committed to continuous improvement towards better outcomes for service users through using this methodology.

In recent months, we have relaunched four Staff Networks who will work with us and service users to ensure that we are a truly inclusive organisation. These are: a Women's Staff Network, a Black, Asian and Minority Ethnic (BAME) Staff Network, a Disabled Staff Network and a Lesbian, Gay, Bisexual, and Transgender (LGBT) Staff Network. They will help us to nurture and grow our talent and develop our strategy and policies. We are proud to have one of the most diverse workforces in the NHS, which is reflected in having a diverse Board team. The Staff Networks will enable us to grow the next generation of leaders.

A key theme during the year was the Trust's "Big Conversation". The Trust was at a point where we needed to take stock, evaluate where we had got to and to plan our strategy for the next five years. The best place to start was by talking to our staff, service users, Governors and Members. So began our "Big Conversation" which involved over 700 people using their combined experience, knowledge and energy to determine the Trust's direction of travel. This culminated in the Trust Board agreeing the following:

The purpose of the Trust is: To improve the quality of life for all we serve.

Our ultimate objective is: By 2022, we will build on our success and lead on the delivery of integrated care. ELFT will do this by working purposefully in collaboration with our communities and partners, always striving towards continuous improvements in everything we do.

In short, these statements determine the Trust's direction and help us to focus on the future. Following on from this work, we have agreed four strategic goals:

- Improving the Patient Experience
- Improving the Health of Communities
- Improving Staff Experience
- Improving Value.

We look forward to making this a reality and are grateful to everyone involved in these discussions for their help in getting us to this point. These are exciting times as we seek to build on our achievements in a complex, and increasingly integrated, health and social care environment. Now, more than ever, we need to work closely with our partners to make the best use of our resources and our respective knowledge to provide optimum support to, and partnership with, our communities.

We would like to acknowledge the incredible contribution of our staff who continually impress us with their thoughtfulness, sensitivity and kindness in dealing with the vulnerable people in their care.

Our dedicated Governors and Members continue to play a crucial role in keeping us grounded and focused on what matters. Governors in particular, have effectively represented the needs of their constituencies in informing our strategy.

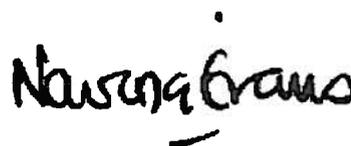
The commitment of our service users to become engaged in all aspects of Trust life is unparalleled and has brought us international recognition. We would not be an "Outstanding" Trust without their insights, be it through peer support, interview panels or training, just to mention a few.

We have written this introduction together as Navina was the Chief Executive Officer for the 2017-2018 financial year. However due to the timing of the submission of this annual report and accounts, and Navina taking a leave of absence, the document has had to be signed by Paul Calaminus as Acting Chief Executive Officer.

We thank everyone involved in supporting the Trust for their unique contribution. We look forward to our continued collaboration as we deliver our new strategy to influence and improve the health and well-being of local people.



Marie Gabriel
Trust Chair



Dr Navina Evans
Chief Executive Officer

SECTION 1

PERFORMANCE REPORT

ABOUT EAST LONDON NHS FOUNDATION TRUST (ELFT)

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded University status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, we integrated with community mental health services in Newham making us a healthcare provider of both mental health and community health services. In June 2013, we expanded our psychological therapies' offering by joining with Richmond Borough Mind to provide the Richmond Well-being Service.

In 2016, we became the provider of mental health, substance misuse, learning disabilities and psychological services for Bedfordshire and Luton. Our latest expansion has been in the field of community health services. We now provide a range of community services to adults in Tower Hamlets (since 1 April 2017) and Bedfordshire (since 1 April 2018).

The Trust was rated "Outstanding" by the Care Quality Commission in September 2016.

ELFT provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, the London Boroughs of Hackney, Newham, Tower Hamlets, and to Bedfordshire and Luton. We also provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet.

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.

The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England. In December 2017, the Trust opened Galaxy Ward, a 12-bed adolescent psychiatric intensive care unit, adjacent to the original Coborn building.

The Trust provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide Forensic Services to a population of 1.5 million in North East London. East London and Luton are among the most culturally diverse parts of the country but are also among the most deprived areas. Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental health and community health services.

The Trust operates from over 115 community and in-patient sites, employs almost 5,500 permanent staff and has an annual income of £390 million.

The main inpatient areas in our localities are:

City and Hackney

City and Hackney Centre for Mental Health

Homerton
London, E9 6SR

Newham

Newham Centre for Mental Health
Glen Road
London, E13 8SP

Tower Hamlets

Tower Hamlets Centre for Mental Health
275 Bancroft Road
London, E1 4DG

Bedfordshire

Mental Health Unit
Calnwood Road,
Luton, LU4 0ET

Oakley Court
Angel Close
Luton, LU4 9WT

Community Health Bedfordshire

Archer Unit,
Bedford Health Village,
Kimbolton Road
Bedford, K40 2NT

Luton

Luton and Central Bedfordshire Mental Health Unit
Calnwood Road
Luton, LU4 0FB

Community Health Newham

East Ham Care Centre
Shrewsbury Road
London, E7 8QP

Forensic Services:

John Howard Centre
12 Kenworthy Road
London, E9 5TD

Wolfson House
311-315 Green Lanes
London, N4 2ES

Specialist Unit

The Coborn Centre for Mental Health
Cherry Tree Way
Glen Road
London, E13 8SP

There are also a range of services provided in the community via community mental health teams, home treatment teams, crisis resolution teams, rehabilitation teams, rapid response and admission avoidance teams. The Trust aims to provide people with alternatives to admission, where appropriate, and to provide treatment, care and support outside a hospital setting.

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

Switchboard Telephone Number: 020 7655 4000
Fax Number: 020 7655 4002
Website: www.elft.nhs.uk

STRATEGIC OVERVIEW OF THE TRUST

Vision

By 2022, we will build on our success and lead on the delivery of integrated care. We will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Mission

Our mission is to improve the quality of life for all we serve. Drawing upon our expertise as a high-quality provider of mental health and community health services for diverse and complex communities, across a large geographical footprint, we aim to make a more significant impact upon the lives of our service users by focusing more widely on their health outcomes and all that that may entail.

Values

We care: Everyone is entitled to the highest quality care

We respect: Everyone should be treated with kindness and respect

We are inclusive: Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve.

FINANCIAL REVIEW

Introduction

The accounts have been prepared in compliance with the accounting requirements of the 2017-2018 NHS Foundation Trust Annual Reporting Manual (the ARM) agreed with HM Treasury and issued by the Foundation Trust regulator, NHS Improvement.

Overview

This section describes the financial performance for the year-ended 31 March 2018; this is measured by Finance and Use of Resources metrics within the Single Oversight Framework (SOF) developed by NHS Improvement, our independent regulator, which compares key financial metrics consistently across all foundation trusts. The rating reflects the nature of financial support required with a rating of 4 reflecting the highest level of financial risk and a rating of 1, the lowest. The Trust delivered a score of 1 against Use of Resources in 2017-2018.

The national operating framework required the Trust to achieve a 2.0% Cash Releasing Efficiency Saving (CRES), the planning cycle identified a further 1.0% requirement therefore a challenging 3.0% target was set for 2017-2018. This equated to approximately £12.0m. Some efficiency savings in 2016-2017 were not met; these equated to £1.9m and were also part of the total savings' plan in 2017-2018. The Trust achieved savings of £9.1m in-year against this target. The Trust implemented a number of strategies to minimise the impact on front-line services as a result of the savings requirement including adopting a systematic review approach in a number of service areas, cost reductions and negotiating better deals with our suppliers.

The table below summarises and contrasts our performance for 2017-2018, including comparative information for 2016-2017.

	2017/18 £000	2016/17 £000
Operating Income	390,268	359,449
Operating Expenditure	(365,586)	(346,434)
Operating Surplus/ (Deficit)	24,682	13,015
Finance Costs		
Interest Receivable	319	314
PFI and Finance lease interest payable	(2,393)	(2,433)
PDC Dividends payable	(5,699)	(5,605)
Movement in the fair value of investment property	(63)	12
Net Finance Costs	(7,836)	(7,712)
Surplus/(Deficit) for the year	16,846	5,303
Other comprehensive income		
Gains/(Loss) arising from transfer by absorption	-	-
Revaluation gains / (losses) and impairment losses	(1,131)	1,685
Re-measurements of net defined benefit pension scheme	75	(1,030)
Total Comprehensive income / (Expense) for the year	15,790	5,958

The Trust is required to make an assessment of the valuation of its assets annually. The valuation is performed by professional valuers, who have to apply prescribed rules and methodologies. The impact of the valuation can result in an impairment loss or a revaluation gain which has to be accounted for accordingly in the accounts.

Capital

The Trust delivered a sizeable capital programme of £8.6m. The broad categories of spend are upgrades of clinical areas and buildings (£4.4m), plant and machinery / furniture and fittings (£0.5m) and Information Technology and informatics improvements (£3.7m).

Income

The Trust received £390m of income in 2017-2018. The table below provides an analysis of the income as reported in the accounts with comparators for the previous financial year.

	2017/18 £000	2016/17 £000
Income from Activities		
Clinical Commissioning Groups and NHS England	338,963	312,188
Department of Health	-	349
Foundation Trusts	2,799	3,162
Local Authorities	16,221	21,558
NHS Trusts	5,999	4,166
Non-NHS: Overseas patients (chargeable to patient)		
NHS Other	-	159
Non- NHS Other	2,820	-
	366,904	341,853
Other Operating Income		
Education and Training	9,890	11,186
Research and Development	1,403	1,522
Receipt of capital grants and donations	-	-
Rental revenue from operating leases	523	463
Other Income	5,507	
	23,364	17,596
Total Operating Income from Continuing Operations	390,268	359,449

The majority of the total income (87%) was from block contracts with the local East London Clinical Commissioning Groups, Luton Clinical Commissioning Group and Bedfordshire Clinical Commissioning Groups and NHS England for Forensic and CAMHS Tier IV services.

Expenditure Analysis

Analysis of the operating spend is shown in the table below with comparative figures for 2016-2017. Staff pay cost account for 74% 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.

	2017/18		2016/17	
	£m	%	£m	%
Services from NHS Bodies	22,970	6%	19,294	6%
Services from Non NHS Bodies	10,018	3%	8,782	3%
Staff Salary	263,151	74%	256,255	75%
Establishment	5,460	2%	4,124	1%
Supplies and Services	15,937	4%	12,291	4%
Drugs	5,061	1%	4,498	1%
Premises and Transport	17,832	5%	17,692	5%
Other	17,469	5%	17,510	5%
Sub-Total	357,898	100%	340,446	100%
Depreciation & Amortisation	6,742		6,642	
Impairments	946		(654)	
Sub-Total	7,688		5,988	
Total	365,586		346,434	

Accounting Policies and Going Concern

The Trust is required to comply with NHS Improvement's NHS Foundation Trust Annual Reporting Manual. For 2017-2018, 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.

As an NHS Foundation Trust, the Directors and the Trust's Auditors are aware of the need to review annual results in the context of ensuring that the Trust has sufficient resources to run services for the foreseeable future. This provides an assurance for the Going Concern Concept. The Directors have assessed future financial risk and have factored in such risks within the Trust's Annual Plan for 2017-2018. The Directors are satisfied that the Trust has adequate resources to fund the operational performance in the foreseeable future and have therefore been able to sign-off the Going Concern Concept for 2017-2018 accounts. The auditors have given an unqualified opinion on the financial statements.

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.

KEY ISSUES AND RISKS THAT COULD AFFECT THE FOUNDATION TRUST IN DELIVERING ITS OBJECTIVES

The Trust has a Board Assurance Framework (BAF) in place which provides a structure for the effective and focused management of the principal risks in meeting the Trust's key objectives.

The BAF enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks.

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

The Trust's BAF (as of 31 March 2018) has four red-rated risks:

- It fails to recruit and retain high quality staff.
- The short-term impact and potential lack of achievability of Cash Releasing Efficiency Savings (CRES) requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as Sustainability and Transformation Funding (STF).
- The long-term impact and potential lack of achievability of CRES requirements over the next five years, threatens the overall financial sustainability of the Trust.
- Agreement via consultation with commissioners, the public and other external stakeholders may not be granted in time to execute major plans, which should result in reduced expenditure and a more efficient delivery of service.

Action plans are in place against each risk, and progress is monitored by the relevant Board committee.

GOING CONCERN

As an NHS Foundation Trust, the Directors and the Trust's Auditors are aware of the need to review annual results in the context of ensuring that the Trust has sufficient resources to run services in the foreseeable future. This provides an assurance for the Going Concern Concept. The Directors have assessed future financial risk and have factored in such risks within the Trust's Operational Plan for 2018-2019. The Directors are satisfied that the Trust has adequate resources to fund the operational performance in the foreseeable future and have therefore been able to sign-off the Going Concern Concept for 2017-2018 accounts. The auditors have given an unqualified opinion on the financial statements.

PERFORMANCE ANALYSIS

How the Trust measures performance

The key ways in which the Trust measures performance is as follows:

- NHS Improvement Single Oversight Framework
- Performance against national targets
- Performance in national staff and patient surveys
- Performance against contract targets, including Commissioning for Quality and Innovation (CQUIN) targets
- Quality measures under the domains of patient safety, clinical effectiveness and patient experience
- Outcomes of quality improvement projects, including progress against the Trust's key priorities of violence reduction, pressure ulcers, physical health and access
- Key financial and workforce targets
- Service user and carer experience
- Outcomes of Care Quality Commission (CQC) inspections.

Progress in these areas is monitored by the receipt and scrutiny of the following reports at directorate, executive, committee and Trust Board-level:

- Performance and Compliance Report
- Quality Report
- Finance Report
- Workforce Report
- Specific reports on national survey results and other periodic results.

Performance of the Trust in 2017-2018

The overall performance of the Trust can be summarised as follows:

Category	Indicator	Performance
NHS Improvement	Single Oversight Framework segmentation (1-4 with 1 being the best)	2
Care Quality Commission (CQC)	Overall rating (either "inadequate", "requires improvement", "good" or "outstanding")	Outstanding
National targets	National targets relevant to mental health and community services	Fully compliant

More detailed analysis of the Trust's performance can be found in the following sections of this report:

- Financial review
- Our Workforce
- Quality Account Report.

Information about environmental matters and information about social, community and human rights issues including information about any Trust policies is contained within the Public Interest Disclosures.



Paul Calaminus
Acting Chief Executive Officer

Date: 29 MAY 2018

SECTION 2

ACCOUNTABILITY REPORT

DIRECTORS' REPORT

Trust Board of Directors

The Trust Board of Directors is collectively responsible for the strategic direction of the Trust, its day-to-day operation, and its overall performance. The powers, duties, roles and responsibilities of the Trust Board are set out in the Board's Standing Orders.

The main role of the Trust Board of Directors:

- Provide active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed
- Set the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that financial resources and staff are in place for the Trust to meet its objectives, and review management performance
- Ensure the quality and safety of healthcare services, education, training and research delivered by the Trust, and to apply the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies
- Ensure compliance by the Trust with its terms of authorisation, its Constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations
- Regularly review the performance of the Trust in these areas against regulatory requirements and approved plans and objectives.

Meet the Trust Board

The descriptions below of each Director's expertise and experience demonstrates the balance and relevance of the skills, knowledge and expertise that each of the Directors bring to the Trust.

Non-Executive Directors



Marie Gabriel, Trust Chair, Appointed to the Trust Board in October 2012

- Chair of NHS East London and the City from March 2011-March 2012 and then Chair of North East London and the City until October 2012
- Chair of NHS Newham from 2003-2011, previously Vice Chair of Newham University Hospital Trust
- National NHS roles include Chair of the WRES Strategic Advisory Group and a member of the NHS Equality and Diversity Council and of the NHS Confederation's Mental Health Network.
- Over 20 years in senior roles within local government and the Third Sector
- Runs her own consultancy company specialising in action research, the delivery of regeneration projects and developing the not-for-profit sector
- Acting Chair Foundation For Future London and a Trustee for East London Business Alliance and for West Ham United Foundation
- Recognised by London Borough of Newham in 2010, awarded Honorary Freedom of the Borough
- Recognised on the Health Service Journal's inaugural 'Inspirational Women' list.
- **Qualifications: BA (Hons) DMS**



Mary Elford, Vice Chair, Appointed to the Trust Board in February 2012

- Member of the NHS Independent Reconfiguration Panel (December 2016 – present)
- Non-Executive Director Health Education England (September 2013 – present)
- Non-Executive Director Queen Mary Bioenterprises (March 2014 - present)
- Council member General Pharmaceutical Council (April 2013 – present)
- National Advisory Committee on Clinical Excellence Awards (2008 – present)
- Non-Executive Director, Barts and the London NHS Trust (2002-2012)
- Council Member, Queen Mary, University of London (2004-2013)
- Senior roles with John Lewis Partnership (1985 - 1999)
- **Qualifications: BA (Hons) Oxford**



Jennifer (Jenny) Kay, Senior Independent Director, Appointed to the Trust Board in October 2014

- Jenny has had a long and fulfilling career in nursing, combining 15 years in front-line clinical roles (culminating in her role as a children's ward sister at King's College Hospital)
- Spent 18 years in management, notably as Director of Nursing with Dartford and Gravesham NHS Trust (2001-2012)
- Experience at the Department of Health, and secondments to nursing and quality leadership roles in a strategic health authority (NHS South) and Merton Clinical Commissioning Group
- Experience of delivering a wide range of quality improvements in clinical practice (infection control, skin care, falls prevention for example)
- Experience of Board-level governance, participating in and chairing many committees and of supporting the work of Board-level committees as lead Executive Director, including quality and safety, equality and diversity, safeguarding, patient experience, and patient involvement committees.
- **Qualifications: BA(Hons), RGN, RSCN, MBA**



Urmila (Millie) Banerjee CBE, Non-Executive Director

- She has had a long and varied career in the private and public sectors.
- Currently she is the Chair of NHS Blood and Transplant, and the College of Policing.
- She has spent 25 years with BT in various senior roles including operations, large-scale system implementation, product design and consumer service.
- Following her career in BT, she was the COO of a global mobile satellite company. She continued her association with the communications' sector as a non-executive director of Ofcom for nine years.
- She has held several other non-executive appointments including with the Cabinet Office, Channel 4 TV, the Prisons Board, and the Peabody Trust. She was chair of Working Lives, a private sector company working with HM Government in supporting long-term unemployed and disabled citizens.
- Previous member of the Board of Newham PCT and Barts Health



Kingsley Peter, Non-Executive Director, Appointed to the Trust Board in November 2006

- Former Chair of the Finance, Business and Investment Committee (FBIC) ELFT
- Chartered Certified Accountant
- Executive Director of Finance and Corporate Services for the

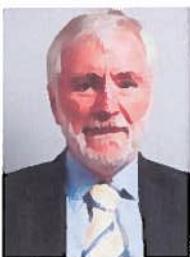
Adolescent and Children's Trust (TACT), the UK's largest national foster care services and adoption charity

- Company Secretary – TCT
- Formerly, Area Finance Controller for the South East Area (Engineering) of the National Grid.
- Former Non-Executive Director – Charitable Assurance and Regulatory Board, Places for People Group and Former Chair of Kush Housing Association
- Formerly Board Member – Consortium of Voluntary Adoption Agencies
- Extensive experience of financial management and business development.
- **Qualifications: FCCA, MBA**



Robert Taylor, Non-Executive Director, Appointed to the Trust Board in October 2013

- Former Chief Executive of Kleinwort Benson Bank
- Chair of the University for Creative Arts in Kent and Surrey
- Former Board member and Chair at the Whitechapel Gallery in East London
- Non-Executive Director of Truman's Brewery
- Head of Global Asset Management Strategy at the Financial Conduct Authority
- Investor and adviser to companies involved in virtual data storage, on-line therapies, on-line investment management and multi-media publishing and digital gaming technology
- Public speaker at financial services conferences
- Outspoken supporter of LGBT career opportunities in the City.
- **Qualifications: MSJ Columbia University**



Paul Hendrick, Non-Executive Director, Appointed to the Trust Board in April 2016

- Chartered Accountant with over thirty years international experience in financial management, treasury and corporate finance with major public companies such as Akzo Nobel NV, Courtaulds plc and the British National Oil Corporation
- Extensive experience as a non-executive director in the public sector in the fields of regional economic development, social housing and public health
- Currently non-executive director Newable Equity Ltd., part of the regional economic development group owned by all 33 London local authorities
- **Qualifications: MSc, MBA, FCA, FCT, CF**



Ken Batty, Appointed to the Trust Board in October 2016

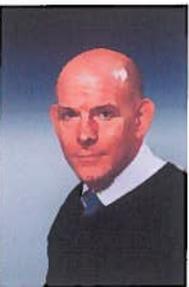
- Ken is a lay member of the Speaker's Committee for the Independent Parliamentary Standards Authority.
- Trustee of Regent's University, London
- Member of the Business Advisory Board of the Circle of Young Entrepreneurs – the world's largest social entrepreneur network
- He runs his own company providing HR consultancy to companies.
- Worked for 30 years in the technology sector – at IBM and at Lenovo. At Lenovo he ran the Human Resources service in Europe, Middle East and Africa; and then in Asia Pacific.
- One of the founders of the Albert Kennedy Trust, the UK's LGBT Youth Homelessness Charity.
- In 2017 he was very proud to be ranked in the top ten on the Financial Times list of the global most influential LGBT people in the public sector.
- **Qualifications: BA (Hons)**

Executive Directors



Dr Navina Evans, Chief Executive Officer, Appointed August 2016

- Director of Operations & Deputy CEO, East London NHS Foundation Trust
- Director for Mental Health, East London NHS Foundation Trust
- Lead Clinician Newham CAMHS and then Clinical Director Child and Adolescent Mental Health Services East London Foundation Trust
- Involvement in Medical Education at Barts and The London Medical School as Honorary Senior Lecturer, Associate Dean, and Academic Year Tutor
- Clinical Experience in Psychiatry and Paediatrics
- **Qualifications: MBBS, DCH, MRCPsych**



Paul Calaminus, Chief Operating Officer and Deputy Chief Executive, Appointed March 2017

- Joined the NHS management training scheme in 1995, completing training in the Oxford and Anglia Regions.
- Worked as a Service Director in South London and Maudsley NHS Foundation Trust (SLAM) and then Chief Operating Officer and Deputy Chief Executive at Camden and Islington NHS Foundation Trust.
- Read History at Oxford University in 1995.
- **Qualifications: MA (Oxon), DMS (Health)**



Steven Course, Chief Financial Officer and Deputy Chief Executive, Appointed June 2015

- Joined the NHS graduate national financial management training scheme in 2002.
- With over 16 years' NHS experience in mental health, community, acute and strategic organisations including the Department of Health and a private sector audit firm.

- Gained local experience in East London having worked at a local council, Whipps Cross Hospital, North East London strategic health authority, a number of commissioning organisations and ELFT from 2006-2008.
- Developed acute sector experience at Oxford University Hospitals NHS Trust before returning to ELFT in 2009 as Deputy Director of Finance leading a number of significant Trust initiatives.
- Appointed Deputy Chief Executive covering Luton and Bedfordshire services in November 2017
- **Qualifications: Chartered Institute of Management Accounting (ACMA), Chartered Institute of Public Finance and Accountancy (CPFA), BA (Hons)**



Mason Fitzgerald, Director of Corporate Affairs, Appointed February 2015

- Qualified barrister, solicitor and company secretary (qualified in New Zealand and United States of America)
- Joined the Trust in 2002
- Appointed as Trust Secretary in 2005 and led the governance workstream of the Trust's application for Foundation Trust status, including establishment of the Trust's membership and the Council of Governors
- Appointed as Associate Director of Governance in 2009. Played a major role in the Trust's acquisition and integration of Newham Community Health Services, and ensuring full compliance with CQC requirements
- Appointed as Director of Governance & Corporate Planning in 2012. Successfully led the Trust's bid to become the first mental health and community Trust to achieve NHSLA Level 3
- Member of the Monitor Panel for Advising Governors
- **Qualifications: B.Comm; LLB; LL.M; ICSA Chartered Secretary; Associate Member CIPD**



Dr Paul Gilluley, Interim Chief Medical Officer, Appointed 20 January 2018, and Chief Medical Officer, Appointed 1 March 2018

- Joined the Trust in 2012 as Head of Forensic Services
- Previously Clinical Director of Forensic Services in West London.
- National Professional Advisor to the CQC since 2013.
- Chair of Low Secure Clinical Reference Group at NHS England
- Experience in national commissioning.
- Consultant Forensic Psychiatrist
- **Qualifications MBChB BSc (Hons) FRCPsych**



Lorraine Sunduza, Interim Chief Nurse, Appointed 25 September 2017

- Graduated from De Montfort University as a registered mental health nurse.
- Joined the Trust in 2002 as a charge nurse and in 2010, she was appointed as Head of Nursing for Forensic Services. In 2015 she was appointed as Director of Nursing for London-Mental Health.
- She became Interim Chief Nurse in October 2017.
- **Qualifications: RMHN, Myers-Briggs practitioner**



Dr Mohit Venkataram, Director of Commercial Development and Performance, Appointed November 2016

- Chief Executive of the Newham GP Federation
- CQC Reviewer for the Well-Led Review
- Commercial Director / Business Development Director from February 2011
- Extensive operational management experience in Acute Trust, Community Trust, Social Care and Mental Health
- Deputy Managing Director Newham Health and Social Care services across Newham PCT and London Borough of Newham
- Extensive experience working as practicing clinician in private and statutory health sector abroad
- **Qualifications: MBBS, MBA, PGDMLS**



Professor Jonathan Warren, Chief Nurse & Deputy CEO, Appointed August 2007 and left 27 October 2017

- Graduated from Sussex University and trained as a nurse at The Lorna Delve and Banstead School of Nursing at Banstead Hospital qualifying in 1986
- Has worked in a range of specialties including adult and forensic mental health care
- In 2003 he was appointed Interim Borough Director for City and Hackney
- In 2005 he became the Head of Healthcare at Pentonville Prison
- He was appointed Head of Nursing at East London NHS Foundation Trust in 2008 where he was instrumental in setting up the Institute of Mental Health Nursing in collaboration with City University Honorary Visiting Professor, City University
- **Qualifications: RMHN, BSc**



Dr Kevin Cleary, Chief Medical Officer, Appointed June 2011 and left 19 January 2018

- Associate Medical Director (Safety) for the Trust in November 2010. Lead on the Trust's Safety and Clinical Risk Management programmes.
- Medical Director for the National Patient Safety Agency
- Clinical background in Child and Adolescent Forensic Psychiatry
- Consultant Child and Adolescent Forensic Psychiatrist
- **Qualifications: M.B. Ch.B. FRCPsych**

Non-voting Directors



Dr Amar Shah, Chief Quality Officer, Appointed October 2017

- Consultant forensic psychiatrist, and Chief Quality Officer at East London NHS Foundation Trust, appointed 2011
- Royal College of Psychiatrists' clinical lead for Quality Improvement (QI)
- National QI lead for the mental health safety improvement programme (NHS Improvement & CQC)
- He leads at executive and Board-level on quality at ELFT, including quality improvement, quality assurance, quality control and quality

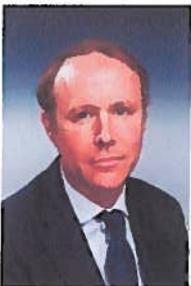
planning.

- Improvement advisor and faculty member for the Institute for Healthcare Improvement, teaching and guiding improvers and healthcare systems across the world.
- Completed an executive MBA in healthcare management, a masters in mental health law and a postgraduate certificate in medical education. Amar is a regular national and international keynote speaker at healthcare improvement conferences and has published over 20 peer-review articles in the fields of forensic psychiatry and quality management.
- **Qualifications: MBBS MRCPsych MA LLM MBA PGCMedEd**



Sandra Drewett, Director of Human Resources & Organisational Development, Appointed October 2017

- Sandi brings over 20 years' experience in human resources in both public and private sectors. Her NHS career spans 15 years, including holding HR leadership roles in acute and mental health trusts and providing external consultancy to NHS provider and commissioning organisations.
- **Qualifications: human resource management, organisation development and the psychology of change and is a member of the CIPD.**



Richard Fradgley, Director of Integrated Care, Appointed October 2017

- Richard joined the Trust as Director of Integrated Care in June 2015
- Previously Director of Mental Health and Joint Commissioning at NHS Tower Hamlets CCG and the London Borough of Tower Hamlets, where he worked as part of the East London Mental Health Consortium commissioning mental health services across East London
- Prior to that, he worked in a variety of commissioning and provider roles, across the NHS and councils, including General Manager and CMHT Manager roles in the Trust and at the Royal Free Hospital
- He is a qualified and registered social worker
- **Qualifications: BA (Hons), DipSW, MA, MPA**

Non-Executive Directors' Terms of Office

The power to appoint and remove the Chair and Non-Executive Directors in a Foundation Trust is vested in the Council of Governors.

The terms of office of the Non-Executive Directors during 2017-2018 are as follows:

Name:	Expiry of term:
Marie Gabriel	31 October 2021
Urmilla (Millie) Banerjee	31 October 2020
Ken Batty	31 October 2019
Mary Elford	31 October 2020
Paul Hendrick	31 March 2019
Kingsley Peter	31 October 2018
Robert Taylor	30 September 2019
Jennifer (Jenny) Kay	31 October 2020

Attendance Record

During the course of the year, the Board of Directors met seven times. All meetings bar one were held in public, and were preceded by a meeting held in closed session. The meeting to approve the annual report and accounts is not held in public. The attendance record of meetings for the Board of Directors for the year ended 31 March 2018 is as follows:

Trust Board Director	Role	Attendance at meetings (actual and possible)
Marie Gabriel	Trust Chair	6 of 7
Urmilla (Millie) Banerjee	Non-Executive Director	7 of 7
Ken Batty	Non-Executive Director	5 of 7
Mary Elford	Non-Executive Director	7 of 7
Paul Hendrick	Non-Executive Director	7 of 7
Jenny Kay	Non-Executive Director	7 of 7
Kingsley Peter	Non-Executive Director	5 of 7
Robert Taylor	Non-Executive Director	5 of 7
Navina Evans	Chief Executive	6 of 7
Paul Calaminus	Chief Operating Officer / Deputy Chief Executive London	7 of 7
Steven Course	Chief Financial Officer / Deputy Chief Executive Bedfordshire and Luton	6 of 7
Mason Fitzgerald	Director Corporate Affairs	7 of 7
Paul Gilluley	Interim Chief Medical Officer (from 20 January 2018) Chief Medical Officer (from 1 March 2018)	4 of 4
Lorraine Sunduza	Interim Chief Nurse (from 28 October 2018)	2 of 2
Mohit Venkataram	Director of Commercial Development	7 of 7

Sandra Drewett	Director of Human Resources and Organisation Development (non-voting from 19 October 2017)	2 of 2
Amar Shah	Chief Quality Officer (non-voting from 19 October 2017)	1 of 2
Richard Fradgley	Director of Integrated Care (non-voting from 19 October 2017)	2 of 2
Stefan Priebe	Academic Advisor (non-voting; until 31 October 2017)	3 of 5
Jonathan Warren	Chief Nurse (left 27 October 2017)	5 of 5
Kevin Cleary	Chief Medical Officer (left 19 January 2018)	3 of 4

In addition to Board meetings, the Chair meets regularly with the Non-Executive Directors prior to Board meetings. The full Board also has a development programme, including away-day sessions, and both Executive and Non-Executive Directors attend a number of committee meetings.

Performance Evaluation

The Trust has processes in place for an annual performance evaluation of the Board, its Directors and its committees in relation to their performance over the 2017-2018 financial year. The main components of this are:

- The Chair conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, as well as Executive Directors, in relation to their duties as Board members
- The Senior Independent Director conducts a performance evaluation of the Chair
- The Chief Executive conducts performance evaluations of the Executive Directors
- The Board has an ongoing development programme in place and held five sessions within the year.

Directors on the Board of Directors meet the Fit and Proper Persons Test described in the NHS Improvement provider licence.

Independence of the Non-Executive Directors

Following consideration of the NHS Foundation Trust Code of Governance, the Board takes the view that all the Non-Executive Directors are independent. All 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.

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

The current Board of Directors comprises eight Non-Executive Directors (including the Trust Chair) and seven Executive Directors (including the Chief Executive Officer). The structure is compliant with the provisions of the NHS Foundation Trust Code of Governance.

Taking into account the wide experience of the whole Board of Directors, as well as the balance and completeness of the membership, the composition of the Board of Directors is considered to be appropriate.

Register of Directors' Interests

Under the terms of the Trust's Constitution, the Board of Directors are individually required to declare any interest which may conflict with their appointment as a Director of the Trust, as well as any related party transactions that occurred during the year. A copy of the register is available from the Trust Secretary, and is circulated prior to each Board meeting held in public.

Chair's significant commitments

Marie Gabriel has no other significant commitments other than to the Trust. However, Marie Gabriel has declared involvement with the following:

- Trustee, West Ham United Foundation
- Trustee, East London Business Alliance and Foundation for Future London.

Directors' Remuneration

The responsibility for setting the remuneration packages of the Executive Directors falls to the Appointments and Remuneration Committee, details of which are found below. Full details of the Directors' remunerations are set out in the Accounts.

The remuneration of the Trust Chair and Non-Executive Directors is the responsibility of the Council of Governors' Nominations and Conduct Committee which makes recommendations to the Council of Governors.

Directors' liability insurance

In accordance with the Trust's Constitution, appropriate insurance has been obtained through NHS Resolution to cover the risks of legal action against its Directors.

APPOINTMENTS AND REMUNERATION COMMITTEE

Purpose

The Appointments and Remuneration Committee has the responsibility to review the structure, size and composition of the Trust Board and make recommendations for changes where appropriate. The Committee is also responsible for leading the recruitment and appointment process for Executive Directors, reviewing reports on their annual performance evaluations, reviewing the Trust's talent management, workforce and succession planning strategies, and for reviewing and agreeing the remuneration levels of the Executive Directors.

The Terms of Reference of the Appointments and Remuneration Committee are reviewed annually in line with good practice. The Committee meets bimonthly rather than on an ad hoc basis and extra meetings may be called at the discretion of the Committee Chair.

The Committee met on six occasions in 2017-2018.

Composition of the Appointments and Remuneration Committee

Committee member	Title	Attendance at meetings (actual of possible)
Ken Batty	Non-Executive Director (Chair from 16 May 2017)	6 out of 6
Robert Taylor	Non-Executive Director, Committee (Chair until 28 March 2017)	3 out of 6
Kingsley Peter	Non-Executive Director	5 out of 6
Marie Gabriel	Trust Chair	6 out of 6
Navina Evans or representative	Chief Executive Officer	5 out of 5

Also in regular attendance at the meeting, although not members, were the following officers:

Mason Fitzgerald, Director of Corporate Affairs

Sandra Drewett, Director of Human Resources and Organisation Development

Georgia Denegri, Interim Trust Secretary (minutes),

No fees or charges were paid to these individuals.

More information is set out in the Remuneration Report.

AUDIT COMMITTEE

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial, non-clinical internal controls, which supports the achievement of the Trust's objectives. The Audit Committee works in partnership with the other Board committees to fulfil these aims.

The principal purpose of the Committee is to assist the Board in discharging its responsibilities for monitoring the integrity of the Trust's accounts. In addition it reviews the adequacy and effectiveness of the Trust's systems of risk management and internal controls, and monitors the effectiveness, performance and objectivity of the Trust's external auditors, internal auditors and local counter fraud specialist.

The membership of the Audit Committee comprises three independent Non-Executive Directors, the Chair of which is a qualified accountant. Committee membership has been stable throughout the year.

Composition of the Audit Committee

The members of the Audit Committee as at 31 March 2017 are as follows:

Paul Hendrick	Non-Executive Director, Committee Chair
Mary Elford	Non-Executive Director
Kingsley Peter	Non-Executive Director

Attendance Record

During the course of the year, the Audit Committee met five times. The attendance record of meetings for the Audit Committee for the year ended 31 March 2017 is as follows:

Committee member	Title	Attendance at meetings (actual / possible)
Paul Hendrick	Non-Executive Director, Committee Chair	5 out of 5
Mary Elford	Non-Executive Director	4 out of 5
Kingsley Peter	Non-Executive Director	4 out of 5

The Chief Financial Officer, the Director of Corporate Affairs, the Trust Secretary, and representatives from Internal Audit, External Audit, and Local Counter Fraud Specialists were in attendance at all meetings.

Effectiveness of the Committee

The Committee reviews and self-assesses its effectiveness annually, using criteria from the *NHS Audit Committee Handbook* and other best practice guidance, and ensures that any matters arising from this review are addressed.

The Committee also reviews the performance of its internal and external auditor's service against best practice criteria identified from the *NHS Audit Committee Handbook*.

The Committee is supported by the Trust Secretary. At each meeting the Committee received papers of good quality, provided in a timely fashion to allow due consideration of the content. Meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting is minuted and reported to the Trust Board.

How the Audit Committee Discharges its Responsibilities

The purpose of the Audit Committee is to provide one of the key means by which the Trust Board ensures that effective internal financial control arrangements are in place. In addition, the Committee is tasked with providing a form of independent check upon the executive arm of the Trust Board. The Committee operates in accordance with terms of reference set by the Trust Board which are consistent with the NHS Audit Committee Handbook and the Foundation Trust Code of Governance. All issues and minutes of these meetings are reported to the Trust Board.

In order to carry out its duties, Committee meetings are attended by the Chief Financial Officer and representatives from Internal Audit, External Audit and Local Counter Fraud Specialists. The Committee directs and receives reports from these representatives, and seeks assurances from Trust officers. The main functions of the Committee are set out below.

Annual Accounts

The Committee reviewed the Trust's Accounts and Annual Governance Statement, and how these are positioned within the wider Annual Report. To assist this review the Committee considered reports from management and from 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.

Internal Audit

The Trust's Internal Auditors for 2017-2018 were RSM UK. Internal Audit provides an independent appraisal service to provide the Trust Board with assurance with regard to the Trust's systems of internal control.

The Audit Committee considers and approves the Internal Audit Plan and receives regular reports on progress against the plan, as well as an Annual Report. The Committee also receives and considers internal audit reports on specific areas.

External Audit

The Trust's External Auditors for the period 1 April 2017 to 31 March 2018 were Grant Thornton UK LLP. The main responsibility of External Audit is to plan and carry out an audit that meets the requirements of NHS Improvement's Audit Code for NHS Foundation Trusts. Under the Code, External Audit is required to review and report on:

- The Trust's Accounts
- Whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The External Auditors also review the content of the Trust's Quality Accounts.

The Audit Committee reviews the External Audit Annual Audit Plan at the start of the financial year and receives regular updates on progress. The Committee also receives an Annual Audit Letter. The Committee annually assesses the performance of external audit and reports on this to the Council of Governors.

Grant Thornton's remuneration for 2017-2018 was £59,000 (audit fee £52,000 and Quality Accounts £7000) excluding VAT. Their audit and non-audit fees are set, monitored and reviewed throughout the year.

External Auditor's Reporting Responsibilities

Grant Thornton reports to the Council of Governors through the Audit Committee. Their report on the Trust's financial statements is based on its examination conducted in accordance with International Financial Reporting Standards (IFRS) and NHS Improvement's Financial Reporting Manual. Their work includes a review of the Trust's internal control structure for the purposes of designing their audit procedures.

Counter Fraud and Bribery

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

The Audit Committee receives regular progress reports from the LCFS during the course of the year and also receives an annual report. The Committee reviewed the levels of fraud reported and detected and the arrangements in place to prevent, minimise and detect fraud and bribery. No significant fraud was uncovered in the past year.

Relationship with the Council of Governors

In an NHS Foundation Trust, the Council of Governors is vested with responsibility for the appointment of the Trust's External Auditors, and will consider recommendations from the Audit Committee when doing so.

Other areas reviewed

In addition to the above areas of work the Audit Committee has received reports on losses and special payments incurred by the Trust.

OTHER BOARD COMMITTEES

Quality Assurance Committee

Chaired by a Non-Executive Director, and attended by the Trust Chair and two other Non-Executive Directors, and five Executive Directors, the Quality Assurance Committee scrutinises the Trust's quality strategy and quality assurance processes, and other related areas, including research, clinical audit and education.

Finance, Business and Investment Committee

This Committee is chaired by a Non-Executive Director, and is attended by two other Non-Executive Directors, the Chief Executive, the Chief Financial Officer and the Director of Commercial Development and Performance. Its main role is to scrutinise all financial reports, all issues with a material financial impact (including proposed service and capital developments) and the Trust's cash investment policy.

Mental Health Act Committee

The Mental Health Act Committee is chaired by a Non-Executive Director and ensures that the statutory duties of the Trust Board under section 23 of the Mental Health Act 1983 and chapter 31 of the Code of Practice (chapter 38 from 1 April 2015) are exercised reasonably, fairly and lawfully.

People Participation Committee

This Committee is chaired by the Trust Chair, with membership of a Non-Executive Director, service user representatives from across the Trust, a carer representative, Governors and members of the Trust's Executive Team. This Committee scrutinises issues regarding patient experience and involvement, and gives service user and carer representatives a direct link to the Trust Board.

COUNCIL OF GOVERNORS

Purpose

The Council of Governors comprises 45 members: 27 are elected to represent public constituencies, nine are elected as staff representatives and nine appointed by partnership organisation members.

Trust Governors have a responsibility to be mindful of their members' and partner organisations' views, particularly in relation to the strategic direction of the Trust. They provide a steer on how the Trust should carry out its business in ways consistent with the needs of its members and the wider population.

Governors do not undertake operational management of the Trust. Instead they challenge the Board of Directors, acting as the Trust's critical friends and collectively holding the Board to account for the Trust's performance. They help shape the organisation's future direction in a joint endeavour with the Board. Governors on the Council of Governors meet the Fit and Proper Persons Test described in the NHS Improvement provider licence.

Duties

The formal powers and duties conferred on the Council of Governors by the National Health Services Act 2006, Standing Orders of the Council of Governors and the constitution are as follows:

- To appoint, remove and decide the terms of office of the Chair and other Non-Executive Directors
- To approve the appointment of the Chief Executive by the Non-Executive Directors
- To appoint or remove the auditor at a general meeting of the Council of Governors
- To be consulted on forward planning by the Trust Board
- To receive the annual report and accounts, and the report of the auditor on them, at a general meeting of the Council of Governors
- To decide the remuneration and allowances, and the other terms and conditions of office of the Non-Executive Directors
- To inform NHS Improvement if the Trust is at any risk of breaching its terms of authorisation where these concerns cannot be resolved locally.

The Health and Social Care Act 2012 placed greater emphasis on local responsibility and accountability. Foundation Trust governors have an integral role to play in this respect and accordingly have been given new powers which have increased the scope of their responsibilities and ensure they have more influence than before, especially in relation to financial matters.

In light of the Act a number of requirements are placed on the Trust Board to empower Governors by:

- Holding open Trust Board meetings
- Before holding a Trust Board meeting the Board must send a copy of the agenda to the Council of Governors
- As soon as practicable, after holding a meeting, the Board must send a copy of the minutes to the Council of Governors

- The Trust must ensure that Governors are equipped with the skills and knowledge they need to undertake their role.

Additional Duties:

- Significant transactions must be approved by more than half of the members of the Council of Governors voting
- Governors must be satisfied that the earning of private patient income will not significantly interfere with their Trust's principal purpose of the performance of its functions (NHS work) and must notify the Board of their decision on this
- Where an amendment is proposed to the Constitution in relation to the powers or duties of the Council at least one Governor must attend the next Annual Members' Meeting and present the proposal. The Trust must also give its members the chance to vote on such amendments to the constitution.

How the Council of Governors and Board of Directors operate

The Trust Chair is responsible for the leadership of both the Council of Governors and the Board of Directors. The Chair has overall responsibility for ensuring that the views of the Council of Governors and Trust members are communicated to the Trust Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together.

The Council of Governors receive and consider relevant information on clinical and operational matters, the Trust's Annual Plan, and other appropriate information, in order to fulfil their duties.

The respective powers and roles of the Trust Board and the Council of Governors are set out in their Standing Orders. Some of the key features of the relationship between the two bodies are:

- Executives and Non-Executive Directors attend Council of Governors' Meetings
- Summaries of Council of Governors' meetings are reported to the Trust Board
- The Senior Independent Director attends Council of Governors' meetings and is available to meet with Governors on a one-to-one basis to discuss any issues or concerns a Governor may have
- The Deputy Chair of the Council of Governors works with the Chair to ensure that the two bodies cooperate effectively
- Governors continue to have an open invitation to attend all Trust Board meetings
- Annual Trust-wide meetings are held in relation to the Trust's Annual Plan, and are attended by Governors, Executive Directors, Non-Executive Directors and the Chair.
- Governor Open Forum meetings for all Governors, and individual Non-Executive Directors in attendance by invitation.

Governors' attendance at Council of Governors' Meetings 2017-2018

Name	Term	Attendance at meetings (actual / possible)
Tower Hamlets		
Roshan Ansari	2015 - 2018	6 out of 6
John Bennett	2016 - 2019	5 out of 6
Nicholas Callaghan	2 nd term, 2016 - 2019	5 out of 6
Terry Cowley	2 nd term, 2015 - 2018	5 out of 6
Adrian Thompson	2016 - 2019	6 out of 6
Newham		
Kenneth Agyekum -Kwatiah	2016 - 2019	5 out of 6
Shirley Biro	2015 - 2018	6 out of 6
Norbert Lieckfeldt	2 nd term, 2015 - 2018	6 out of 6
Ernell Diana Watson	2 nd term, 2015 - 2018	6 out of 6
Hazel Watson	2016 - 2019	4 out of 6
Hackney		
Adenike Abimbola Agunbiade	2016 – August 2017	0 out of 2
Edilia Emordi	April 2017 - 2019	6 out of 6
Gohar Ghouse	2015 - 2018	6 out of 6
Zara Hosany	2 nd term, 2016 - 2017	2 out of 2
Alexander Kuye	2015 - 2018	0 out of 6
Jummy Otaiku	2017 - 2020	2 out of 3
Daniel Victorio	2017 - 2020	2 out of 3
City of London		
Damien Vaugh	2016 - 2019	1 out of 6
Rest of England		
Kemi Rosiji	2015 - 2018	4 out of 6
Luton		
Jamu Patel	2017 - 2020	3 out of 3
Mary Phillips	2015 – August 2017	2 out of 2
Keith Williams	2015 - 2018	6 out of 6
Paula Williams	2017 - 2020	2 out of 3
Bedford		
Paul Feary	2016 - 2019	4 out of 6
Rubina Shaikh	2015 - 2018	4 out of 6
Central Bedfordshire		
Hannah Brown	2017 - 2020	2 out of 3
Steven Codling	2016 - 2019	5 out of 6
Rosemary Eggleton	2016 - 2019	5 out of 6
Larry Smith	2015 - 2018	4 out of 6
Erika Thomas	2016 – July 2017	0 out of 1

Name	Term	Attendance at meetings (actual / possible)
Staff		
Sam Ali	2014 - 2017	0 out of 3
Robin Bonner	2 nd term, 2016 - 2019	6 out of 6
Katherine Corbett	2 nd term, 2015 - 2018	5 out of 6
Joseph Croft	2016 - 2019	4 out of 6
Maria Eyres	2014 - 2017	2 out of 3
Irene Harding	2014 - 2017	6 out of 8
Zara Hosany	2017 - 2020	3 out of 3
Simon Marsh	2016 - 2018	5 out of 6
Juliet Muzawazi	2016 – November 2017	1 out of 3
Mary Phillips	2017 - 2020	3 out of 3
Appointed (9)		
Amy Whitelock Gibbs – Tower Hamlets Local Authority	September 2015 – July 2017	0 out of 1
Denise Jones - Tower Hamlets Local Authority	November 2017	2 out of 3
Rachel Saunders- Tower Hamlets Local Authority	July 2017 – August 2017	1 out of 1
Rehana Ameer, City of London Local Authority	Appointed October 2017	2 out of 3
Dhruv Patel – City of London Local Authority	March 2014 – July 2017	0 out of 1
Susan Fajana – Thomas Hackney Local Authority	Appointed December 2014	3 out of 6
Rachel Hopkins – Luton Unitary Authority	Appointed April 2017	2 out of 6
Gary Tubb, Central Bedfordshire Local Authority	Appointed October 2016	5 out of 6
Neil Wilson, Newham / Education	Appointed May 2013	4 out of 6

Governor Expenses

There was a total of £19.90 (£264 in 2016-2017) of expenses claimed for 2017-2018 financial year by two Governors out of 40 currently in office. All expense claims are made and processed in line with Trust policy.

Register of Governors' Interests

Under the terms of the Trust's Constitution, the Governors are individually required to declare any interest which may conflict with their appointment as a Governor of the Trust, as well as any related party transactions that occurred during the year. A copy of the register is available from the Trust's Membership Office.

MEMBERSHIP REPORT

Membership Statistics

	Trust Members	Percentage of total public membership in catchment area*	Population	Target percentage of population in the Trust's catchment area*
Bedford	692	7.69	170,537	10.53
Central Bedford	391	4.35	282,055	17.42
Luton	1091	12.13	220,656	13.63
City of London	50	0.56	9,202	0.57
Hackney	1867	20.76	278,514	17.20
Newham	3,040	33.80	346,082	21.37
Tower Hamlets	1,863	20.71	312,331	19.29
Rest of England	1,289			
Out of Trust Areas	18			
Total in catchment	8,994		1,570,278	
Total including Other Areas	10,301			
Staff Membership	5,106			
Total Trust Membership	15,407			

*The percentage of public members in the Trust's catchment area is determined by excluding members in 'Rest of England and Out of Trust Areas'

The Trust has a public membership base of 10,301 as of 31 March 2018.

Eligibility requirements

The Trust has two main membership groups:

Public

All members of the public aged 12 years or older and living in Bedford, 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. The Trust does not have a separate membership group for service users or carers – both service users and carers are well-represented within the public membership group of the Council of Governors.

Staff

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 Strategy

ELFT's aim is to ensure that our membership is similar to the demographic proportions of the populations served by the Trust. Whilst the Trust wishes to maintain a membership which adequately represents the local population, we also aim to support the continued development of our membership and its involvement and influence.

Our main focus in our current membership strategy is best summarised by our Vision.

Our Membership Vision

Our vision is to have a membership base that is:

- Fully engaged with the Trust and representative of our diverse and rich communities
- Producing an effective and committed Council of Governors which will strengthen the Trust in achieving the highest standards of care.

While significant membership growth is not our primary aim, instead focusing on the quality of engagement, we will continue to work on membership recruitment in Bedford, Central Bedfordshire and Luton as well as in areas where there is under-representation: creating a more active and representative membership with increased engagement is our main aim, and to see an increased turnout at elections.

There will be an on-going review of membership per public constituency to ensure that they are representative in terms of locality, age, gender, and ethnicity. We continue to seek guidance and support from the Trust Lead on Equality and Diversity where needed.

Membership Involvement

The Trust recognises that not all members want to be involved to the same extent or in the same way in Trust activities. Levels of membership engagement range from members wanting to be kept up-to-date on Trust developments to those who attend focus or local groups and / or the Annual Members' Meeting and Annual Plan Consultation events and may consider standing for election to the Council of Governors.

A focus group of public members – the "Working Lunch Group" – continues to meet regularly and is chaired on a rotation basis by a Trust member, supported by a Governor. Of significance is this group's involvement in the ongoing improvement of these meetings for members and Governors. Each meeting includes a Governors' Update which gives the Governors an opportunity to inform the members about the meetings they have attended and issues they have raised on members' behalf.

Members are also regularly asked to suggest topics they would like updates on. In 2017-2018, guest speakers covered a range of topics, including:

- early and quick intervention in psychosis
- dementia
- diabetes
- Recovery College
- volunteering
- Governor election briefing
- updates on services in Luton and Bedfordshire
- Peer support workers
- Talking Therapies
- Update on Child & Adolescent Mental Health Services.

Trust members continue to receive the membership newsletter *TRUSTtalk* and regular bulletins about election briefing sessions and consultation events.

The membership team hold a stall at our monthly staff inductions to inform new colleagues about what it means to have foundation trust status and how they can contribute to better trust governance. Newly recruited Trust volunteers are also encouraged to show their support to the Trust and join as members.

Annual Members' Meeting

Held at the Bishopsgate Institute on 5 October 2017, this event drew a large number of members who received the Council of Governors' Annual Report and engaged in lively group discussions on a selection of topics.

There was also the opportunity for Members to meet their Governor representatives and talk with key Trust staff as well as visit the Trust's information stalls. Many members then joined the Annual General Meeting which followed afterwards. More than one hundred members attended the Annual Members' Meeting.

Annual Plan Consultation Events and Trust-Wide Annual Plan Meeting

ELFT held five borough events and one Trust-wide Annual Plan Meeting as follows:

- City & Hackney, Monday 5 February 2018
- Tower Hamlets, Friday 9 February 2018
- Luton, Thursday 13 February 2018
- Newham, Monday 26 February 2018
- Bedfordshire, Friday 2 March 2018
- Trust-wide Annual Plan Meeting, Monday 5 March 2018.

The key emerging themes from the six consultation events have been used to inform the Trust's Annual Plan. Members had the opportunity to meet their Governors, speak directly to Borough and Service Directors and pose key questions to senior staff.

Other Membership / Governor Events 2017-2018

ELFT Membership Office organised or attended a number of events between April 2017 and March 2018:

- Working Lunch Meetings for members and Governors in all constituencies
- Freshers' Fairs in local colleges to recruit younger members who are under-represented in ELFT membership
- Mental Health Awareness and Wellbeing Events
- Annual Celebration Event for Governors
- Membership Information stalls and presentations at the monthly Trust Staff Inductions
- Governor Open Forum Meetings
- Site visits for Governors
- Research seminars and workshops
- World Mental Health Awareness Day
- Governor Meetings with Trust Service and Borough Leads
- Members' and Governors' Sustainability and Transformation Partnerships workshops.

How to contact the Council of Governors

Governors can be contacted via email, post or telephone through the Membership Office:

Membership Office

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

Freephone: 0800 032 7297

Email: elft.membership@nhs.net

Website: www.elft.nhs.uk

Information about staff representatives and public representatives for each local area of the Trust is available on the Trust's website. Details of Council of Governors' meetings, which are held in public, are also published on the Trust's website.

NOMINATIONS AND CONDUCT COMMITTEE

Purpose

The Nominations and Conduct Committee has been established to carry out specific duties on behalf of the Council, including recommending candidates for appointment or re-appointment to the posts of Trust Chair and Non-Executive Director, discussing their annual performance evaluation and remuneration, and promoting Governor standards.

Composition of the Nominations and Conduct Committee

The members of the Nominations and Conduct Committee as of 30 April 2018 are as follows:

- Marie Gabriel, Trust Chair (Committee Chair)
- Norbert Lieckfeldt, Public Governor, Deputy Chair of the Council of Governors
- Neil Wilson, Appointed Governor
- Keith Williams, Public Governor
- Katherine Corbett, Staff Governor.

The Senior Independent Director is a non-voting member of the Committee in matters pertaining to Governor standards and a voting member in respect of its duties pertaining to the appointment and re-appointment, and appraisal of the Trust Chair. The Director of Human Resources and Organisational Development, Director of Corporate Affairs and the Trust Secretary attend Committee meetings as advisors.

Attendance Record

During the course of the year, the Nominations and Conduct Committee met five times to discuss business. The attendance record of meetings for the Committee for the year ended 31 March 2017 is as follows:

Committee member	Role	Attendance at meeting (actual / possible)
Marie Gabriel	Chair	5 out of 5
Zara Hosany	Public Governor, Deputy Chair of the Council of Governors	2 out of 2
Neil Wilson	Appointed Governor	5 out of 5
Keith Williams	Public Governor	5 out of 5
Norbert Lieckfeldt	Public Governor Deputy Chair of the Council of Governors	2 out of 2 3 out of 3
Katherine Corbett	Staff Governor	4 out of 4

OTHER COUNCIL OF GOVERNORS' COMMITTEES

Communications and Engagement Committee

The Communications and Engagement Committee has been established to carry out specific duties on behalf of the Council, including reviewing the Trust's Membership Strategy and communications with members and amongst Governors. It has a core membership, but its meetings are open to all interested Governors.

This year, they have continued their ongoing review of the Governors Induction programme (garnering excellent feedback from newly-elected Governors) as well as a root and branch review of the London Working Lunches where Governors have a chance to meet and receive feedback from Trust members. Their work contributed directly to a brief video of Governors talking about their role (to be published shortly) – helping to increase awareness of the contribution and impact Governors have on the Trust's work, and encouraging members to stand in elections

Significant Business Committee

The SBC has reviewed its Terms of Reference this year. The main development was the Committee is planning to hold more frequent and regular meetings in future. The SBC also developed and tested helpful criteria for the consideration of new business opportunities which have been accepted by the Trust Board and will be part of any formal review of new business opportunities in future.

PUBLIC INTEREST DISCLOSURES

The Trust strives to be a responsible member of the local community, and information regarding its performance in this area, as well as other matters of public interest, is set out below.

Trust Policies Relating to the Environment

The Trust has implemented numerous carbon reduction and sustainability measures in-line with all Government implemented carbon reduction commitment (CRC) targets and the Trust's own up-to-date Energy and Sustainability Plan. The Trust has many more measures pending and these will be implemented over the next financial year. The Trust has an environmental risk register which is updated regularly and the Trust Board certified Waste Strategy also ties in with a number of environmental concerns and actions.

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 in-patient service.

Health and Safety at Work

The Chief Operating Officer is the Executive Director lead for Health and Safety matters and is supported by the Estates Department, Governance Department and local health and safety leads. A Health and Safety Committee meets regularly to discuss implementation of legislation and current health and safety issues.

The Trust is provided with Occupational Health services through an agreement with a private provider.

Equal Opportunities

The Trust is an equal opportunities employer, is accredited with the Two Ticks Disability Symbol and has achieved the 'Positive about Disabled People' status. The Trust has an Equality, Diversity and Human Rights Policy in place and a strategy for its effective implementation.

Consultation

Previously established staff consultation arrangements continue to operate through the Joint Staff Committee (JSC) which is chaired by a Non-Executive Director and is attended by Staffside and management representatives. The Trust also continues to consult with the Local Overview and Scrutiny Committees.

The Trust consulted with staff, service users and carers, the Council of Governors and the membership regarding its strategy and Annual Plan. More information regarding this, and other public and patient involvement activities, is set out elsewhere in this Annual Report.

Compliance with the Better Payment Practice Code

Details of compliance with the Better Practice Payment Code are set out in Note 13 of the Accounts.

Freedom of Information Act 2000

The Trust complies with the Freedom of Information Act which came into force on 1 January 2005. Details of the Trust's publication scheme and how to make requests under the Act are on the Trust's website www.elft.nhs.uk. All requests for information received during the year have been handled in accordance with the Trust's policy and the Act.

Security of Data

The Trust has continued to ensure that information provided by service users and staff is handled appropriately and kept safe and secure. The Trust is required to report any data related incidents that would be classed as Serious Incidents, such as the loss of paper or electronic files. The Trust has reported four data related incidents during 2017-2018 that would be classed as a Serious Incident.

Information Governance risks

Risks to information including data security are managed and controlled by the Trust in a robust way. The Trust has a nominated Senior Information Risk Owner (SIRO) who is the Chief Financial Officer and a Caldicott Guardian, the Chief Medical Officer. Policies are in place, which 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 Quality Framework. The Trust Board receives reports on compliance with the Information Governance Toolkit.

Counter Fraud and Bribery

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

Trust Auditors

The Trust's Auditors are Grant Thornton UK LLP. Further details are set out in the report on the Audit Committee.

Political Donations

The Trust made no political donations during 2017-2018.

STATEMENT AS TO DISCLOSURE TO AUDITORS

As far as the Directors are aware, all relevant information has been made available to the auditors. The Directors have also taken necessary steps in their capacity as Directors and are unaware of any relevant information not being disclosed or brought to the attention of the auditors.

ENHANCED REPORTING ON QUALITY GOVERNANCE

The Trust has robust 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 discussed in detail in the Annual Governance Statement.

The Trust Board considers NHS Improvement's Quality Governance Framework in reviewing its quality governance arrangements. The Trust has strengthened the role of the Quality Assurance Committee in order to ensure that there is robust oversight and scrutiny of quality issues within the organisation. Reporting to the Trust Board includes:

- Use of data to inform decision-making, with system measures presented over time using statistical process control to help understand variation
- Our quality report to the Board is viewed as best practice
- Reporting of both strategic improvement work and quality assurance activity at every Board meeting, complemented by qualitative data presented as stories from improvement teams.

The Trust was rated as "Outstanding" by the Care Quality Commission in September 2016 making us one of the few such rated trusts in England.

The Board is therefore assured that its quality governance arrangements are robust and working well in practice.

A SELECTION OF DEVELOPMENTS ACROSS THE TRUST

Safety Huddle / Violence reduction / Collaboration work

Mental health teams across the Trust have embraced the violence reduction programme introduced in the last 12 months, and looked at ways to better manage these issues. But more importantly, to anticipate and prevent incidents by acting on small changes in behaviour that could become more serious. This has led to a change in culture on all our wards which has resulted in a safer, calmer environment for inpatients and staff. It is a key step in helping the Trust to meet its pledge to reduce seclusion, restraint and other forms of restrictive practice

Adult and Older People's Mental Health Services Now One

These services were previously managed in separate Directorates but have now been brought together. This means that transition for patients to services for older people is more joined up with shared systems, and teams can work with an individual according to need rather than age.

Peer Support Workers

These staff members are invaluable because they have been there – in the shoes of current patients. They know the pressures; they know the fears; they have insight and can support service users if they wobble or are uncertain about the future.

Quality Improvement (QI)

The impact and effectiveness of the Trust's QI programme reaches across the Trust and is having a major impact on how we provide care, test changes and spread learning. You can read more about our QI Programme in the Quality Accounts section of the Annual Report.

Buddying Up With Norfolk and Suffolk NHS Foundation Trust (NSFT)

In October 2017, East London NHS Foundation Trust (ELFT) was asked to buddy with Norfolk and Suffolk NHS Foundation Trust (NSFT) who provide mental health services, substance misuse and learning disability services in East Anglia. There have been two-way visits to share good practice and strategies to improve care, performance and staff morale with both organisations learning from each other.

Freedom to Speak Guardian

The Trust has appointed a Freedom to Speak Up Guardian, Adewunmi Dosunmu. This role enables staff who have serious concerns around patient safety, fraud, mistreatment or bullying to know how they can raise concerns and the steps they need to take. The aim is to make services safer as issues can be quickly addressed and there is clarity in how to proceed.

Smoke-free

All Trust sites are now smoke-free. Ascertaining the smoking history of new patients and offering nicotine replacement is a key part of early assessment on the ward.

Patients are supported to consider alternatives to smoking and sign-posted to Local Authority information and support groups for quitting smoking.

STAFF HEALTH, WELLBEING AND INVOLVEMENT

Breakfast With Navina

Dr Navina Evans is connecting with front-line staff through informal *Breakfast with Navina* sessions at sites across the Trust. These provide a relaxed setting for staff to talk about their work, issues, highlights and obstacles and to ask questions. They are an opportunity for Navina to test ideas, share her thinking and hear ideas from staff.

Modern Leadership

Dr Navina Evans films a short blog every month in a departure from memo or briefings to convey key information succinctly in a two-minute film. She also publishes a written blog for NHS England.

The “Big Conversation” was a consultation with over 500 staff to explore and discuss the strategic direction on the Trust.

Breaking the Rules

“Breaking the Rules” is a series of activities led by the Quality Improvement team asking staff to think about things in their working life that impedes their progress, gets in the way or delays them in carrying out an intervention. Staff are invited to submit ideas via email, suggestions boxes or in a mobile video igloo which visited a range of sites.

Apprentices

We have been pleased to welcome over 100 Apprentices into our services to help them to develop a career in local health services. The Apprentice scheme is available to non-graduates of any age. Apprentice schemes are also available to existing staff to help them to gain qualifications and develop their skills.

Staff Networks

The Trust established four staff networks on 31 March 2018 and appointed sponsors and leads for BAME, Women, Disabled staff and LGBT. These are at different stages of development. The Trust held its first Disability Conference titled Disability as an Asset at the Wellcome Collection. For LGBT Awareness Month, a range of staff shared their personal stories of coming out and the Trust will host an open-topped bus at Pride 2018 for the first time ever. The Women's Network lead conducted an exclusive interview with the Chief Executive and Chair, published in two instalments on the Trust intranet for staff, in recognition of ELFT's unusual position in have two BAME women in the most senior leadership positions.

Staff Awards

Our Staff Awards event took place in November 2017 at The Barbican. The event opened with the ELFT Beats drummers who were part of the 2012 Olympic Games.

As always, the event was uplifting with many unsung heroes in the Trust being honoured for their contribution to ELFT.

Staff Flu Protection

In this year's flu campaign, we wanted to encourage as many staff as possible to get vaccinated to protect themselves and others from catching the flu. We matched last year's flu uptake with 67% of staff getting their flu jab this winter. Staff in the Newham directorate did the best, vaccinating 89% of staff. As an incentive, ELFT agreed to fund a UNICEF vaccination for every flu jab taken up by a staff member resulting in a donation of £10,000.

TECHNOLOGY

New Care Programme Approach

The Trust has rolled out a new approach to patient assessment using DIALOG. This focuses on the individual goals and aspirations of service users and works with them to identify the steps needed to reach these. Patients, staff and carers have been involved in designing the new programme, and in delivering the training to staff.

eCorrespondence

We rolled out eCorrespondence in November 2017 to East London RiO users which resulted in 30,000 documents [DIALOG+ careplans, appointments letters, discharge summaries] being sent electronically directly from RiO into the patient's GP EMIS record. This will improve patient care by sending clinical correspondence in real-time resulting in better communication to support informed decision-making. This initiative will also save administrative time for both ELFT and GP practice staff freeing them up to spend more time focusing on the service user.

NHS.net Email

The Trust has migrated all staff over to the NHS.net email system. This will bring savings to the Trust and mean that staff can access their email from any location where there is Wi-Fi.

Shared Care Records

All services in Tower Hamlets have migrated to ELFT EMIS. This builds on the Trust's work to enable ELFT staff to view patient records and patient contacts with their GP and other NHS organisations, to provide safer more informed care. All professionals involved in an individual's care can see previous and on-going interventions to provide a more comprehensive treatment approach. There has been a reduction in referrals and cost savings, with 9400 hours of clinical time being saved per year.

Summary Care Record

The Summary Care Record works alongside information-sharing channels through established local integrated care records, so that patients benefit from the care professionals involved in their care having access wherever the patient is treated across the NHS in England. This enables health professionals to support people accessing care outside their local area: e.g. when away from home or those living close to geographical healthcare boundaries.

There have been 132,000 viewings per week across the NHS. That's one view every 4.5 seconds and 13 views every minute. There have been 2732 viewings in ELFT (as at January 2018).

Mobile Working

Community Locality Teams in Tower Hamlets and Newham are benefiting from mobile working using hand-held devices. This means that staff can record actions from visits straight away on the EMIS system and see previous interventions, comments and decisions. This will ensure that patient care is based on fact and in-the-moment information, and will reduce the time staff spend writing up their notes back at their offices. 300 iPads have been deployed to these staff groups since December with 14,000 mobile consultations carried out to date.

Dr Navina Evans went on some visits with a district nurse to see the technology in action. She said *"Great to see EMIS mobile in action and grateful to the patients who welcomed me into their homes and gave valuable feedback."*

FORENSIC SERVICES

Learning and Development for Service Users

The Forensic Service Recovery College has been a great initiative in helping patients to access courses that interest them and that are relevant to them. Best of all, the courses have been developed in co-production with service users which means it is more likely they will stick with the courses. There are more distance learning and Open University options too. The courses stimulate thinking but also require considerable application. It is hard to stay motivated as a distance learner whoever you are, so staff play a big part in helping patients to stay with it to progress.

Trialling New Approaches to Care

Electronic Monitoring is now an option for service users who represent a degree of risk of absconding. Learning from the original pilot, there has been an improvement the process around managing this type of monitoring. Other projects underway in the forensic service including the Leave Project on Victoria Ward and the Reducing Sexual Violence project which involves services in other parts of the Trust too. In Wolfson House, a cooking initiative has led to patients cooking their own food on the wards. This is helping them to develop vital cooking skills which they may never have learnt before, and to eat more healthily.

Restrictive Practice Reduction Work

The forensic service have looked at how to balance the security processes necessary to support high-risk patients alongside their need to not feel overly controlled. The service has made good progress by introducing and monitoring access to mobile phones safely, the free flow of movement and a reduction in searches in Wolfson House, our Low Secure Unit, and increased patient access to IT and the use of laptops.

Weekly Academic Meeting

These have been a helpful development for discussions around particular issues or patient management allowing the input and ideas of peers, which has had a positive effect on the way staff respond to situations and helps the service to be safer and more considered.

A weekly User Involvement Group has been established, the input of service users to influence decisions about a range of in forensic services.

Personality Disorder Unit Accredited as Therapeutic Community in 2017

The Millfields Unit gained therapeutic community status acknowledging its unique approach, philosophy and group interventions to offer a new way forward for this client group. A Personality Disorder Pathway to Prisons has also been established for prisoners who have a Personality Disorder.

New Reception with Improved Patient Access and Family Room

The new entrance is easier to manage and conveys a professional approach to security to all visitors. The Family Room is a crucial addition to the service providing a suitable space for families to connect and maintain their relationships. In addition, a Carers Day took place in November. It's not easy for families and carers when a loved one is in a secure facilities, but Away Days and support groups play a part in helping them to cope and continue to support our service users

Access to Activities at the Weekend

This has been an important development in the service which has been welcomed by service users. There has been an improvement in all areas.

A Bridge Club has proved to be a focus for socialising and sharing an interest for many patients. It also requires concentration and the ability to cope with winning ... and losing!

ADULT MENTAL HEALTH SERVICES – NEWHAM

Goodbye to Ward Rounds, Hello to Daily Review Meetings

Daily multi-disciplinary meetings have replaced ward rounds on all acute wards at the Newham Centre for Mental Health. These are shorter decision-making meetings which ensure inpatient admissions are well-managed and are responsive to changes in the individual. It is a more dynamic real-time process which benefits inpatients and staff.

Recovery Work in Community Teams

Community Recovery teams have worked hard this year on ensuring care and treatment is recovery-focused and delivered in partnership with service users. A Community-Wide Safety Huddle is being piloted. These include multiple teams across different settings who Skype in for a 20-minute problem-solving session. Rapid Assessment, Interface and Discharge (RAID) and Home Treatment Teams are included. Topics discussed include the new information governance changes, recycling bins, duty coverage and eCPA expectations.

Crisis Resolution in Newham

Newham secured funding agreed for Core 24 and Mental Health Street Triage. This enabled the expansion and development of the Psychiatric Liaison service to include A&E cover and focus on service and staff development, with an increased commitment to service user and carer involvement

The service demonstrated better management of people attending A&E with a reduction in frequent attendees and no breaches in the four-hour time slot for people to be assessed in A&E.

Integration of Primary and Secondary Care Psychology

Primary and Secondary psychology in Newham are now together in one service under one manager to deliver a more integrated service, implementing a new stepped model of care designed to reduce waiting times and target resources where they are most needed.

Colleagues from Psychology and Occupational Therapy (OT) services have developed an extensive group work programme covering both in-patient and community services offering a wide range of groups for service users and carers from gardening and drop-in sessions to hearing voices groups

ADULT MENTAL HEALTH SERVICES – TOWER HAMLETS

Tower Hamlets Recovery College

The Tower Hamlets Recovery College joined a borough-wide launch of recovery and wellbeing services at the Brady Arts Centre. The launch by Inspire, a mental health consortium made up of eight partner organisations, has been commissioned to create and deliver a range of new and innovative Mental Health, Recovery and Wellbeing Services across the Borough.

Red Bag Scheme – Dementia Support

In Tower Hamlets, staff from local care homes and sheltered accommodation came together to celebrate completing the Tower Hamlets Dementia Development Programme delivered by ELFT Occupational Therapist, Jennie Gulrajani.

Tower Hamlets Community Learning Disabilities Service

During its first year in ELFT, the Community Learning Disabilities Service has introduced changes to focus on enabling people with a learning disability to reach optimum health. There is a strong focus on prevention, anticipating health issues and being proactive when the health of an individual changes. Being part of ELFT means mental health care is more joined up as both services share the same electronic records and know who is involved in supporting families.

Working with Partners

The service has continued to strengthen its partnership working with primary care and other providers and played an integral role in the delivery of the Tower Hamlets Learning Disability Strategy.

Edwin Ndlovu, Service Director, is pleased with the progress made. *“The team has risen to the challenges and changes over the last 12 months. We are still on our journey to refining how we support families in Tower Hamlets. But what I do know is that we have an amazing team here who are committed to getting it right. Thank you.”*

ADULT MENTAL HEALTH SERVICES – CITY AND HACKNEY

Street Triage

The City Mental Health Street Triage service provided in partnership with the City of London Police has received further funding to extend the contract. The team attend incidents together where information suggests that there are issues relating to mental health involved in the 999 call. The team are able to assess the individual straight away to enable them to get to the right service in the right setting.

Expansion of Crisis Services

City and Hackney have expanded their crisis services, and now consist of the Street Triage service, a 24-hour crisis helpline number, a crisis café, a service users' network, and a direct referral number all of which aim to reduce A&E attendance and provide alternative forms of support for people with mental health issues.

ADULT MENTAL HEALTH SERVICES – NEWHAM

Testing Telehealth in Supporting People with Mental Health Disorders

The Telehealth service helps people with a long-term condition to manage their own care with support from staff who can monitor their readings centrally. The Newham Telehealth team took part in a Randomised Control Trial (RCT) in conjunction with mental health colleagues. The researchers were keen to explore if people with an established mental health condition could be monitored in a similar way. Service users were sent four SMS text messages daily to respond to: two prompts for medication adherence or appointments, and two asking service users to send their wellbeing indicators. Depending on the scores, automated response messages provided positive feedback, advice or motivated service users to contact their Care Coordinator. 70% of service users felt they benefited and have opted to continue beyond their involvement with the project. Of those who have opted to discontinue, their feedback suggests that they do not feel a need for it, rather than feeling the approach was intrusive or unhelpful. The project will be formally launched as a QI project in 2018.

ADULT MENTAL HEALTH SERVICES – BEDFORDSHIRE AND LUTON

Mental Health Street Triage

The Bedfordshire Mental Health Street Triage team was set up in partnership with the East of England Ambulance Service to provide immediate assessment and support to people in crisis. This has resulted in a reduction in A&E attendances, admissions under section 136 of the Mental Health Act admissions and significant cost savings.

Bedfordshire and Luton Recovery College Wellbeing Hub

Bedfordshire and Luton Recovery College is part of the Bedfordshire Mental Health Academy which is a formal partnership with the Trust and the University of Bedfordshire. The College is open to any adults who live or work in Bedfordshire and Luton. Courses and workshops focus on mental health wellbeing and recovery. They are delivered by people with lived experience and professional experience. All courses and workshops are free of charge.

Community Mental Health Teams (CMHTs) in Bedfordshire

CMHT staff have broadened the range of interventions they offer by establishing Dialectical Behaviour Therapy (DBT) Skills Groups. DBT is a specific type of cognitive behavioural psychotherapy developed to help better treat borderline personality disorder and other kinds of mental health disorders.

Review of Oakley Court

The number of beds on Ash Ward has been reduced and increased on Willow Ward to provide a safer and more therapeutic environment. As part of the changes, three bedrooms have been added to Willow Ward and new visitor facilities created on Ash Ward.

Stable nursing leadership across all services

This has helped with the implementation of the violence reduction work and has supported with an improvement overall in the quality of care delivered, reduction in the number of incidents

Townsend Court

The unit has had an Activities of Daily Living kitchen installed. This will increase available groups on the unit and offer the opportunity for more enhanced assessment of daily living skills

Improved Promotion of Physical Health Care

There are more opportunities for accessing physical activity (yoga and gym sessions) on the inpatient wards. Alongside a physical health lead nurse, there is a physical health support worker link role that promotes sexual health, women's health and smoking cessation. Staff have been able to access a two-day physical health training and will be trained to facilitate sessions in the ward-based gym. All wards now have blood testing kits that support with rapid testing and monitoring

COMMUNITY HEALTH SERVICES

The Trust now provides community health care in many of the areas where it provides mental health care. This enables teams to develop bespoke care packages for service users across all services to ensure they get the right care in the right place at the right time. With easy access to fellow professionals, staff can provide better support to people with both physical health and mental health issues.

Community teams work closely with health and social care providers in each borough or county to improve the way people with long-term conditions are supported, to prevent the need for hospital admission.

Bedfordshire Community Health Services

Bedfordshire Community Health Services joined the Trust on 1 April 2018. ELFT is working in partnership with Cambridgeshire Community Services NHS Trust (CCS) who will provide services to children and young people. ELFT will provide services to adults and older adults over a five-year contract period.

Tower Hamlets Community Health Services

On 1 April 2017, the Trust welcomed 300 staff working in community health services in Tower Hamlets who transferred from Barts Health to the Trust.

Foot Health Services

The Foot Health Service has moved to a new model of care to focus on patients who have high-risk conditions that could lead to serious foot issues. Workshops have been established to offer training to patients and carers about looking after their feet.

Home Not Hospital

The new Rapid Response and Intermediate Care service has been well received by patients and is succeeding in preventing admissions and enabling rehabilitation in the home. The Trust has also been piloting the Neighbourhood Care Service based on The Buurtzorg Model founded in the Netherlands. This involves a discrete multidisciplinary team who provide all the care from 8.00am-8.00pm in a sector of Tower Hamlets. This has resulted in high levels of patient satisfaction in evaluations and increased staff satisfaction too.

New Clinic for Older People – Prevention of Decline

ELFT is co-providing this clinic with Barts Health to support frail people and enable them to live at home and prevent admission to hospital.

The Extended Primary Care Team (EPCT)

The EPCT is working with external partners to develop and implement innovative models of care. For instance, a Lower Limb Pathway will be shared with the Accelerate Community Interest Company (CIC) and there is intensive working with Age UK to help address patient needs that go beyond those that the teams can provide.

Jubilee Ward

Staff on Jubilee Ward transferred to new roles in community teams to support people where they live and enable them to stay confident and supported at home. The ward was no longer needed as more people were being discharged straight back home or not going into hospital in the first place and were now being looked after where they live. Additionally, the Continuing Health Care team have worked well with colleagues at the Royal London Hospital to reduce the number of Delayed Transfers of Care.

Safety and Communication

Skyguard devices have been adopted to ensure staff have a safety plan when carrying out home visits. Staff have been issued with new smart phones to replace the ones they had transferred with which enables them to monitor email communication throughout the day. All teams have transferred from the Barts Health EMIS to the ELFT EMIS record system. Mobile working has been rolled-out in all areas to ensure staff have everything they need at their fingertips wherever they are.

Better Facilities for Staff

In January 2018, the North West and North East Community Health Teams moved to a more modern space in Beaumont House, at Mile End Hospital.

As a partner of the Tower Hamlets Community Health Service Alliance, the service has been working with partners to successfully deliver the Tower Hamlets Together goals that stretch beyond direct service delivery, i.e. development of the Tower Hamlets Single Point of Access, development of a new referral form, developing integrated clinical triage.

Newham Rapid Response Team

The Newham Rapid Response team has matured and refined the way it supports people in their own homes to avoid the need for a hospital admission, or to accelerate discharge home from hospital. Feedback from GPs has been positive and families value being at home with loved ones, knowing that intensive nursing support is on-hand enabling patients to get back on their feet. People with a long-term condition now regard this approach as the natural path, if their condition worsens, rather than contemplating admission into hospital.

Feedback from a carer: *"I am so grateful to the Rapid Response Team for all their care and kindness. I really don't know what I would have done without them. On behalf of my husband and myself, thank you."*

Newham Multi-disciplinary Team Work

A key development in the last 12 months is the introduction of joint multi-disciplinary meetings with community staff and GPs. These happen every month and are an opportunity for GPs or community staff to discuss patients with complex conditions or care needs. By using the collective expertise of the team, they can determine what is the right support and treatment for the individual to better manage their care. GP feedback on these meetings has been excellent.

Implementation of EMIS mobile in the Extended Primary Care Team in Newham

All our staff now have an iPad with EMIS, the Electronic Patients record, installed on it. This gives them the opportunity to make contemporaneous entry and real time access to patient records. There is more information about this in the 'Technology' section of the annual report.

MOTHER AND BABY, AND CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Mother and Baby Unit

The Mother and Baby Unit (MBU) was given £62k from NHS England. This purpose of this money was to improve the quality of care and patient experience. The bid included joint working and collaboration with the other London MBU's and was successful. This money is being spent on improving the sensory room and visiting areas on the ward. In addition, a large chunk of the money is being spent on staff training.

The whole team will be trained in Compassionate Focused Therapy and Parent Infant Interaction Observation Scale (PIIOS). PIIOS is a recommended outcome measure from the recent RCPsych paper on perinatal outcome measures and this training will be delivered jointly with the two other London MBUs.

Galaxy Ward

In December 2017, there was a major addition to our CAMHS in-patient care provision with the opening of Galaxy Ward, a new 12-bed adolescent PICU for London. Galaxy Ward forms part of the Coburn Centre for Adolescent Mental Health provision and is located adjacent to the original Coborn building.

The new ward boasts individual rooms for young people with en suite facilities to ensure their privacy. The unit has a high staff-to-patient ratio to meet the needs of young people with complex mental health issues. The aim is for young people to spend no more than six-to-eight weeks on the Galaxy Ward before stepping down to a less restrictive unit or being discharged home. Young people have access to a school room and other dedicated spaces on the ward and can also make use of the facilities in the main Coborn unit.

Feedback about the unit has been positive. *"My 16 year old suffered a major mental health crisis. Due to his ASD and history, lots of units refused to help him. The Coborn Centre offered to take him when others wouldn't on their new Galaxy Ward. Their holistic approach to his meds and his treatment was just what was needed and their patience and understanding helped to put our family back together and give him the courage to go forward and smile again. I can't thank the staff enough for giving him this opportunity to recover in a safe environment. Their work is life changing."*

Bedfordshire CAMHS School Project

The Bedfordshire CAMHS schools project has become well embedded across Central Bedfordshire and Bedford Borough following an earlier successful pilot project in Bedford Borough. CAMHS Practitioners are embedded in Upper Schools and work closely with School pastoral care teams, including Special Educational Needs Co-coordinators and School Nurses to provide a fast, bespoke response to children and young people presenting with mental health problems.

This service, although only six staff, across the county has been very positively evaluated by school staff. The team have also developed a Peer Education system in partnership with Bedford Borough Council to encourage emotional well-being and resilience.

CAMHS practitioners in Luton and Bedfordshire are embedded with early help teams to promote meaningful, early intervention for children and Families

CAMHS Film Showcase

A series of films have been made by CAMH services across the Trust which have involved clinicians and young people speaking about their experience of mental health difficulties.

The films are moving and hard-hitting and incorporate the voice of young people throughout. Screenings of the films have taken place at the Curzon Cinema in Aldgate and at the Vue Cinema in Bedford to an audience made up of young people, parents / carers and professionals including CAMHS colleagues, social care staff, hospital paediatric staff, education staff and other groups. The films were well received. At both events, a panel made up of those involved in making the films took questions from audience.

Sol Campbell Visits CAMHS

Former England international footballer Sol Campbell met young service users in City & Hackney CAMHS to talk about the 'crossroads moment' that led to him pursuing football. The visit was part of a radio piece for the BBC Today Programme. Sol, who grew up in Plaistow was accepted onto a football training programme at the age of 14. He spoke candidly about the value of hard work, goal-setting and ambition that led him down the path of football.

20 young people came along to meet him – among them were keen cyclists, footballers and equestrians. Sol began by telling them about his life in Plaistow where he grew up as the youngest of 12 children. Football was his escape from home and a way in which he kept out of trouble on the streets.

The young people shared their experiences of growing up in Hackney, the exposure to drugs, gangs and violence in school and on the streets from a young age. Like Sol they shared a passion for sports and the routine and discipline it gives them – many expressed an interest in becoming professional sportsmen.

Community Eating Disorders Services for Children and Young People

In 2016, commissioners provided funding for two new community eating disorders services for children and young people: one serving East London and the other serving Luton and Bedfordshire. The services are now well established and have significantly improved the detection and treatment of eating disorders in young people and reduced the number of hospital admissions.

The multi-disciplinary teams provide a rapid response to referrals, multidisciplinary specialist assessments, high-quality evidence-based interventions and consultation, support and advice to other professionals. Team members also provide training in the delivery of early intervention treatment for mild and emerging eating difficulties.

SPECIALIST ADDICTIONS SERVICES

Tower Hamlets

RESET, the integrated addiction service for Tower Hamlets, has established itself as a service to support people with addiction issues from the beginning of their journey through to the recovery and maintenance phase, helping them to develop strategies to get back on track with their lives and stay on track. The service introduced a clinician-led / nurse-outreach model to treat hard-to-reach patients for Hepatitis C as part of the harm reduction work which underpins the service.

P2R Bedfordshire

The P2R alcohol pathway which involves group work has enjoyed excellent results for the numbers of service users completing treatment. From January to December 2017, Bedford saw 49.4% people complete the programme and Central Bedfordshire had 47.5% of people complete the programme. This is above the national average which is 40%.

P2R has joined up with the Crisis Service, Psychiatric Liaison Service and Mental Health Street Triage to develop a streamlined pathway and joint working processes to fast track service users to the right service. This has meant that service users can quickly get the interventions and specialist support they need.

PEOPLE PARTICIPATION HIGHLIGHTS

Back on Track DLR project

The award-winning Back on Track Docklands Light Railway (DLR) project has provided training to DLR staff to support people with mental health or psychological difficulties which affect their confidence and approach to using public transport.

Met Police Mental Health Awareness Training

The People Participation Team will be providing bespoke mental health training to the Police to enhance their understanding from the individual's point of view and give them strategies and tips to manage the situations they are called to.

Mental Health Awareness training has also been provided to the East London Business Alliance and Job Centre Plus

Transport for London (TfL) / Crossrail suicide prevention work

The Trust will be providing input into staff training to identify high-risk behaviour, provide strategies and role-play for staff to intervene effectively and manage high-risk situations.

Playing On

The Playing On Theatre Project using drama techniques to co-produce training and awareness for our staff, service users and community

PRIDE research

A research is underway to look at the benefits and positive impact of service user involvement on individual recovery (led by service user researchers)

MEDIA / ART

The ELFT Arts and Environment Group held its first symposium titled: *Architecture and Mental Health: Interdisciplinary Approaches to Promote Care*.

An animation project supported by the Trust and used nationwide to educate young people about mental health has received a prestigious broadcast award. *When I Worry About Things*, a series of short films narrated by young mental health service users, has been named Best Learning or Education Programme at the Royal Television Society North West Awards 2017.

HOSTING VISITS AND SHARING OUR PEOPLE PARTICIPATION MODEL

ELFT's current position means that we have hosted visits to see how we work, and linked with other Trusts and organisations to learning.

The Forensic Directorate has hosted a number of visits over the year from a variety of interested parties who are keen to see things are done in ELFT.

A delegation from Qatar visited who were setting-up a secure mental health service and visits by the CCQI for peer review.

Chris Wormald, Permanent Secretary at the Department of Health (DH) met with district nurses from Newham to thank them for hosting placements for civil servants from the DH.

Amy Volans, a Family Therapist in the Diana Team in Newham, met the Duke and Duchess of Cambridge when they visited Child Bereavement UK's Centre to hear about the work underway in East London to support families and children facing bereavement.

Jackie Doyle-Price, Minister for Care and Mental Health and MP for Thurrock, visited The Coborn Centre for Adolescent Mental Health to gain insight into the issues and pressures impacting on the mental health of young people.

ELFT hosted a visit from Dr Philip Dodd, the Irish National Clinical Advisor for Mental Health, and a delegation of leaders in mental health and social care from the Irish Republic, in Hackney.

MP Diane Abbott visited Dementia Services, hosted by the Alzheimer's Society who share premises with MHCOP staff

Secretary of State for Health, Jeremy Hunt, visited ELFT on 8 December 2017 as part of a whirlwind tour of East London meeting NHS staff.

ELFT's people participation work has been shared with numerous trusts in England. Sussex Partnership Trust has replicated the ELFT model and other trusts are reconfiguring their work around the ELFT people participation way of working.

ELFT has also been asked by NHS England to help the sustainability and transformation partnership work in Bedfordshire, Luton and Milton Keynes to support acute hospitals in relation to their readmissions by using the people participation model.

Paul Binfield gave a key-note speech to five large acute hospitals in Denmark on people participation, and they are now setting up their own leads based on the ELFT job descriptions.

A presentation was given to the Institute for Healthcare Improvement conference in Orlando, USA, to over 6000 delegates on the ELFT model.

Work with colleagues from Australia, Brazil, Sweden and the USA is ongoing regarding the co-production of health care service delivery.

CONFERENCES / EVENTS

First Staff Disability Network conference titled *Disability as an Asset* took place in the Wellcome Collection in Euston.

ELFT Women in Leadership Workshop took place on 22 September 2017 hosted by Dr Navina Evans.

Black and Minority Ethnicity (BME) Conference held on 29 November 2016 with over 90 staff in attendance.

International Forum on Quality and Safety in Healthcare Conference held in April at Excel in the London Docklands.

Quality Improvement Conferences in London and Bedfordshire

Annual Staff Awards Events

People Participation Awards

Global Health Partnerships: The Butabika Link, Second National CAMH Conference in Kampala, The Bangladeshi UK Link

EQUALITY AND DIVERSITY

The work on the Trust's Equality, Diversity and Human Rights (EDHR) priorities continued during 2017-2018 and the actions contained in the Trust's Strategy 2014-2017 were subject to appraisal and review by the EDHR Strategy Steering Group. The Strategy Group oversees progress on implementation of the patient-focussed and staff priorities. These priorities were developed following extensive consultation with service users, carers, Trust governors and members, local community and voluntary sector organisations and staff.

While we celebrate our achievements we recognise there is still much to do and that is why the Trust is fully committed to:

- Advancing equality of opportunity and making it everyone's responsibility
- Valuing the diversity of our staff, service users and carers and using it to build our knowledge about how to create solutions to complex problems
- Improving staff awareness of the key policies supporting the principles of diversity and equality
- Recognising, challenging and eliminating discriminatory behaviour.

We also recognise the need to have accessible information on how we are doing around equalities so that we can be held to account. Equality information concerning patients is available to members of the general public and staff in PDF format via the Trust's website at <https://www.elft.nhs.uk/About-Us/Equality-and-Diversity>.

The Annual Patient and Staff Equality and Diversity Report for 2017 can be found on the Trust's website under Equality and Diversity. This contains information on equality issues concerning staff and also highlights many of the actions (both big and small) that help embed equality into everything the Trust does on a daily basis and helps build towards our aim: "To be an exemplar of best practice in advancing equality, diversity and human rights in England by 2018".

A new Freedom to Speak Up Guardian was appointed to encourage staff to speak up without fear of criticism about any concerns they may have about patient care and safety. She will be working closely with the equalities network leads and their executive sponsors

Operating since 2004, the Butabika-East London link is a mutual-learning partnership between the UK and Uganda. A variety of projects have been carried out covering developments including the first children and adolescent training programme, and service user involvement, creating dialogue and advocacy. In 2017 the project received the HSJ International Health Partnership Award.

From April 2017, the Older Adult's services were transferred to the adult directorates in London. We created a Lead Nurse for Older Adult wards who works with the Director of Nursing for Luton and Bedfordshire to ensure that there is consistency in the care that delivered, the standards of the ward environment and support for staff who work in that speciality.

At the Disability Conference in November 2017 proposals were made about working towards a recognised accessibility standard. Staff have been trained to tackle homophobia and campaigns have promoted positive LGBT messages.

In 2017, the Trust marked the International Day Against Homophobia, Transphobia and Biphobia, an exploration of intersectionality (across protected characteristics), a *Wear Your National or Traditional Dress to Work* day and a debate about mental health and stigma involving staff and service users. The NHS Safety Climate Tool has been used to explore activity on female wards and consideration is being given about making this an annual activity.

Working with BAME communities across the Trust by:

- BAME Access Services in City and Hackney and Tower Hamlets continue to work in partnership with local community and faith groups.
- The BAME Access Service has worked in partnership with the Imam from Department of Spiritual, Religious and Cultural Care (DSRCC) and the Bangladeshi Men's Group at Mind in Tower Hamlets and Newham to develop the Faith in Recovery approach. This has also been successfully delivered with Somali groups at Mind and in the Flourishing Minds Project. We have also trained peers in this approach.
- The BAME Access Service, the DSRCC, the Recovery College and East London Mosque have worked together to develop courses in Bengali and Somali about mental health as well as Tree of Life. Imam Qamruzzaman Miah of DSRCC has developed a drop-in mental health and religion awareness session called Duha, which is run at East London Mosque.
- Newham Talking Therapies adopted a community psychological approach and works with a wide range of community groups including the Newham Black Women's Project.
- *From tokenism to empowerment*, a film about the experiences of Black male service users has been produced to raise awareness at conferences and training events.
- Joint funding from commissioners and First Steps Voluntary sector has led to a Reach and Resilience Programme in CAMHS about linking into BAME communities with a particular focus on Afro-Caribbean men and working with the Young Black Men steering group run by the local council in Hackney. This includes delivering mental health awareness training to voluntary sectors and community faith organisations.

Between 2015 and 2017 an ambitious project on human rights was undertaken in the Adult Psychiatric Intensive Care Units (PICUs). Designed by Prof Nimisha Patel from the International Centre for Health and Human Rights and the University of East London, its aims were to create enthusiasm and a positive culture by raising staff awareness and understanding of human rights and their service implications. Involving qualitative research with service users and staff, this led to the creation of guidance for service providers, a clinical decision-making aid, a team self-evaluation human rights' monitoring tool, *Human Rights at a Glance* pocket guides for patients, carers and staff and bespoke two-day training for seven human rights champions from the PICUs. Plans are in place to roll this approach out to Acute wards, Forensic Services and develop a specific tool for CAMHS.

PEOPLE PARTICIPATION

The People Participation Team operates throughout the Trust to ensure that service users, carers and our local communities are actively involved in the planning, development and effective delivery of all Trust services.

Our network of service-based Working Together Groups enable service users, carers, clinicians and other staff to work together in order to:

- help shape and initiate policies
- lead or take part in major decisions on service delivery
- facilitate collaborative work and research whenever possible
- represent the views of the wider community
- hold the Trust to account
- Provide opportunities for people to develop as individuals.

The priorities decided by the Trust-wide Working Together Group were incorporated into the Trust's People Participation and Carer Strategies in 2018, along with clear implementation and action plans. This means that service user and carer determined priorities have now become the business of everyone within the Trust, and all service areas have developed action and implementation plans around these priorities. For the People Participation Strategy these priorities are:

Trust-wide Working Together Group Away-day, 21 November 2018

ELFT will improve the quality of life for people in all our communities in a supportive, recovery-focused and integrated way.

Priorities

- Work towards more people being given the option to get involved via People Participation
- Increase Peer Support across all areas
- Work towards equity and parity amongst carer support and services across all directorates / boroughs
- Transitions – more robust transitions from Inpatient to Community, secondary care to primary care and CAMHS to Adult mental health
- Real support for real employment opportunities
- Training for staff on how to identify carers
- Work towards patient / service user run services (e.g. crisis care)
- Ward Rounds – review and innovate
- Stigma – continue and expand work within ELFT and in our communities.

Last year's Working Together Group Priorities were carried out in the reporting period.

Trust-wide Working Together Group Away-day Priorities for 2017-2018

1. Increasing the availability of Peer Support Workers (PSW) across all settings.

- a) Head of People Participation has standardised PSW recruitment and it now fits in line with all NHS recruitment
- b) Peer Support Mapping across all boroughs to show gaps and areas of progress
- c) Head of People Participation to set up Trust-wide Peer Support Steering Group

- d) Working with Training and Development and Human Resources to see how ELFT can utilise the Apprenticeship Levy in regards to Peer Support standards and future training.

2. Continuing the culture / process change for a true recovery-focused service.

- a) 11 service users and carers are part of the Care Plan training teams rolling out new processes
- b) Increasing input into staff training regarding how care plans should look
- c) Service users and carers were part of co-produced Newham Recovery Group Programme launched in March
- d) Increasing input into recruitment – hiring the right staff with the right recovery mind-set
- e) New consultant psychiatrist informal panels working very well (informal panel of up to five service users / carers before main formal panel)
- f) Review process for young people to input into recruitment (times of panels etc.)
- g) South Recovery Team (Hackney) is doing a QI project on making care plans more recovery focused. Service users were involved in identifying the areas to improve on
- h) People participation involved in all the recent recovery planning days for the CMHTs in Tower Hamlets
- i) People Participation Lead is a member of the recovery focussed steering group
- j) Involved in the Tower Hamlets therapies collaboration which is very much recovery oriented
- k) In Tower Hamlets, involvement with the Hope Wall at Barts Hospital to focus on hope and recovery
- l) Tower Hamlets have formed MDT and specialist psychology services active participation working group exploring user involvement in psychology services to support recovery and hopes to have an event in the near future
- m) PTS service user forum QI and people participation are working on involvement as a tool in becoming more recovery focussed including a welcome group with a view to promoting recovery values
- n) Heavily involved in the Recovery College in Tower Hamlets (People Participation Lead is part of steering group and mobilisation). People participation has and continues to play a huge role in the development on the Recovery College in areas such as outcomes, the student charter and the recovery and wellness plan for tutors
- o) Promotes the Recovery College to staff and service users alike in order to normalise a culture of recovery
- p) Service users co-delivered preceptorship training.

3. Carers Mentoring Programme – training existing carers to support new carers in their roles.

- a) Develop a steering group of carers to determine what is needed and how we provide it
- b) Carer is helping with staff induction with a remit to support new carers to input into induction, learning from their experience.

4. Training and process update on the identification of new carers (in particular young carers across all services).

- a) Carers Strategy is in the process of being updated, will be going to People Participation Committee in July prior to going to Trust Board

- b) Work due to start in August (wanted to prioritise new Care Programme Approach (CPA) process first)
- c) Partnership with Hackney Carers Centre, through attending the mental health carers group in the Carers Centre
- d) QI project with the psychological therapies services with service user involvement has a focus on links to community as part of recovery
- e) Involved with INSPIRE, the new recovery and wellbeing service.

5. Increasing service user and carer options to link to community (employment, activities, education etc.) as part of care planning.

- a) Plan and deliver a Trust-wide careers event for young people aged 15-25
- b) Working with Job Centre Plus regarding staff awareness of mental and physical health
- c) Working with University of East London, Newham College of Further Education, University of Music and Drama and City University
- d) Develop more work placements to give people the opportunity to try work and get more experience, build routines etc.
- e) Close links with third sector organisations such as Carers Centre, Hackney College and Mind etc.
- f) Planning to start a Recovery College (Hackney) where service users are going to be trained as peer trainers.

6. More emphasis on physical health in relation to mental health – not just measuring and monitoring but offering practical options.

- a) Organising the Well-Being Games
- b) In partnership with Health and Well-being Coordinator, training more service users to deliver physical health activities, e.g. Pilates, basketball and circuit training
- c) EQUIP (early intervention in City and Hackney) service user focus group on how to promote better physical health well-being
- d) Service user working with Sports Therapist and Health Development Coordinator in designing physical health workshops (Hackney)
- e) Service users and carers and People Participation Lead involved in Tower Hamlets Together stakeholder and user work-stream and the upcoming stakeholder council.

7. Continue and increase work to challenge stigma.

- a) Meet on a monthly basis at the *Stigma and What Are We Going To Do About It* meeting. Have trained Job Centre staff regarding stigma
- b) Planning for World Mental Health Day 10 October events, focussed on stigma
- c) Raising stigma as a topic into current staff training
- d) *Break the Stigma* (Luton and Bedfordshire) continues to raise awareness and conversations across communities
- e) People participation and service users co-produce and deliver Challenging Stigma course for the Recovery College
- f) Co-delivered mental health awareness and stigma training to operators on the DLR
- g) Mental health awareness training and challenging stigma training delivered to East London Business Alliance.

- 8. To make transitions between services more effective, informed and fluid (e.g. Child and Adolescent Mental Health Services to Adult Services)**
- a) Consultation with service users / parents about transitions between CAMHS and Adult Services.
 - b) Linked CAMHS leads with service community leads in Hackney to map transition pathways
 - c) Service users involved in recovery planning days and the service user involvement forum have flagged this is an area they would like to work on.
- 9. Ward Rounds – Make them useful for the service user – feel listened to, enough time and user friendly.**
- a) Have initially identified a potential ward to run ward-round-free, with project scheduled for second part of the year.
 - b) Patient Liaison Workers pass information about ward round standards. Also make referrals to Mind Advocacy if necessary (Hackney)
 - c) People Participation Lead raised with the senior managers and clinicians and this was also discussed at the therapies collaboration away day.
 - d) Clinical psychologist from Rosebank Ward has forwarded the People Participation Lead their user-focussed ward round protocols to feed into the central work.
 - e) Service users to be involved in Rosebank Ward's staff induction including ward round standards

Additional People Participation Projects / Activity

The first People Participation Committee focused on young people and was held on 16 March 2017. It was a great success and well attended.

The first People Participation Awards was held in June 2016, which was another great success, with a second awards event planned for June 2017.

ELFT is working with DLR on the Back On Track programme, which is going very well and has won a National Rail Award.

ELFT continues to work with the Royal College of Psychiatrists to develop 360° appraisal programme for clinical staff. Work with the East London community care coordinators has been completed. Work is now starting with the Luton and Bedfordshire community care coordinators.

The PRIDE research project was an academic research project regarding impact of People Participation on recovery led by three service user researchers. It was completed in September 2017.

Volunteer Coordinator working with the Academic Unit to transition research project regarding befriending into community services.

VOLUNTEER REPORT

The main change this year is the retirement of our long-standing volunteer coordinator Ann Lacey. She was instrumental in setting up our programme: she will be missed.

The Volunteer Programme continues to move forward with further interest and an increase in the number of volunteers taking part. Over 1000 individual volunteers have been active at some point in the past year, undertaking a number of very diverse and interesting roles. The volunteers are mainly recruited from within the Trust's geographical area, but we are also achieving good results outside our area of operation that do not have such extensive volunteering programmes and are recommending that people approach us to become involved in mental health.

The volunteers who come forward are from a diverse group of people, reflecting the communities that we serve. We are also gaining volunteers from groups that nationally do not figure highly in volunteering; in particular males and those under 25 years. We have a great number of volunteers who come forward for information on our various roles and at present approximately 60% of those who show an initial interest continue with the recruitment and training process. It is therefore essential that we provide a wider range of volunteering opportunities across the Trust which will give more choice for those who are interested.

To this end, a number of departments who have been working with volunteers for some time have increased their numbers and types of volunteer roles. The type of roles we now include are meet and greet, and activities such as Mendhi hand painting, yoga, gardening, art and reading activities, as well as a variety of sports and general befriending support. Areas that we are seeking to extend into in the coming year will involve more volunteering activities with East London CAMHS and in Luton and Bedfordshire.

A major event this year has been the extension of Trust activities to Luton and Bedfordshire – this has meant a considerable increase in workload in order to ensure that Luton, Bedfordshire and East London can begin to operate under a cohesive system that still recognises the differences between service areas. The groundwork has been laid and we are well on the way to achieving this goal.

The recommendations contained in of Kate Lampard's report into the activities of Jimmy Savile has also meant an increase in workload, as the Trust has striven to ensure these recommendations are implemented as quickly as possible. Inevitably the recommendations centred on volunteering activities and the need to safeguard our service users from potential abuse. Fortunately, most of the recommendations were either already in operation or could be quickly implemented in most areas.

Our three-day compulsory training programme has been well received by the volunteers. Volunteers have also taken part in additional workshops that are not compulsory but give additional skills and knowledge and these have been very well attended showing how much volunteers value gaining a range of insights into the work the Trust undertakes.

The commitment of the volunteers continues to surprise teams and the experience volunteers gain have helped many of them with continuing education and employability. We have now had a number of volunteers take up employment within the Trust via the Bank, but also in permanent roles such as Social Therapists.

A number of volunteers have also secured employment with other NHS Trusts and the feedback we have received is that other Trusts were impressed by the experience and knowledge the person had received via the whole volunteer programme.

Our recruitment and training of volunteers has shown a robust, safe process and is continually assessed and monitored especially with regard to any additional training volunteers may require to undertake their roles to fully enhance the service that is currently being provided by Trust staff.

REMUNERATION REPORT

For the purposes of this report, the disclosure of remuneration to senior managers is limited to Executive and Non-Executive Directors of the Trust.

Trust Board Appointments and Remuneration Committee

Details relating to the purpose and composition of the Appointments and Remuneration Committee are set out in the Appointments and Remuneration Committee pages of this report.

Annual Statement on Remuneration

Executive Directors' salaries are decided by the Appointments and Remuneration Committee taking into account the requirements of the role, benchmarking information, individual and Trust performance, and the financial circumstances relating to the Trust performance and those relating to the Trust as a whole. Individual performance bonuses are not paid to Executive Directors.

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

Very Senior Manager (VSM) pay is used in the Trust for Executive Directors. This enables pay at higher rates than Agenda for Change pay rates and is the most common reward mechanism for senior staff in the NHS. An incremental scale for executive director posts on VSM was introduced in 2014-2015 as a more structured way of determining executive director pay, and provides an incremental scale in line with other NHS reward schemes and simplifies decision-making on the level of reward. The incremental scale was reviewed in 2017-2018 to align the incremental gaps with other incremental pay scales in use in the Trust. Incremental advancement along the scale is based on the Committee being satisfied with overall performance of the Executive Team based on an evaluation report submitted by the Chief Executive.

In 2017-2018 the Appointments and Remuneration Committee decided to award incremental advancement for Executive Directors paid on VSM pay, but did not award a cost of living rise of 1% to be applied to the salary scale.

Senior Managers' Remuneration Policy

This is the current policy on senior managers' remuneration. The VSM pay scale has been reviewed in the financial year 2016-2017 and implemented in the financial year 2017-2018.

Salary	An incremental scale is available for senior managers on VSM	Minimum £121,120	Maximum £136,350
Additional annual leave	Additional annual leave is available as an alternative to increase in salary	1 day per annum	5 days per annum

Salary is the key remuneration component of the overall reward package for all staff and is designed to support the long-term strategic objective of recruiting and retaining appropriately educated, trained and motivated staff.

Additional annual leave as an alternative to salary increase is available as part of the overall reward package for Executive Directors and is designed to support the strategic objective of ensuring our staff are engaged and empowered to deliver the highest quality of service. It recognises that non-financial reward provides an important mechanism to recognise performance.

Both these policies reflect policies available to all staff in the Trust who are employed on incremental pay scales and have access to additional annual leave as a reward for near perfect attendance.

The primary performance measurement for awarding of incremental advancement is and annual appraisal conducted by the Chief Executive for the Executive Directors and by the Trust Chair for the Chief Executive. Performance is assessed against individual objectives and the overall performance of the Trust.

The Appointments and Remuneration Committee has the discretion to vary starting salary on VSM pay in line with skills, experience and market conditions.

As a high-performing Trust, ELFT regularly reviews VSM and remuneration policies thoroughly through the Appointments and Remuneration Committee. ELFT's policy is to successfully attract and recruit well qualified, experienced executives, including clinicians, into the most senior leadership positions. In order to do this and remain competitive some Executive Team members are paid on medical consultant pay scales with enhancements. ELFT has a strong track record of developing its own talent and has an executive remuneration policy that has enabled a flexible and autonomous approach with full accountability to the Board.

There are no other future policy decisions on pay planned.

Non-Executive Directors

Remuneration for Non-Executive Directors	Other fees payable
£ 51,005 per annum (Trust Chair)	No other fees are payable to Non-Executive Directors
£ 15150-17675 per annum (Other Non-Executive Directors)	No other fees are payable to Non-Executive Directors

Service contract obligations – Policy on payment for loss of office

All Executive Directors have permanent contracts of employment with the Trust. Executive Directors are required to give three-to-six months' notice to terminate their employment contracts.

In the employment contract for Executive Directors there is discretion to terminate employment with immediate effect by paying a sum in lieu of notice equal to basic salary, only subject to prior deductions for tax and national insurance contributions excluding any element in respect of holiday entitlement that would have accrued during the period for which the payment is made.

Salaries and Allowances

The remuneration arrangements for both Executive and Non-Executive Directors including the Trust Chair are set out within the Accounts section of this report. Pension information for Executive Directors is also provided in this section. Non-Executive Directors' remuneration is non-pensionable.

The remuneration of the Trust Chair and Non-Executive Directors is reviewed by the Nominations and Conduct Committee of the Council of Governors and set by the Council of Governors.

There was no compensation paid to any past or current members of the Board of Directors during the year.

Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust

Remuneration comparisons are undertaken on an annual basis with other mental health trusts in London and across the Foundation Trust Network. This comparison is also used to benchmark salaries when new posts are recruited to.

When decisions about incremental advancement and remuneration for Executive Directors and Non-Executive Directors are made information is provided about pay and conditions for staff employed on Agenda for Change contracts and Medical and Dental Staff terms and conditions of service.

Annual Report on Remuneration

Service Contracts

Non-Executive Directors are appointed for fixed terms as set out in the Directors' report. The dates of Executive Director appointments are listed below:

Name	Executive Director Post	Date of Appointment	Notice period
Dr Navina Evans	Chief Executive	1 August 2016	6 months
Paul Calaminus	Chief Operating Officer	1 March 2017	3 months
Steven Course	Chief Financial Officer	1 June 2015	3 months
Mason Fitzgerald	Director of Corporate Affairs	1 February 2014	3 months
Dr Paul Gilluley	Chief Medical Officer	1 March 2018	6 months
Lorraine Sunduza	Interim Chief Nurse	25 September 2017	3 months
Dr Mohit Venkataram	Director of Commercial Development and Performance	1 November 2016	3 months
Sandra Drewett	Director of HR and Organisational Development	19 October 2017	3 months
Richard Fradgley	Director of Integrated Care	19 October 2017	3 months
Amar Shah	Chief Quality Officer	19 October 2017	3 months
Jonathan Warren	Chief Nurse/Deputy CEO	1 August 2010	3 months
Dr Kevin Cleary	Chief Medical Officer	1 June 2011	3 months

Details of staff paid via off-payroll arrangements are set out in the Accounts.

Director Expenses

There was a total of £3288.50 of expenses claimed for 2017-2018 financial year. All expense claims are made and processed in line with Trust policy.

Signed:



Paul Calaminus
Acting Chief Executive Officer

STAFF REPORT

The Trust's Workforce

The Trust recognises that providing high-quality in-patient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. The Trust recognises the link between high-quality staff experience and the impact on patient care and is committed to ensuring that every member of staff is valued and is able to contribute to the best of their ability. The Trust's Workforce Strategy is being reviewed to reflect this commitment.

The Workforce Strategy supported the Trust's three main priorities:

- Improving service user satisfaction
- Improving staff satisfaction
- Maintaining financial viability.

This was achieved by:

- Recruiting and retaining educated, trained and motivated staff, who are competent in providing safe, clinically-effective and patient-focused care
- Developing and facilitating new ways of working to ensure that the best use of highly trained professionals is being made
- Providing a framework for improving workforce design and planning to ensure the right workforce capacity, which is aligned to the directorates and service users' needs
- Ensuring our staff are engaged and empowered to deliver the highest quality of service; that we are seen as an Employer of Choice
- Ensuring that the leadership of ELFT is recruited, trained and evaluated against behaviours that support collective leadership
- Maximising learning opportunities for all staff to provide high-quality teaching and training, and remain a centre of excellence for research.

The strategy is has been reviewed and revised in 2018 to support the new Trust-wide strategy.

Recruitment, Selection and Retention

The Trust has maintained an overall reduction in vacancy rates in most areas and turnover has stabilised to a level below comparator Trusts. The focus remains on managing internal talent and building a recruitment pipeline for the medium and long-term. Over the past year, specific recruitment campaigns focussing on community mental health nurses and district nurses have been delivered with regular open days for prospective candidates to find out more about working for ELFT.

All applicants who declare a disability and meet relevant aspects of the person specification for the role are guaranteed to be shortlisted for interview.

The Trust continued to offer development programmes, such as the Band 6 Apprentice Programme for nurses. The Trust is a pilot site for the nursing associate role and the first cohort are in place as part of the strategy to develop its own talent. All professional groups, including administrators, have assessed roles and structures to ensure there continues to be development opportunities for staff at all levels.

The Trust continues to recruit high-quality applicants to posts and has used a number of different strategies to attract applicants to posts which have been difficult to recruit to, including building links with domestic and overseas students and joint selection processes with Local Authorities.

Over the last 12 months, we have implemented a new candidate tracking system called TRAC to improve the flow of information, reporting and the candidate time to hire. We have also undertaken significant engagement and actions to support our recruitment and retention. This includes roadshows, workshops and questionnaires. We have conducted market insight work to give us intelligence and to promote Luton and Bedfordshire as places to live and work, as well as benchmarked with competitor organisations. We have improved our use of social media such as Facebook, Google, Instagram, Snapchat and Twitter; and one campaign generated over 100,000 views.

We have launched a *Refer a Friend* incentive scheme for staff and have taken a more targeted approach for difficult to recruit areas.

As a retention tool we have launched a salary sacrifice lease car scheme and making more of our internal benefits offer. We have also created a new Careers and Redeployment Post to help staff to identify internal career opportunities. Similarly, we have created an internal transfer process for clinical staff to try different roles within the Trust to reduce turnover.

We undertake analysis of any leavers who have less than a year's service and we are working to reduce this.

Managing Change

The Trust has successfully delivered a number of programmes to achieve efficiency savings over the past year, with changes made to: team structures, staffing structures and new ways of working introduced. The displaced staff were supported to find alternative roles through a comprehensive outplacement and redeployment process supported by a dedicated redeployment advisor

Significant transformative change has continued in Luton and Bedfordshire to engage staff, enable them to develop in their roles, and introduce new ways of working to improve the patient experience.

Tower Hamlets Community Services have been transferred to the Trust as part of an alliance contract and further work has been undertaken to support the move towards integrated care, competency development, and behavioural change through health coaching.

2017 NHS Staff Survey

A summary of key findings from the 2017 staff survey can be found in the Quality Accounts.

Staff Recognition Initiatives

As part of its ongoing commitment to recognise exceptional staff contribution, the Trust has been awarding staff with the *Employee of the Month Award* and recognising collective efforts through the *Team of Month Award*.

The Trust also continued to reward exceptional employee achievements with its fifth Annual Staff Awards attended by over 800 people. It showcased excellent delivery of care which helped inspire others. The categories were:

- Employee of the Year Award
- The Robert Dolan Leadership Award
- Team of the Year Award
- Improvement to Quality of Service Award
- Service User Award
- Equality, Diversity & Inclusion Award
- Support Services Award
- Unsung Hero(es) Award
- Chief Executive's Award
- Chair's Award
- Commissioners' Award.

Health and Well-being Initiatives

The Trust has successfully been implementing a comprehensive health and well-being strategy, which encompasses positive emotional, physical and social well-being. The Trust is actively supporting staff well-being to ensure that their experience in the workplace is a positive one. There was a stronger focus on physical health supported by CQUINs and the following initiatives:

- Promoted physical activities such as the Take-12 Challenge
- Delivered workshops on work-life balance
- Commissioned well-being workshops such as massage sessions
- Delivered monthly well-being sessions during induction
- Encouraged uptake of the Cycle to Work Scheme to promote physical activity
- Continued subsidising of yoga / Pilates classes
- Staff who become unwell or disabled during the course of their employment are supported through the sickness absence management policy to access training and support and redeployment where appropriate to enable them to continue working
- Promoted our new Employee Assistance Programme (EAP) provider resulting in an increase in the number of staff contacting them and improved thematic data
- Created a new Careers and Redeployment Advisor role – part of this role focuses on redeploying staff who have become unable to continue in their role due to ill health
- Introduced monthly well-being sessions *Be Well Thursdays* at every locality. The activities includes mindfulness, Tai Chi, Talking Therapies, Element of Health (holistic therapies for ailments) and attendance from EAP provider
- We have created a well-being brand and are using this to pull together all of our well-being activities.

In addition to the above, the Trust has repeated a health and well-being survey to enable it to accurately focus activity on areas that matter most to staff.

A particular focus for 2017-2018 has been financial well-being as part of our strategy. The Trust undertook a financial well-being survey with themes which replicate the national RCN survey. As part of the actions in 2018 we will provide staff with access to education and advice around financial management and continue to promote our EAP, which gives confidential counselling.

Stress Management

The Trust has undertaken an annual stress survey in-line with the Health and Safety Executive's (HSE) guidelines. It has been delivering the HSE's Management Standards, ensuring compliance and reduction of stress amongst staff. These included:

- Invited over 300 staff affected by stress to attend externally facilitated workshops for employees to build resilience against stress. 60 staff attended and there is demand for future sessions. We have outputs in terms of key themes and staff recommendations for improvements
- Exploring management training to help managers recognise signs of stress in their teams
- Trained and supported staff to become Mental Health First Aiders.

Learning and Development

The Trust has grown its workforce through the creation of apprenticeships following the introduction of the apprentice levy. Clinical and Administration Apprentices from our local communities have been actively recruited. There are 58 Apprentices in post with another 22 due to start in May 2018. Out of the 58 Apprentices currently in post, 47 work in East London and 11 in Luton and Bedfordshire. The Trust were pleased that one of our ELFT Apprentices was invited to meet the Prime Minister in Downing Street during National Apprenticeship Week in March 2018.

For existing staff, the Trust has launched an Internal Apprenticeship offer enabling staff to study for a wide range of Apprenticeship standards whilst learning in their existing roles. Several expressions of interest have been received. The Trust is actively involved in the development of the new Psychological Well-being Practitioner Trailblazer and we are working closely with our Universities in London and Luton & Bedfordshire in readiness for its future delivery. The Trust was also one of the early pilot sites for the Nursing Associate Apprenticeship both in London and in Luton and Bedfordshire, which saw us work in close partnership with Barts Health and Homerton University NHS Trusts.

Development continues to be highly rated in the staff survey. Each year the Trust continues to utilise its in-house expertise and existing workforce development funding to provide staff with the opportunity to undertake a wide range of educational activities. We seek to enhance existing knowledge and skills or facilitate progression beyond current roles including accredited career development opportunities such as the Preceptorship programme and Band 6 Nurse development programmes aimed at building resilience and preparing staff for the challenges of management.

The forthcoming year will see an exciting expansion of developmental opportunities for non-clinical staff starting with the nationally recognised Springboard Women's personal development programme complementing the activities of the recently established ELFT Women's Group.

Equality

The Trust has implemented its Equality, Diversity and Human Rights Strategy which consisted of a number of the Trust's priorities for 2014-2017. The primary aim of this strategy was to ensure that the Trust is an exemplar of best practice in advancing equality, diversity and human rights for people who use the Trust services, carers and the workforce.

A number of initiatives have been delivered to integrate equality, diversity and human rights considerations across our core functions, whether that involves providing services, purchasing and procuring services, involving patients, carer and the public, employing staff, policy development, decision making and in our communications.

Some of the initiatives included:

- The Trust has employed seven staff in the Spiritual Care Team who deliver a number of on-going interventions for staff and service users aimed at raising awareness of different aspects of equality and diversity, spiritual care, religious beliefs, and the impacts these have of our service delivery.
- The Trust has continued to work with local organisations such as East London Business Alliance (ELBA) as well as initiating new partnerships with organisations such as Bromley-By-Bow Community Centre to work particularly on the Trust apprenticeship scheme to improve the representation of the local workforce in our staff. Working in collaboration with ELBA, the Trust organised its second Careers Day event for 40 students from Newham Sixth Form College to encourage them to think about the multitude of different careers available in the NHS.
- In order to recruit from local communities who are underrepresented in our workforce regular Open Days across localities are run by the Trust's Recruitment Team to promote vacancies in various clinical and admin and clerical areas.
- We are expanding on the values-based recruitment best practice already in place that attracts people from local communities into nursing roles to include all other professions in the Trust.
- The Trust has continued to ensure that the data we hold about staff is validated on a regular basis and supported by a raising awareness campaign. The Trust will carry out an annual data validation exercise in 2018. Additionally, an improved recruitment system TRAC has been introduced to improve the diversity monitoring of applicants and new starters as well as the ESR self-service has been implemented to encourage staff to self-declare their protected characteristics.
- Since its introduction in 2014, the Trust's Apprenticeship Scheme has gone from strength to strength. It attracts applicants from the local area in particular from communities that are under-represented in our workforce. We currently have 58 external apprentices in post with another 22 due to start in May 2018. Out of the 58 Apprentices currently in post, 47 are based in East London and 11 are in Luton and Bedfordshire.
- The Trust launched its BAME Mentorship programme which aims to provide mentorship opportunities to BAME staff who are in Band 7 roles but wish to progress further into senior leadership positions. We are now developing the plans to deliver the second cohort of the BAME Mentorship initiative as there has been a very positive response to the first cohort.
- The Trust is also exploring a reverse mentoring programme to enhance the understanding of diversity issues within the organisation; encourage frank discussion of diversity-related issues and to develop strategies to create a more inclusive work environment.
- The Trust is in the final phase of work as one of three pilot sites working with NHS Improvement and the King's Fund to develop a collective leadership strategy.
- In order to build leadership capacity amongst staff, there have been several leadership programmes that have been organised in the past few years. Since 2014, we have delivered leadership cohorts tailored to Clinical Leaders and also Consultants. Over 150 staff have successfully completed the leadership programmes to date. The ELFT 2017 Leadership Development Programme had 56 successful graduates and we are now preparing for the 2018 programme to be run in Bedfordshire.

- We delivered the Trust's first Disability Conference in November 2017 with a range of internal and external speakers. There was a clear enthusiasm for this first conference focusing on the needs of disabled staff and a desire to build on the energy and commitment at the event. The post-conference feedback has been evaluated and a number of action points will be taken forward.
- The Trust is participating in a project to promote better practice on formal ER Action in London alongside a number of other NHS Trusts using QI methodology.
- The Trust has collaborated with Tavistock NHS Trust and delivered Unconscious Bias training for recruiting managers and managers involved in disciplinary processes. Additionally, Restrictive Practice and Unconscious Bias Training is currently being delivered on the Aspiring Leaders Development Programme. We have also delivered two cohorts of Gender Intelligence and Trans-Awareness training for staff to equip staff with key information people need to know to support trans colleagues or trans clients.
- The Trust carries out the Stonewall Workplace Equality Index annually. Whilst the Trust's ranking has improved significantly, the aim is to be in the top 100 employers in the country. The Trust has developed an action plan to ensure the experiences of its workforce including LGBT staff are positive.
- The four staff networks (BAME, Disability, LGBT, and Women) have been revived and are now supported by dedicated executive sponsors and network leads. They work on Trust-specific priorities and actions for frameworks such as WRES, WDES, EDS2, and Stonewall, as well as provide staff with platforms for communication, collaboration, and support.
- On an annual basis, we celebrate the Equality, Diversity and Human Rights Week, working collaboratively with the internal communications team, existing network members and key People Participation Leads to deliver a comprehensive activities plan across the Trust. The Trust also celebrates specific diversity events such as Black History Month, LGBT History Month, and International Women's Day. We are now preparing for participations in Processions and London Pride in 2018.
- The pool of Bullying and Harassment Support Advisors has been expanded to increase their presence across all sites. They provide a listening space and offer advice and support on concerns about the treatment of staff.
- Freedom to Speak Up Guardian has recently been appointed to encourage staff to speak up without fear of criticism about any concerns they may have about patient care and safety.
- The 2017 NHS Staff Survey results indicate that the Trust has achieved high engagement scores across the organisation but in particular BAME staff are more engaged as compared to staff from White ethnic backgrounds and also the national average.
- The Trust has invested in mediation training, which has included cultural awareness to support informal resolution of conflicts.

Partnership working

The Trust enjoys good partnership working with trade unions and staff side representatives through Trust-wide JNC and LNC committees. All organisational change proposals which affect staff are taken for discussion at one of these committees prior to consultation with staff. An annual away-day is also held with Management and Staffside representatives to enable them to raise concerns and plan a series of strategic discussions at JSC to enable joint working on issues likely to affect staff interests.

Analysis of average staff numbers

Average number of employees (WTE basis)	2017/18		2017/18		2017/18		2016/17		2016/17	
	Total Number	Permanent Number	Other Number	Total Number	Permanent Number	Other Number	Total Number	Permanent Number	Other Number	
Medical and dental	390	355	34	365	365	0	365	365	0	
Ambulance staff	0	0	0	0	0	0	0	0	0	
Administration and estates	1178	1037	141	996	996	0	996	996	0	
Healthcare assistants and other support staff	0	0	0	0	0	0	0	0	0	
Nursing, midwifery and health visiting staff	2,799	2,242	557	2,280	2,280	0	2,280	2,280	0	
Nursing, midwifery and health visiting learners	0	0	0	0	0	0	0	0	0	
Scientific, therapeutic and technical staff	1185	1101	84	998	998	0	998	998	0	
Healthcare science staff	0	0	0	0	0	0	0	0	0	
Social care staff	0	0	0	0	0	0	0	0	0	
Agency and contract staff				225	225		225	225		
Bank staff	0	0	0	481	481	0	481	481	0	
Other	5	5	0	5	5	0	5	5	0	
Total average numbers		4,741	816	5,349	4,643	706	5,349	4,643	706	
Of which										
Number of employees (WTE) engaged on capital projects									0	

Early retirements due to ill health	2017/18		2016/17	
	£0	Number	£0	Number
No of early retirements on the grounds of ill-health		5		4
Value of early retirements on the grounds of ill-health	188		288	

Staff sickness absence	2017/18	2016/17
	Number	Number
Total days lost	72007	42,026
Total staff years	4,752	4,643
Average working days lost (per WTE)	15.2	9

Category	Staff 2017/18 (WTE)	%
Age		
17-25	326.07	6.47%
26-35	1271.55	26.37%
36-45	1210.08	26.12%
46-55	1256.83	26.64%
56-65	618.13	13.25%
66-75	42.74	1.04%
76-85	4.37	0.12%
Ethnicity		
Any Other Ethnic Group	80.61	1.68%
Asian	788.41	16.68%
Black	1421.85	28.60%
Chinese	22.2	0.48%
Mixed	190.78	4.06%
Not Stated	87.85	1.91%
White	2138.08	46.59%
Gender		
Female	3302.36	71.05%
Male	1427.42	28.95%
Trans-Gender	0	0
Disabled		
No	3551.93	75.00%
Not Declared	956.45	20.22%
Yes	221.4	4.78%
Religious Belief		
Atheism	742.62	15.87%
Buddhism	42	0.94%
Christianity	2017.84	42.01%
Hinduism	136.6	2.91%
I do not wish to disclose my religion/belief	1014.03	21.68%
Islam	491.94	10.29%
Jainism	4.51	0.10%
Judaism	28.33	0.71%
Other	202.4	4.45%
Sikhism	49.51	1.04%

Senior Managers	Female	Male
Band 8a	319	124
Band 8b	95	39
Band 8c	54	22
Band 8d	12	16
Band 9	9	6
Director	1	6
Total	490	213

Going Forward

In 2017-2018 the Trust's Workforce Strategy will continue to aim to achieve the following:

- Recruit and retain culturally-competent and highly-skilled staff
- As the Trust expands its service provision beyond the remit of East London, the Trust will ensure that all members of our workforce feel part of the organisation regardless of their geographical location
- Develop the skills, behaviours and mind-sets to work across organisational boundaries for the benefit of service users and patients
- To foster a culture of continuous personal and professional development
- To continue striving to be the Employer of Choice
- To support the Trust's Quality Improvement Programme
- To facilitate new ways of working to ensure that the best use of highly trained professionals is being made
- To improve workforce design and planning to ensure the right workforce capacity which is aligned to the directorates and service users' needs
- Address current national shortage of District Nurses
- To ensure that there is leadership capacity and capability in all areas of the organisation
- To offer staff continuous support and guidance during times of continuous change in the organisation and the whole of the NHS
- Find ways of ensuring that staff feel valued and that their work is recognised.

STATEMENT OF COMPLIANCE WITH THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

The NHS Foundation Trust Code of Governance was published by NHS Improvement on 29 September 2006 and updated on 1 April 2010, December 2013 and July 2014. The purpose of the Code is to assist NHS Foundation Trusts in improving their governance practices. It is issued as best practice advice, but imposes some disclosure requirements. This Annual Report includes all the disclosures required by the Code.

East London NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply-or-explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. A newer version of the UK Code was published in April 2016.

The Trust Board of Directors support and agree with the principles set out in the NHS Foundation Trust Code of Governance. The Trust is compliant with all provisions of the Code.

Signed:



Paul Calaminus
Acting Chief Executive Officer

The Directors are responsible for preparing the annual report and accounts, and consider that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the necessary information for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

NHS IMPROVEMENT – SINGLE OVERSIGHT FRAMEWORK

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

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

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

The Single Oversight Framework applied from Quarter 3 of 2016-2017. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016-2017 relating to the RAF has not been presented as the basis of accountability was different. This is in-line with NHS Improvement's guidance for annual reports.

Segmentation

The Trust is currently placed in Segment 2

This segmentation information is the Trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2016-2017		2017-2018			
		Q3	Q4	Q1	Q2	Q3	Q4
Financial Sustainability	Capital Service capacity	2	2	2	2	2	1
	Liquidity	1	1	1	1	1	1
Financial Efficiency	I&E Margin	2	1	2	1	1	1
Financial Controls	Distance from financial plan	4	4	1	1	2	1
	Agency Spend	3	3	3	3	3	2
	Overall Scoring	3	3	2	2	2	1

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement. NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require East London NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of East London NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health 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 and;
- prepare the financial statements on a going concern basis.

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 of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.



Paul Calaminus
Acting Chief Executive Officer

ANNUAL GOVERNANCE STATEMENT 2017-2018

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks against the achievement of the organisation's policies, aims and objectives of East London NHS Foundation Trust, and to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2018 and is up-to-the date for the approval of the annual report and accounts.

The Trust Board are accountable to the Independent Regulator NHS Improvement for performance and control issues, and submits regular monitoring returns and exception reports to NHS Improvement in accordance with the Single Oversight Framework.

Capacity to handle risk

The Trust has a Risk Management Strategy and operational policies approved by the Trust Board. Leadership is given to the risk management process through a number of measures, including designation of Executive and Non-Executive Directors to key committees within the Trust's Healthcare Governance Framework structure.

The Audit Committee has delegated responsibility for ensuring the Board Assurance Framework is well maintained, and other Board committees review risks relevant to their terms of reference. Directorate Management Team meetings review their directorate risk registers.

The Chief Nurse has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Associate Director of Governance and Risk, who leads and manages the Trust's Assurance Department. All directors have responsibility to identify and manage risk within their specific areas of control, in line with the management and accountability arrangements in the Trust. Directorates have identified leads for risk management.

The Assurance Department provides support to directorates and departments on all aspects of effective risk assessment and management. The Department maintains the Trust's incident and risk reporting system, and risk registers. The Department also has a vital role in training, which is given to staff on induction and regular training opportunities are provided to staff at all levels, including root cause analysis training.

The Assurance Department is responsible for the dissemination of good practice and lessons learned from incidents or near misses. Good practice is disseminated within the Trust through information sharing, cascading of information via the groups and committees included in the healthcare governance framework, maintenance of the incident register and consequent learning from such incidents.

THE RISK AND CONTROL FRAMEWORK

Key elements of the Risk Management Strategy

Attitude to, and management of, risk is embedded within the Trust's Risk Management Strategy. The strategy and related procedures set risk management activities within a broad framework within which the Trust leads, directs and controls its key functions in order to achieve its corporate objectives, safety and quality of services, and in which it relates to patients, staff, the wider community and partner organisations. The Trust has a Board Assurance Framework in place which provides a structure for the effective and focused management of the principal risks to meeting the Trust's key objectives. Risks are assessed by using a 5x5 risk matrix where the total score is an indicator as to seriousness of the risk.

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board at each meeting in public.

The Trust has quality governance arrangements in place. The Chief Quality Officer is the executive lead for quality. The Trust has a Quality Strategy and the Trust Board receives a regular report on quality issues at each meeting. The quality of performance information is assessed through the Information Governance Toolkit and through the annual Quality Account's audit. Assurance on compliance with CQC registration requirements is obtained through the role of the Quality Assurance Committee, the performance framework, and from the Trust's own schedule of unannounced visits to services.

Embedding risk management in the activity of the organisation

Risk management is embedded throughout the Trust's operational structures, with emphasis on ownership of risk within the directorates and a supporting role by the Assurance Department.

Directorates are responsible for maintaining their own risk registers, which feed into the Trust's corporate risk register. The local risk registers are reviewed at Directorate performance meetings that are held on a monthly basis. The Assurance Department receives risk registers from Directorates, as well as copies of committee and sub-group meetings throughout the Trust. Directorate representatives attend key committees of the healthcare governance framework, ensuring formal channels of reporting, wide staff involvement, and sharing of learning. The implementation of incident and other risk-related policies and procedures throughout the organisation ensure the involvement of all staff in risk management activity.

During 2017-2018 our focus remained on the integration of Luton and Bedfordshire services, as well as the acquisition of Tower Hamlets and Bedfordshire community health services.

Involvement of public stakeholders

Risks to public stakeholders are managed through formal review processes with the Independent Regulator (NHS Improvement) and the local commissioners through joint actions on specific issues such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health and Overview Scrutiny Committees. The Council of Governors represents the interests of members and has a role to hold the Trust Board to account for the performance of the Trust.

Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the CQC. The Trust underwent a two-week announced inspection by the CQC in June 2016 and was rated "Outstanding".

The CQC carried out an inspection of Luton and Bedfordshire services in October 2017, and no significant concerns were raised.

The CQC is completing a CQC Well-Led review in April 2018. The Trust has had a preparation programme in place, including mock inspections of services and Board Development events.

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 and Diversity

Control measures are also in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Acts and the Adaptation Reporting requirements are complied with.

Foundation Trust governance

As an NHS Foundation Trust, the Trust is required by its licence to apply relevant principles, systems and standards of good corporate governance. In order to discharge this responsibility, the Trust has a clear and effective Board and Committee structure, which is regularly reviewed. Responsibilities of the Board and Committees are set out in formal terms of reference, and responsibilities of directors and staff are set out in job descriptions. There are clear reporting lines and accountabilities throughout the organisation.

The Board receives regular reports that allow it to assess compliance with the Trust's licence: i.e. the Board receives finance reports and performance and compliance reports at each meeting. Individual reports address elements of risk, such as reports on safe staffing levels. This enables the Board to have clear oversight over the Trust's performance.

As part of its submission of the 2017-2018 Operational Plan, the Trust submitted to NHS Improvement a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above, and through regular review of governance developments as part of the Board development programme.

The Trust has developed integrated reporting throughout the year in order to give the Board better oversight of strategic performance and risk issues.

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. Performance in this area is monitored by the Trust Board on a regular basis. The Trust Board discusses and approves the Trust's strategic and operational plans, taking into account the views of the Council of Governors. The operational plan includes the annual budgets. Throughout the year, the Trust Board receives regular finance and performance reports, which enable it to monitor progress in implementing the operational plan and the performance of the organisation, enabling the Board to take corrective action where necessary, and ensure value for money is obtained. The in-year resource utilisation is monitored by the Board and its committees via a series of detailed reports covering finance, activity, capacity, human resource management and risk.

Performance review meetings assess each directorate's performance across a full range of financial and quality metrics which, in turn, forms the basis of the monthly performance and compliance report to the Service Delivery Board.

The key processes embedded within the Trust to ensure that resources are used economically, efficiently and effectively, centre on a robust budget-setting and control system which includes activity-related budgets and periodic reviews during the year which are considered by executive directors and the Trust Board. The budgetary control system is complemented by Standing Financial Instructions, a Scheme of Delegation and Financial Approval Limits.

As Accounting Officer, I have overall accountability for delivery of the Annual Plan and I am supported by the Executive Directors with delegated accountability and responsibility for delivery of specific targets and performance objectives.

I am also supported by the work of Internal Audit who, in carrying out a risk-based programme of work, provide reports on specific areas within the Trust and make recommendations where necessary. The work of Internal Audit, and the progress of implementing their recommendations, is overseen by the Trust's Audit Committee.

During the year, Jonathan Warren, Chief Nurse, and Dr Kevin Cleary, Chief Medical Officer, left the Trust. Dr Paul Gilluley has been appointed as Chief Medical Officer. Lorraine Sunduza has been appointed as Interim Chief Nurse. The Board has a series of development events during the year, and carried out an annual review of its effectiveness in January 2018, using the CQC Well-Led Framework.

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Interim Chief Nurse is the Executive Director lead for Information Governance, and is supported by key staff within the Assurance Department and directorate leads. The Trust has a nominated Caldicott Guardian (Chief Medical Officer) and a Senior Information Risk Owner (Chief Financial Officer). Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Trust Board receives reports on compliance with the Information Governance Toolkit.

There were four information governance incidents during 2017-2018 that were reportable to the Information Commissioner. The incidents involved: papers being stolen from a car; 29 appointment letters sent to one patient; a report sent to external NHS staff in error; and contact details of 43 patients sent to one patient through the hybrid mail system. Three of the four incidents have been investigated and action plan put in place to reduce the likelihood of reoccurrence, including training and support to staff. The incident regarding the hybrid mail system is currently being investigated. No sanctions have been issued by the Information Commissioner.

The Finance, Business and Investment Committee considers the cyber security policies and procedures to ensure that they are fit for purpose. The Committee also oversaw the response to the May 2017 Wannacry ransomware attack, and gained further assurance that controls are in place.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Chief Quality Officer is the executive director lead for the Quality Report, and work is coordinated by the Trust's Quality Committee, which reports to the Board's Quality Assurance Committee.

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2018-2019; and performance against quality indicators for 2017-2018. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

The Trust has a Quality Strategy which has been approved by the Trust Board. The quality priorities for 2018-2019 have been developed in conjunction with senior clinicians and managers, the Council of Governors and service user groups. They form part of the Trust's strategy which was approved at the February 2018 Trust Board meeting.

The Trust undertakes a major Quality Improvement programme, and is using an external partner, the Institute of Healthcare Innovation, to support the programme and build capacity of staff to deliver locally led quality improvement initiatives.

There are controls in place to ensure that the Quality Report is an accurate statement of the Trust's performance during the year. Information regarding the Trust's performance is produced by the Trust's performance management systems, and is regularly reported to the Board and performance management meetings throughout the year. The Trust's Performance Management Framework has been reviewed by Internal Audit and has received a substantial assurance opinion.

Review of effectiveness

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

I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2017-2018 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

The Head of Internal Audit opinion stated that *"the organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective"*.

The effectiveness of the system of internal control is guaranteed by ensuring clear duties and accountability are allocated to each part of the healthcare governance framework, and to individuals within the framework.

The Board receives the Board Assurance Framework at each meeting, receives reports from the Quality Assurance Committee and from the Audit Committee, and notes minutes from key committees and groups within the framework. Reports submitted to the Board identify risk and are linked to the Board Assurance Framework, where relevant.

The Audit Committee is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management. It approves the annual audit plans for internal and external audit activities, receives regular progress reports and individual audit reports, and ensures that recommendations arising from audits are actioned by executive management. The Audit Committee receives the minutes of the Quality Assurance Committee and the Chair of the Quality Assurance Committee, who is an independent Non-Executive Director, is a member of the Audit Committee.

The Trust has an in-house Counter Fraud service in place, in line with the NHS Standard Contract. The Audit Committee receives regular reports from Counter Fraud services.

The Audit Committee has delegated responsibility for the Board Assurance Framework, and other Board Committees review risks relevant to their terms of reference. There is shared membership between the Audit and Quality Assurance Committees via Internal Audit, the Chief Financial Officer, the Director of Corporate Affairs and the Chair of the Quality Assurance Committee. The Quality Assurance Committee receives the minutes of the Quality Committee.

The Quality Committee integrates the processes of clinical governance and risk management. It receives reports from working groups, and reviews risk with the Chairs of these groups. It considers the clinical audit plan and receives and discusses individual clinical audit reports, ensuring that appropriate action is being taken to address areas of under-performance. Executive Directors chair officer committees and groups, with managers from various disciplines and from various services participating in these groups. The Quality Committee reports to the Quality Assurance Committee, and also has links to the Service Delivery Board.

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 organisation'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.

Directors ensure that key risks have been identified and monitored within their directorates and the necessary action taken to address them. Directors are also directly involved in producing and reviewing the Board Assurance Framework, and attend the Audit and Quality Assurance Committees to report on risk within their areas of control.

The interests of patients, clients and other stakeholders is given authority by inclusion of representatives on various groups of the Trust, as well as the role of the Council of Governors.

The Trust's regular reporting to NHS Improvement provides additional assurance with regard to the Trust's governance arrangements and compliance with the Trust's provider license.

The net result of these processes is that risk is assessed systematically, with internal reviews ensuring checks and balances, a local chain of reporting which ensures follow-through of recommendations and actions, and wide staff involvement ensuring effective communication throughout the Trust.

Internal Control Issues

During 2017-2018, the Trust's Internal Auditors have not given any *no assurance* reports. They issued four reports where they provided *partial assurance* over the design and application of the controls in place to manage the identified risks:

- Workforce information
- Data quality – complaints
- Board Assurance Framework and Risk Management
- Financial Accountability, Reporting and CIP.

In order to address the issues raised in these reports the following action has been taken:

- Workforce information – formal procedures have been developed for the compilation of workforce information, and updated spreadsheets have been issued for the calculation of appraisal rates. The Trust is also reviewing the workforce information systems currently in use
- Data quality and complaints – refreshed guidance was introduced in order to determine whether extensions to complaints' investigation should be granted, and an assurance process put in place. Data quality policies have also been introduced for this area.
- Board Assurance Framework (BAF) and Risk Management – the BAF has been refreshed in-line with the new Trust strategy, and work has been undertaken to improve the quality of directorate risk registers. The Risk Management framework is being updated in order to ensure more effective risk management practice
- Financial accountability, Reporting and Cost Improvement Plans – the Quality Impact Assessment process is being reviewed. The Trust is also strengthening the budget manager sign-off process and training for budget managers.

Progress against outstanding actions will be monitored by the Audit Committee.

The Trust's Board Assurance Framework (as of 31 March 2018) has four red-rated risks:

- It fails to recruit high quality staff
- The Trust may not maintain financial viability if: a) the short-term impact and potential lack of achievability of Cash Releasing Efficiency Savings (CRES) requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as Sustainability and Transformation Funding (STF)
- The Trust may not maintain financial viability if: b) the long-term impact and potential lack of achievability of CRES requirements over the next five years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.
- Agreement via consultation with commissioners, the public and other stakeholders may not be granted in time to execute major plans, which should result in reduced expenditure and a more efficient delivery of service

Action plans are in place and are summarised in the BAF. These risks are regularly monitored by the relevant Committees and the Trust Board.

In addition, not all risks were reduced to their risk appetite score by the end of the year. The Board is refreshing the BAF and the Risk Appetite Statement for the new financial year and accompanying action plans are being put in place to ensure improvement in this area.

Conclusion

The Trust has an adequate and effective system of internal control, and the specific internal control issues detailed above are being addressed through robust action plans. No significant control issues have been identified, and the control issues identified in this statement have action plans in place to address them.

The Audit Committee, Quality Assurance Committee, Finance, Business and Investment Committee, and the Trust Board will continue to monitor these areas closely and agree additional action as required.

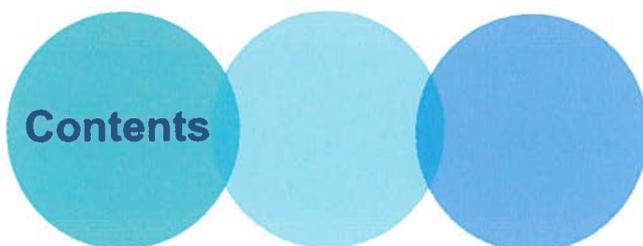
Signed: 

Paul Calaminus
Acting Chief Executive Officer

Date: 29 MAY 2018



QUALITY ACCOUNTS
2017-2018
East London NHS Foundation Trust



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Contact with the Trust



If you require any further information about the 2018 Quality Accounts please contact: ELFT Communications Team on 0207 655 4000 or email elft.communications@nhs.net



Developments, Awards & Achievements

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, Hackney, Newham, Tower Hamlets, Bedfordshire and Luton. We provide psychological therapy services to the London Borough of Richmond, as well as Children and Young People's Speech and Language Therapy in Barnet.

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.

The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome / ME adult outpatient service serves North London and the South of England.

The Trust's specialist Mother and Baby Psychiatric Unit receives referrals from London and the South East of England.

The Trust provides local services to an East London population of 820,000 and to a Bedfordshire and Luton population of 630,000. We provide forensic services to a population of 1.5 million in North East London. East London is one of the most culturally diverse parts of the country but is also one of the most deprived areas, as is Luton. The county of Bedfordshire is a predominantly rural area with some of the most affluent communities in the country living alongside some of the most low income and deprived groups. Both areas therefore pose significant challenges for the provision of mental and community health services.

The Trust operates from over 100 community and inpatient sites, employs almost 6,000 permanent staff and has an annual income of £390m.

During 2017/18 the Trust provided and / or sub-contracted 170 relevant health services. ELFT has reviewed all the data available to them on the quality of care in all 170 of these relevant health services. The income generated by the relevant health services reviewed in 2017/18 represents 100% of the total income generated from the provision of relevant health services by ELFT for 2017/18.

During the course of the year ELFT has seen a range of service developments, improvements and achievements:

- **The Big Conversation** – During the summer of 2017/18 our staff took part in the biggest face-to-face engagement exercise this Trust has ever under taken – the Big Conversation. About 800 staff and patients told us what they thought ELFT was good at and what we should be known for in the future. We have analysed the feedback and discussed this with Directorate Management Teams (DMTs), the Council of Governors and the Trust Board. Now this feedback has been used to inform ELFT's emerging strategy and a new mission 'To improve the quality of life for all we serve'
- **Tower Hamlets Community Health Services (THCHS) partnership** – ELFT is a founding partner of the Tower Hamlets Together partnership, which includes the key Tower Hamlets' health and care commissioning and provider partners. Over the past three years ELFT has been centrally involved in developing the Tower Hamlets partnership, managing the process of bidding to deliver community health services as a provider alliance (with the Tower Hamlets GP Care Group and Barts Health as alliance partners), and developing the Tower Hamlets Multi-specialty Community Provider Vanguard, and supporting transition into an accountable care system. The contract for Community Health Services began on 1 April 2017, as part of which ELFT took on a number of general adult community services, and since then ELFT has managed a programme of transformation to consolidate and improve the quality of services. As part of our work through the Vanguard, we have developed a number of approaches to delivering more integrated care for people with mental health problems, including a pilot of The Buurtzorg Model in Tower Hamlets Neighbourhood Care Team.
- **Focus on recovery** – As part of its commitment to recovery principles the Trust has rolled out a revolutionary new approach to patient assessment using the DIALOG approach. This focus on the goals and aspirations of service users and works with them to identify the steps needed to reach these. Patients and carers have been involved in designing the new programme, and in delivery the training to staff. Alongside this there are now Recovery Colleges in place across the whole Trust, and a quality improvement workstream dedicated to reshaping community mental health services and delivering truly recovery focused care.

Clinical services have been working hard to deliver innovative, high quality care, with numerous examples of exciting projects, for example:

- **Newham Mental Health Services - Goodbye to Ward Rounds, Hello to Daily Review Meetings**
Daily multi-disciplinary meetings have replace ward rounds on all acute wards at the Newham Centre for Mental Health. These are shorter decision-making meetings which ensure inpatient admissions are well managed and responsive to changes in the individual. It is a more dynamic real-time process which benefits inpatients and staff.
- **Bedfordshire and Luton - Mental Health Street Triage**
The Bedfordshire Mental Health Street Triage team was set-up in partnership with the East of England Ambulance service to provide immediate assessment and support to people in crisis.

- **Forensic Services - Self-catering Project at Wolfson House**
This project has grown and grown with patients cooking their own food on the wards. Not only are we helping patients to develop vital cooking skills which they may never have learnt before, the project is enabling them to eat more healthily.
- **Tower Hamlets Community Health Services (THCHS) - Home Not Hospital**
New Rapid Response and Intermediate Care service is now in place and has been well received by patients and are succeeding in preventing admissions and enabling rehabilitation in the home.

The Trust is proud of the awards it has won and been nominated for over the last year, here are some of the most significant:

Patient Safety Awards 2017

Mental Health – Shortlisted

RCPsych Awards 2017

Psychiatric Team of the Year: Quality Improvement

East London Mental Health of Older People (MHCOP) Memory Service

(winner - November 2017)

UK Rail Industry Awards

Back on Track (KeolisAmey Docklands)

Social Responsibility Category – Winner

World Illustration Award

QI Visibility Wall at Newham Centre for Mental Health (Jonny Glover)

Site Specific Professional Category – Winner

Bedfordshire Junior Young Person of the Year (YOPEY) Award

CAMHS Service Users, Roshni Patel (December 2017)

Royal Television Society North West Awards 2017

Best Learning or Education Programme (November 2017)

Film series: When I Worry About Things

HSJ Awards 2017

Butabika Link: International Health Partnership –Winner (November 2017)

Rail Business Awards (January 2018)

Customer Service Excellence Award 2018

The 'Back on Track' project run by the Trust and KeolisAmey Docklands, the operator of the Docklands Light Railway

Student Nursing Times Awards - shortlisted

Fern Glenister, Bedford, shortlisted for the Student Nurse of the Year in Mental Health and Student Innovation in Practice (March 2018)

RCNi

Commitment to Carers (Shortlisted April 2018)

Tower Hamlets Primary Care Mental Health Carer's Hub

Part 1 – Statement on Quality

1.1 Statement on Quality from Dr Navina Evans, Chief Executive Officer



During the last 12 months, we have made great strides in making continuous improvement part of our 'business as usual'. It is fair to say that there is not a corner of ELFT that doesn't have staff involved in scrutinising and testing processes, and looking at outcomes in some aspect of their work. It is now our bread and butter and it would feel odd not to review and reassess the way we do things.

The Big Conversation was a key initiative last year which involved over 800 staff, governors and service users thinking about where we had got to, what our strengths were and what our next steps should be. This work has led us to 'The Big Strategy' with refreshed mission statement and objectives.

Our new mission pledges that we will 'improve the quality of life for all we serve.' Our vision sets out our ambition which is that 'By 2022 we will build on our success and lead on the delivery of integrated care.' We will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Four main strategic outcomes have been identified to improve:

- Population health outcomes
- The experience of care
- Staff experience
- Value – by increasing productivity, reducing waste and eliminating unwanted variation in clinical practice.

All Directorates and services will now develop work plans with these objectives in mind to deliver the best care we can to our communities.

As you read through this year's Quality Accounts, you will see that we have performed well against the many national and local indicators that guide us in our work. I want to thank all our clinicians, managers and staff who work tirelessly to ensure that we provide effective care which not only meets our expectations but often exceeds them.

In March, the Care Quality Commission began the process of inspection of the Trust, visiting a number of our clinical services, and meeting with staff and service users. This is the first review they have undertaken since our inspection in the summer of 2016 when we were awarded an 'Outstanding' rating. As we go to print, we are waiting to hear what our rating will be for 2018 but I feel confident that in meeting our staff, they will be aware of the commitment and passion they have to make a difference to those that they support to enable them to get back on track with their lives.

1.2 Statement on Quality from Dr Paul Gilluley, Chief Medical Officer, and Dr Amar Shah, Chief Quality Officer



Over the last year, we have asked our staff and service users to help us reflect on our strengths, our opportunities to improve and what we should focus on for the future. The Big Conversation was a major engagement exercise with lots of face to face meetings. We have listened to and analysed these findings, which contributed to the development of a new Trust Strategy. This has a clear mission, “To improve the quality of life for all we serve”, which will be guiding all of our efforts over the coming years.

This integrated approach to health has been enshrined in our community health partnerships, especially last year with the launch of the Tower Hamlets Together partnership. We are proud to be a part of a multi-specialty community provider, awarded Vanguard status, which is leading the way health care will be provided in the future. Our development as an organisation providing out of hospital care has been further advanced in April 2018 with Bedfordshire Community Health services joining us.

We have focused over the last year on improving and embedding recovery within the organisation. We have used DIALOG, an innovative tool that helps engage service users and clinicians in a meaningful conversation to identify recovery goals and co-produce care plans. And we have further developed and expanded our Recovery Colleges, with involvement from both service users and carers.

On a last note, we should mention our HSJ Award for International Health Partnership. Butabika reminds us our populations are not just localised to England, but have far reaching influences out to our brothers and sisters in Africa.

We are proud of what we have achieved over the last year. We recognise we still have more work to do, so we can improve the quality of services we provide and the health of the populations we serve.

#OnwardsAndUpwards



Part 2 – Priorities for Improvement

2.1 ELFT Quality Strategy

In 2013, East London NHS Foundation Trust (ELFT) committed to providing the highest quality mental health and community care in England by 2020. This demanding goal required a focused commitment from the whole organisation on all the components of quality.

In order to deliver this mission, we recognised that we would need to:

- Ensure that every day, for every patient, our staff have quality underpinning every decision
- Listen to our patients, carers and service users
- Provide the safest care we can and learn lessons when things go wrong.
- Support our staff to deliver our high standards
- Attract and retain the best staff and then develop them further
- Work with our commissioners in a positive relationship, making sure that quality is the number one aim
- Foster a culture of quality improvement that is an integral part of who we are.
- Maintain our financial viability.

In 2016, our efforts were recognised by the Care Quality Commission, who rated the organisation as “Outstanding”.

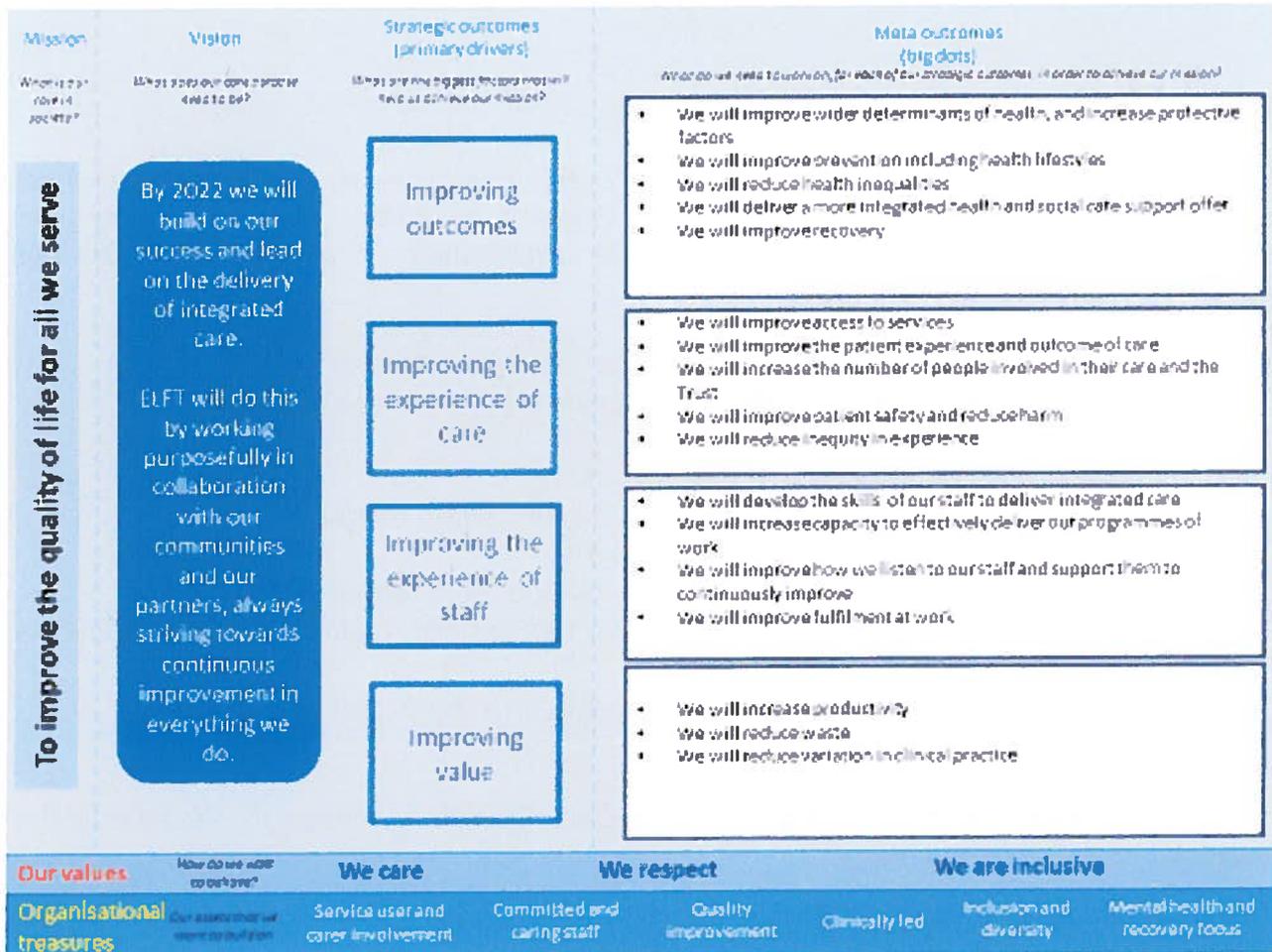
East London NHS Foundation Trust has been considering, for the last 18 months, the vision, mission and strategy for the Trust in light of the changing national and local context. A key driver for these discussions has been the views of our patients, staff and governors, as well as the national policy context of integration, and the Trust’s own ambition to make a positive difference to people’s lives, regardless of our specific role in providing services.

The creation of Sustainability & Transformation Partnerships (STPs), and more recent progress towards the development of Accountable (Integrated) Care Systems, provides the structural template for this new ambition.

The Trust’s strategic partnership with the Institute of Healthcare Improvement (IHI) has exposed the Trust to organisations with vast experience of delivering integrated care at scale, as well as the benefit of the IHI’s own expertise in relation to the “Triple Aim” of improving the patient experience of care, improving the health of populations and providing value for money.

The Trust Board has decided to expand the range of community services provided by the Trust, with the integration of Tower Hamlets community health services on 1 April 2017, and the expected integration of Bedfordshire community health services on 1 April 2018.

During 2017/18, ELFT undertook the largest face-to-face consultation it has ever undertaken, in order to help define and shape its future direction. “The Big Conversation” exercise engaged 800 staff, service users, carers and Governors in this discussion. In February 2018, the Trust Board approved the new mission for the organisation: “To improve quality of life for all we serve”. The organisation is currently finalising the content of the new strategy to deliver this.



In order to achieve this new mission, all aspects of the Trust will need to adapt, including the culture, service provision, operating model and organisational structure. All functions within the Trust are currently engaged in a planning process to align their work towards the new mission.

2018/19 Annual Priorities

The annual priorities for the four strategic outcomes are set out below. Monitoring of progress will be led by the Executive Committee, with reports being submitted to the Board on a quarterly basis as part of the new performance report.

Strategic outcome 1: Improved population health outcomes

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Identifying, developing / collecting the full range of measures for this outcome, and agreeing associated workstreams	The Trust does not currently have the information for many metrics relevant to this outcome, and must also consider which areas are most important for focused workstreams	Director of Integrated Care	December 2018
Undertaking Triple Aim work in Tower Hamlets and Bedfordshire	The Trust has commenced working with partners in Tower Hamlets and in Bedfordshire, utilising quality improvement methodology, to improve outcomes for selected population groups	Chief Quality Officer	March 2019
Developing employment services	The Trust has been successful in obtaining funding for development of Individual Placement Support services, and will establish these services in 2018	Chief Operating Officer	October 2018
Delivering a physical health plan for people with serious mental illness, including improved smoking interventions	The work set out in the Trust's Physical Health plan, as well as CQUIN plans will be priority areas of work for the year	Chief Medical Officer	March 2019

Strategic outcome 2: Improved patient experience

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Implementing patient reported outcome measures across services	The Trust currently uses patient reported outcomes in some services. This will be expanded across a wider range of mental health and community health services	Chief Operating Officer	March 2019
Increased people participation in service planning and delivery	We plan to increase involvement in local services, in quality improvement projects, and also increase the number of peer support workers	Service and Clinical Directors	March 2019
Improving access to services	Continue to improve access and flow across CAMHS and psychological therapy services in the Trust, as part of the Qi programme	Chief Operating Officer	December 2018

Patients will be more empowered	Implementation of the recovery approach, reduction of restrictive practice and violence	Chief Operating Officer	March 2019
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Strategic outcome 3: Improved staff experience

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Delivery of a revised leadership programme	The Trust has reviewed its leadership programmes and plans to deliver a more equitable range of courses, and incorporate principles regarding integrated care and system leadership in all programmes	Director of Human Resources	October 2018
Developing core competencies for community health staff to deliver integrated care	The Trust has received funding to develop a set of core competencies for the delivery of integrated care in community health services. The learning will be used to inform competencies for all staff for Year 2.	Director of Human Resources	November 2018
Deliver specific workstreams to address issues of staff experience	Deliver a revised health and wellbeing plan for staff	Director of Human Resources	March 2019
	Scale up the Enjoying Work QI learning system	Director of Planning and Performance	July 2018
Deliver the revised workforce equalities plan	The Trust is currently revising its Equalities Strategy, and the workforce component of this will specifically address areas of staff experience	Director of Human Resources	March 2019

Strategic outcome 4: Improved value

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Developing a data visualisation platform	Develop a platform on which key data is available in real time to staff	Chief Finance Officer	March 2019
Utilisation of mobile working	Roll-out of mobile working solutions (Rio and EMIS mobile)	Chief Information Officer	December 2018

Delivering the efficiency savings programme	Identifying an additional £6m of CRES savings and delivering to plan	Director of Commercial Development	March 2019
Increased space utilisation	Further reduction of floor space per member of staff through modern working and estates utilisation	Director of Estates	March 2019

It is important for the strategy to have a clear measurement framework so that progress can be monitored. The Trust has not previously had any robust measurement system for strategic objectives, with measurement focusing largely on operational performance.

The principles of a new measurement system are as follows:

- To integrate strategic and operational measures so that all staff are engaged in both the delivery of high-quality services and the development of services
- To choose measures that are most relevant to the vision and mission, impact across all strategic outcomes, and link to our portfolios of work
- To select a small number of measures that are regularly monitored at Board, committee and Trust operational meetings, with other measures being monitored and reported by exception
- To allow for the right level of variation in measurement across directorates and services
- To utilise the way we view data in-line with quality improvement methodology
- To use measures as indicators of progress, rather than absolute targets, and use other sources of quantitative and qualitative information to assess overall progress
- To recognise that not all measures we need will currently exist, and that these will need to be developed over time.

The measures will form the basis of a new performance report for the Board. This involves:

- A new integrated dashboard in four sections
- The dashboard will be accompanied by a narrative report:
 - explaining variation seen
 - describing work being undertaken on the four strategic objectives, written by the executive lead
 - providing qualitative data on some key areas of the strategy (e.g. local partnerships, service user and carer involvement, etc.)
 - Commentary on strategic risks
- A fifth section sets out compliance with national / commissioner / trust targets
- A quarterly report on progress against the annual priorities.

2.2 Quality Priorities 2017/18

ELFT's mission from 2013 to 2018 was to:

'Provide the highest quality mental health and community care in England'

The five strategic improvement priorities for 2017/18 were:

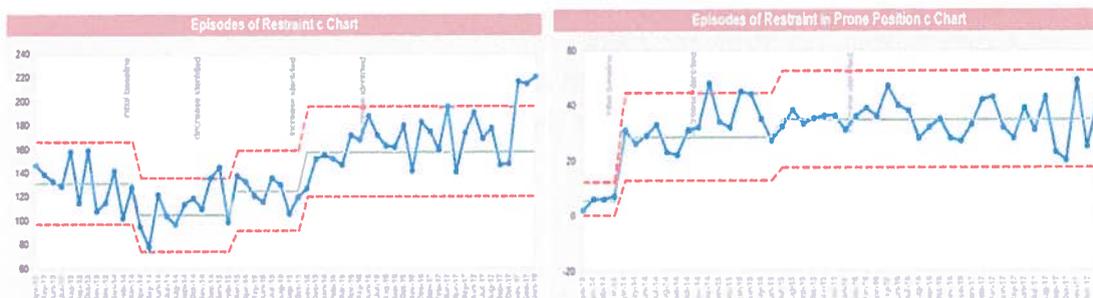
1. Reducing inpatient violence
2. Improving access to community services
3. Improving joy in work
4. Recovery-focused community mental health services
5. Improving value for money

Progress to date

Reducing Physical Violence:

The name of the Violence Reduction Quality Improvement (QI) Project board has changed to the 'Stop and Think' strategy group to reflect the expanding remit of this group. In summary, this remit includes:

- Overseeing Quality Control of previous violence reduction work in the organisation: With Tower Hamlets, City and Hackney and Newham now all in quality control, all sites are using visual management systems to help them analyse their system, reflect and adjust to ensure that they continue to hold the violence reduction gains achieved through their improvement work. These quality control processes are currently being re-invigorated to make sure that this work remains meaningful to all staff and service users. City and Hackney and Tower Hamlets will shortly be testing the use of a regular 'Stop and Think' group for all ward staff, as part of this quality control system.
- Quality Improvement Violence Reduction Work: In Forensics, the focus is now on reliably embedding quality control systems to hold the gains achieved (40% reduction in rate of violence across all wards in John Howard Centre via Safety Cross), before they formally move into quality control in May. In Luton and Bedfordshire, seven wards are now collecting data using the safety cross and are currently testing safety huddles. Currently the rate of violence across all seven wards remains unchanged.
- Reducing Restrictive Practice: Work is underway using quality improvement tools to reduce the volume of restraint being use in the Trust. Despite recent violence reduction work in the organisation, the volume of restraints has remained largely stable.



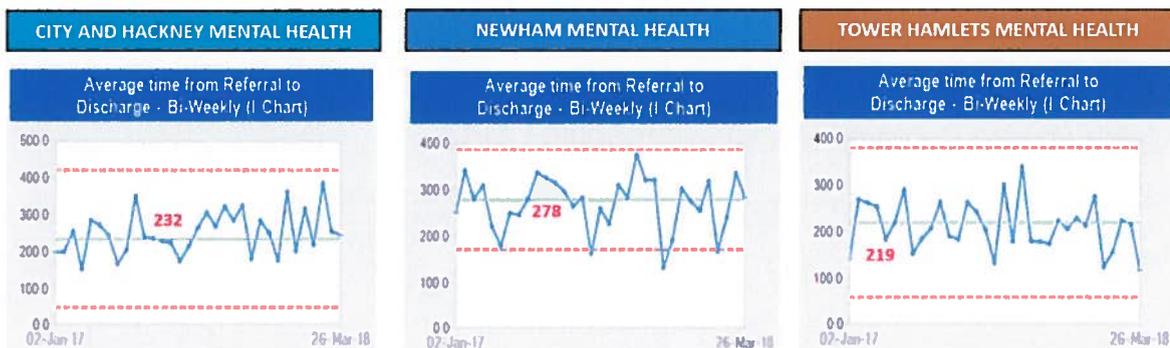
- Equalities Work: The strategy group are keen to look at how relative rates of restrictive practice differ in different populations of people. The group are currently looking at how we better measure rates of restrictive practice in a sensitive and representative way and also about where initial project work could be targeted.

Improving Access and Flow in Community Services

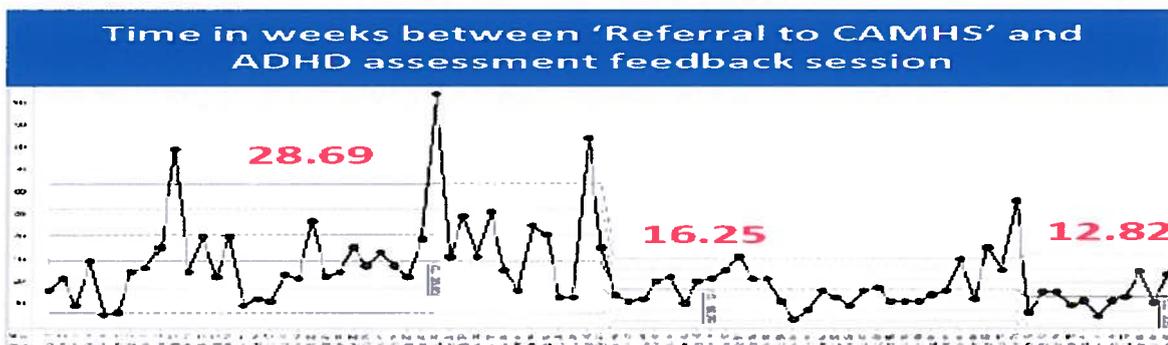
This high priority work stream can be divided into two main areas of work:

- 1) **Reducing the length of time from referral to completion of treatment for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies Services (PTS).** The QI team is currently supporting eight teams across 10 pathways.

To date, all PTS teams have completed process mapping, have set aims and created driver diagrams and are actively testing change ideas. A measurement system is now in place and we are currently focusing on pairing clinical outcomes to demand, capacity and flow measures. Currently the average time from referral to discharge (outcome measure) remains stable, indicating no change.



In CAMHS, five out of seven teams now have aims, driver diagrams and measurement systems in place and are now starting to test change ideas. To date, one team (City and Hackney ADHD) are observing improvement against their outcome measure, a 55% reduction in the time from referral to CAMHS and ADHD feedback session.



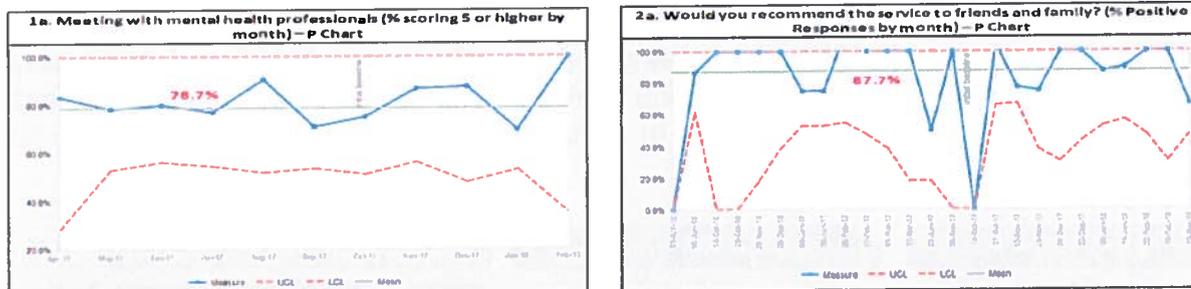
- 2) **The reliable upscale of automated pre-appointment text messaging across the organisation.** Dashboards and a successfully tested checklist for reliably implementing text message reminders are now in place. The Chief Operating Officer is working with Operational Leads to implement the use of automated text messages Trust wide.

Reshaping Community Services

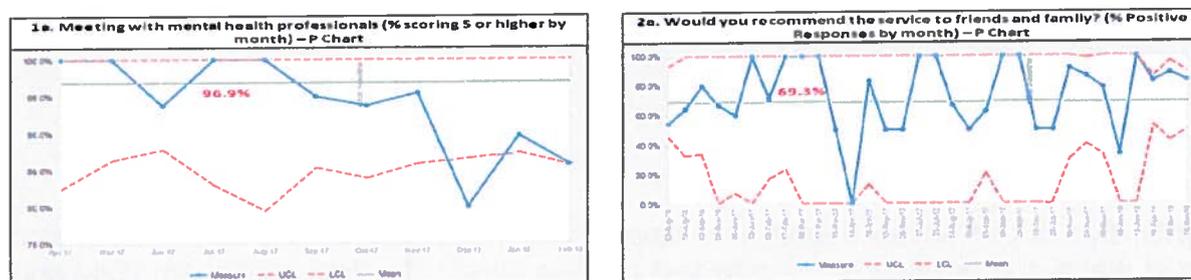
The aim of this work stream is that 90% of community patients and staff report satisfaction with the care they receive and give by December 2018.

Work continues in the two prototype sites (Isle of Dogs Community Mental Health Team (CMHT), Tower Hamlets and South CMHT, Newham) with both teams testing change ideas to improve satisfaction (for example targeting depot clinics with poor satisfaction) in addition to those that improve data collection against their outcome measures. Both teams are actively involving service users with Big I involvement present.

Service User Focused Outcome Measures for Isle of Dogs CMHT



Service User Focused Outcome Measures for South CMHT



Simultaneously, we are also recruiting a second wave of teams to join this high priority work stream. The teams include North CMHT (Hackney) in addition to a CMHT from Luton and in Bedfordshire. Each of these teams will join the existing six-weekly learning sets, and project board and will be guided through an appreciative enquiry process to help them understand where in the work stream driver diagram they should begin their initial tests of change.

Finally, we are regularly updating the high-level driver diagram to incorporate learning and new advancements. One particular change idea which all teams are particularly keen to test is the use of REFRAME SMS technology system following a recently successful randomised controlled trial in ELFT that explored the feasibility and the potential clinical benefits of an enhanced community care intervention that uses an interactive simple technology based (SMS text messaging) communication system. The intervention is provided in the spirit of recovery-oriented care and supports service users gaining more control over their problem monitoring as well as the necessary appointment arrangements with health professionals.

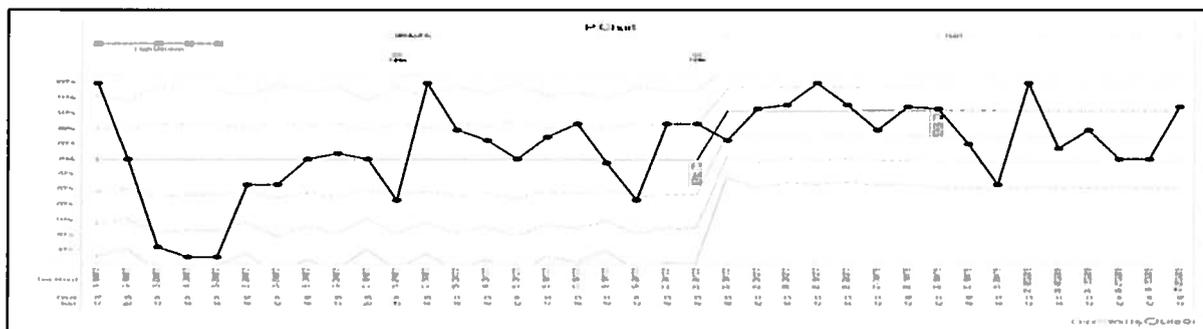
Enjoying Work

The aim of this work stream is to improve staff satisfaction and wellbeing so that staff are better able to meet the needs of their service users.

Initial Work with Prototype Teams: We continue to support four prototype teams that represent the different working environments and geographically dispersed nature of the Trust.

All teams are testing change ideas and regularly collecting outcome measure data using the Improve Well App. Isle of Dogs CMHT are now seeing a 21% increase in self-reported enjoyment at work using the good day outcome measure.

Isle of Dogs CMHT Good Day Measure



Scale Up of This Work: We are now in a recruitment period for a second cohort of teams to join the enjoyment at work high priority work stream. Project teams will attend four learning six-weekly learning sets between June and November 2018. At these workshops project teams will receive support from local QI sponsors, QI coaches, Human Resources (HR) business partners, Improvement Advisors and Executive Board members.

Increasing Value:

We have now created an organisational driver diagram for increasing value for money at ELFT and have undertaken two exercises to map existing value-based work against this and to prioritise the relative impact of each driver. Following on from this we are now working with the Chief Financial Officer and Chief Operating Officer to plan our future strategy for this work stream.

2.3 Participation in Clinical Audits

The national clinical audits and national confidential enquiries that ELFT participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of three national mental health clinical audits (Prescribing Observatory for Mental Health (POMH) 1g & 3d prescribing high-dose and combined antipsychotics, POMH 16 rapid tranquillisation and POMH 17a Use of depot/LA antipsychotic injections for relapse prevention) were reviewed by the provider in 2017/18. The Trust develops specific action plans for each audit report, which is managed and co-ordinated through the Medicines Committee and below are examples of actions implemented across the Trust:

- POMH 1g & 3d prescribing high-dose and combined antipsychotics: Clinical Directors shared results across the directorates and local improvements were implemented within teams. In addition, an allocated working group has been developed and an innovative electronic form created, to capture and record accurate data.
- POMH rapid tranquillisation 16: new policy has been developed and re-audit underway across the teams.

During the period the Trust participated in 100% (four out of four) of national mental health clinical audits and 100% (one out of one) of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that ELFT participated in during 2017/18 are as follows:

Description of National Audit	Submitted to
Prescribing Observatory for Mental Health (POMH-UK)	Royal College of Psychiatrists 21 Prescott Street London E1 8BB
National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists 21 Prescott Street London E1 8BB
National Confidential Inquiry into Patient Outcome and Death, Young Peoples Mental Health Study	NCEPOD Ground Floor Abbey House 74-76 St John Street London EC1M 4DZ

TOPIC	TRUST PARTICIPATION		NATIONAL PARTICIPATION	
	Teams	Submissions	Teams	Submissions
POMH 17 (a) Use of depot/LA antipsychotic injections for relapse prevention	34	293/293 (100%)	877	7441
POMH 15 (b) Prescribing valproate for bipolar disorder	17	65/65 (100%)	Report postponed until (April 2018)	Report postponed until (April 2018)
POMH 16 (b) Rapid tranquillisation	Currently in data collection	Currently in data collection	Currently in data collection	Currently in data collection
National Clinical Audit of Psychosis (NCAP)	43	243/250 (97%)	Report not yet published (June 2018)	Report not yet published (June 2018)

National Enquiry into Peoples Mental Health	Confidential into Young	8	11/18 (61%)	Report not yet published (April 2018)	Report not yet published (April 2018)
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The Trust has a clear process to support learning and improvement from clinical audit:

- Once teams have discussed their audit results, they complete the audit action tracker. This identifies gaps in performance and determines actions to address the gaps. The allocated owner of the action will complete the action and update the tracker.
- Progress against action trackers is reported on a monthly basis and discussed at local management team meetings. Then all learning from the audit action process is shared with relevant committees and across the trust.
- Audit leads disseminate the Quarterly Quality narrative report, which is shared with relevant committees and forms the basis for the Trust wide annual audit report.
- Directorate engagement with this process is via results reported and discussed on a quarterly basis at Quality Committee.

Audit Priority	Lead Committee	Directorate
Care Programme Approach (CPA) and Risk Assessment Audit	Quality Committee / CPA Group	All mental health
Record Keeping Audit	Quality Committee / Health Records Development Group	All
Medication Audits – Controlled Drugs, Prescribing, Administration and Rapid Tranquilisation	Quality Committee / Medicines Committee	All
Infection Control Audit	Quality Committee / Infection Control Committee	All
Hand Hygiene Audits – Five Moments, and Service User-observed	Quality Committee / Service Delivery Board	All inpatient units
Accessible Information Standard	Quality Committee	All
Restrictive Interventions Audit	Quality Committee	All inpatient units
Mental Health Act (including Consent to Treatment)	Quality Committee / Mental Health Act Committee	All
10 x Individual Directorate Audits (NICE/Safety Critical Standards)	Quality Committee / Directorate DMTs	All
Community Treatment Orders	Quality Committee / Mental Health Act Committee	All community teams

The provider reviewed the reports of seventeen local clinical audits in 2017/18 and ELFT intends to implement the recommendations to improve the quality of healthcare provided. An example of the local audit actions include:

- Results from the 'infection control audit' highlighted a drop in compliance with the provision of products being distributed, this was identified as an area of improvement within Newham and each team identified an individual to carry out a monthly stock audit, ensuring all relevant protective equipment and cleaning kits were available at all times.
- Results from the 'controlled drugs audit' highlighted a drop in compliance (100% >72%) with the standard 'all pages and order request slips in the Controlled Drugs register are accounted for' and identified as an area of improvement within Bedfordshire and Tower Hamlets. Wards have now implemented a process for carrying out regular checks to ensure all pages and request slips are now recorded and accounted for.
- Community Health Newham Directorate, saw improvement in compliance in a number of teams with their directorate standard 'is the discharge report copied to GP' (83% > 95%). Improvements in the results increased due to an number of initiatives being introduced: including regular discussion within supervision and sample of discharges monitored monthly for six months.
- To improve reliability of audit data collection and results, the IAPT (Improving Access to Psychological Therapies) Directorate initiated a QI project aimed at ensuring staff apply consistent methodology for all audits, to ensure all audit results can be compared effectively across teams: and have improved the completion of records in a number of ways:

- Checking completion of records together at team meetings monthly
- Completion is checked and raised in supervisions
- Increased standardisation across the directorate to improve understanding of completion

Case Study:

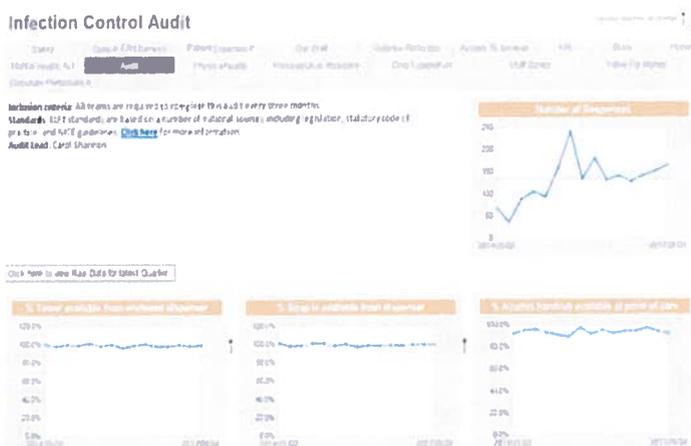
Audit Drives Changes for Looked After Children Team

Community Health Newham (CHN) Children's Services have developed audit standards specific to each of their diverse teams. This reflects the different work streams covered by the directorate.

As a result of having transparent data quickly available at the press of a button on standards relevant to the team, many teams are seeing early signs of improved practice.

For example, the 'Looked After Children' team started out with only 0% of early requests to GP being sent. Moreover, perhaps as a result, less than 80% of GPs responded to the requests.

Now both of these standards are showing 100% compliance which will mean that assessments of Looked after Children are better informed by primary care information.

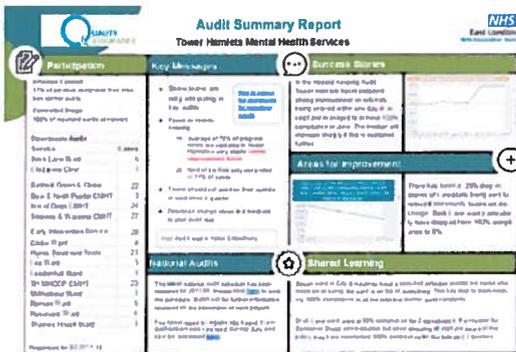


Auditing for Improvement Programmes

1. Clinical Audit

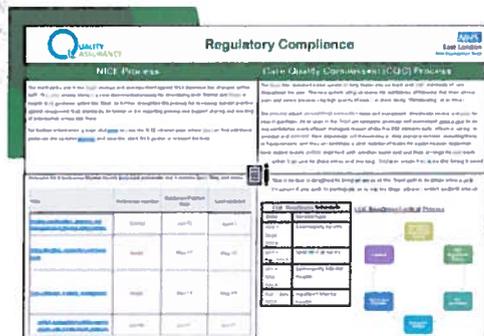
This year the Quality Assurance Team continued to reshape the Trust's audit process, striving to continue to create a system that enables maximum focus on improvement by equipping teams with quick access to clear data, and a robust system for planning and tracking actions.

The Trust quarterly audit programme reports audit data entirely by means of time series analysis to enable services to track their progress over time, and building on the success of 2016/17. Teams were better able to identify areas to celebrate success and areas in which to focus improvement by confidently identifying key trends and shifts in the data. Regular quality reports of all audit data is shared with Directorate Management Teams on a quarterly basis, bringing together all quality streams ensuring lessons are shared across the Trust.



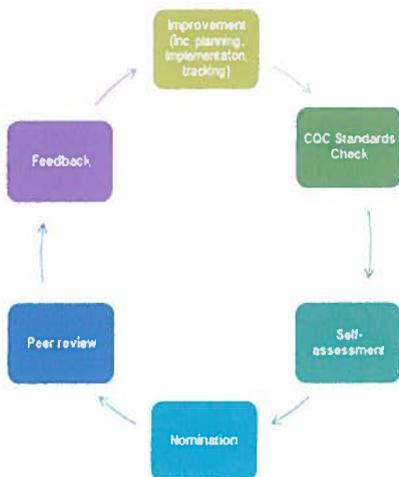
During July 2017, for the first time, Bedfordshire and Luton Directorate launched their own developed directorate audit standards using a framework to identify key issues and trends from quality data to create their locally agreed standards.

During 2017/18, the team expanded their remit to cover additional assurance process including the implementation of an internal CQC inspection programme and also the management of the NICE guidelines programme. All streams are now aligned and regularly reported on to provide dedicated feedback to each directorate to inform their discussions about audit alongside the other streams of assurance work. These Summary Reports condense a large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.



2. Locally Led CQC Internal Inspection Audits

The Trust launched a new internal Care Quality Commission (CQC) audit programme during April 2017, which was designed to be locally led, while providing directorate and Trust assurance about the ongoing regulatory compliance of our services. The process is built around three core elements, which all rely on local input and intelligence. The first of these is a team self-assessment, which assesses confidence levels of team managers in each of the five CQC domains (safe, effective, caring, responsive and well led). This is asked of all teams once a year resulting in each manager having their own results, which has provided, a handy prompt to help them define and focus their improvement priorities.



The second is the Directorate Management Teams (DMT) nominations; the quarterly process rotates between community health, specialist, community mental health, and inpatient and DMTs are provided with all their teams' self-assessments and based on this and all the other assurance data available to them; they can then nominate a handful of teams to put forward for the mock inspection.

Finally, the mock inspections, or "peer reviews", have proven to provide sustainable local leadership with the process, as this involves knowledgeable peers from each nominated service visiting similar services to their own, which has alleviated any need for a central team of inspectors. These visits have proven to be a valuable opportunity for staff working in similar specialisms to share ideas and learning across the Trust.

Overall, during 2017/18 the Trust has under taken a total of just under 100 self-assessments and 50 peer review visits across the Trust with key actions and learning identified for improvement.

3. Service Users and Audit

The Trust continues to pioneer service user leadership of clinical audits with its Service User-Led Standards Audit (SULSA) programme. SULSA is undertaken across London, Luton and Bedfordshire inpatient wards including Forensic wards.

Notable changes during 2017/18 include;

- Building on the success of inpatient SULSAs, the Trust held a number of focus groups to develop a unique innovative set of Service Users audit standards specific to Community Mental Health Teams, these are in the final stages and will be embedded across the Trust during 2018/19.
- Furthermore, auditors in Tower Hamlets successfully piloted a new fortnightly data collection rota, which saw a notable increase in response numbers as opposed to the old system which saw audits take place only over an intensive two-week period at the start of the quarter.
- Based on SU feedback, a new set of SULSA standards around "Knowledge" and "Respect" were agreed and began to be rolled out in Tower Hamlets. These are implemented across all directorates from Q1 17/18.

As well as complementing the clinical audit programme with additional insight about standards on our wards, the SULSA programme also acts as a work readiness programme for the auditors themselves. Auditors are recruited, trained and supervised throughout their time working for the Trust. They report a number of benefits in their own recovery and development as well as making a contribution to improving quality at the Trust.

During 2017/18, the team has successfully appointed into employment a Service User Lead to manage the Service User programme across the Trust, to work closely with the Quality Assurance Team, and wider Trust to develop and implement a plan for meaningful and effective service user-led audit. The Lead will ensure the Trust recruits an adequate pool of suitably trained and equipped service user auditors and ensure the Trust builds upon work to analyse data and report on findings, leading to the face-to-face delivery of feedback of audit findings to service users.

External Accreditations

The Trust has gained national accreditation for the quality of services provided in many wards and teams.

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
AIMS-WA : Quality Network for Working-age Adult Wards	Brett Ward, City & Hackney Centre for Mental Health	Accredited	145
	Connolly Ward, City & Hackney Centre for Mental Health	Accredited	145
	Joshua Ward, City & Hackney Centre for Mental Health	Accredited	145
	Opal Ward, Newham Centre for Mental Health	Accredited	145
	Emerald Ward, Newham Centre for Mental Health	In Interim Year	145
	Gardner Ward, City & Hackney Centre for Mental Health	Accredited	145
	Topaz Ward, Newham Centre for Mental Health	Accredited	145
	Sapphire Ward, Newham Centre for Mental Health	In Interim Year	145
	Brick Lane Ward, Tower Hamlets Centre for Mental Health	In Interim Year	145
APPTS : Accreditation Programme for Psychological Therapies Services	Richmond Wellbeing Service	Not yet assessed	32
C o C : C o C: Community of Communities	Millfields Medium Secure Unit	Accredited	8
ECTAS : Electroconvulsive Therapy Accreditation Service	Luton (Bedfordshire)	Accredited	80
	Tower Hamlets	Accredited as excellent	80
EIPN : EIPN: Early Intervention in Psychosis Network	Early Intervention in Psychosis Service Bedfordshire and Luton	Accreditation not offered by this Network	155
	Equip - City and Hackney Early Intervention Service	Accreditation not offered by this Network	155
	Newham Early Intervention Psychosis Service	Accreditation not offered by this Network	155
	Tower Hamlets Early Intervention Service	Accreditation not offered by this Network	155
HTAS : Home Treatment Accreditation Scheme	City and Hackney	Accredited	54
	Tower Hamlets Home Treatment Team	Accredited	54
MSNAP : Memory Services National Accreditation	Mid Bedfordshire Memory Assessment Service	Not yet assessed	75

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
Programme	Tower Hamlets Diagnostic Memory Clinic	Accredited	75
	Newham Diagnostic Memory Clinic	Accredited	75
	City and Hackney Memory Service	Not yet assessed	75
	South Bedfordshire Memory Assessment Clinic	Accredited	75
	Bedford Memory Assessment Service	Not yet assessed	75
PQN: Perinatal Quality Network	Tower Hamlets Perinatal Service	Undergone Peer Review	51
	City and Hackney Perinatal Outpatient Service	Accredited	51
	City and Hackney Mother and Baby Unit	Accredited	51
PLAN: Psychiatric Liaison Accreditation Network	Newham University Hospital Psychiatric Liaison (RAID) Team	Accredited	81
	Tower Hamlets Department of Psychological Medicine (RAID) (Royal London and Mile End Hospitals)	Accredited	81
QNCC: Quality Network for Community Child and Adolescent Mental Health Services (CAMHS)	Newham CAMHS	Participating but not yet undergoing accreditation	42
	Tower Hamlets CAMHS	Participating but not yet undergoing accreditation	42
	City and Hackney CAMHS	Participating but not yet undergoing accreditation	42
	Luton CAMHS	Participating but not yet undergoing accreditation	42
	Bedfordshire CAMHS	Participating but not yet undergoing accreditation	42
	East London CEDS-CYP	Participating but not yet undergoing accreditation	42
QNFMS: Quality Network for Forensic Mental Health Services	John Howard Centre	Accreditation not offered by this Network	83
QNIC: Quality Network for Inpatient CAMHS	Coborn Centre	Accredited	131

Programmes	Participating services in the Trust	Accreditation Status	Number of Services Participating Nationally
QNOAMHS: Quality Network for Older Adults Mental Health Services	Columbia Ward	Participating in re-accreditation	87
QNPICU: AIMS PICU: Psychiatric Intensive Care Units	Crystal Ward	Accredited	38
	Millharbour Ward	Not yet assessed	

2.4 Research and Innovation

The Trust supports a wide range of research activities. Most activities are conducted in collaboration with the academic partners at Barts and the London School of Medicine & Dentistry, Queen Mary, University of London, and City University London.

A significant part of the research is conducted in international collaboration with a range of academic partners, mainly but not exclusively in Europe.

The number of patients receiving relevant health services provided by ELFT in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was in excess of 700.

Particular successes of research in the Trust during 2017/18 included:

Two new large Research Programmes started that were awarded to the Trust:

- 1 A National Institute for Health Research (NIHR) Programme Grant for Applied Research (PGfAR) led by Victoria Bird called *TACKling chronic depression - adapting and testing a technology supported patient-centred and solution-focused intervention (DIALOG+) for people with chronic depression*, or TACK (ref RP-PG-0615-20010);
- 2 A second NIHR PGfAR being led by Domenico Giacco called *Improving quality of life and health outcomes of patients with psychosis through a new structured intervention for expanding social networks*, or SCENE (ref RP-PG-0615-20009).

In 2017/18 there was also the start of a NIHR Global Health Research Group (ref 16/137/97). It is led by Prof Stefan Priebe and run in partnership by Queen Mary, University of London, and the Trust. It focuses on developing psycho-social interventions for mental health care in Low- and Middle-Income Countries (LMICs), exploring the potentials of DIALOG+, family involvement in care, and befriending through volunteers for patients with severe mental disorders in Bosnia-Herzegovina, Colombia and Uganda. It started with preliminary funding in August 2017, was favourably evaluated in February 2018 and was then awarded substantial funding until 2020.

ELFT has also been awarded an NIHR Health Technology Assessment (HTA) grant led by Catherine Carr called *Effectiveness of group arts therapy for diagnostically heterogeneous patients: Randomised controlled trial in mental health services*, or ERA (ref 17/29/01). The study will begin in September 2018.

World Health Organisation (WHO) Collaborating Centre

The Unit for Social and Community Psychiatry is a designated World Health Organization (WHO) Collaborating Centre. The Unit is the only WHO Collaborating Centre specifically for 'mental health services development' in the world. It is one of a small network of selected centres that are involved in writing the European Mental Health Action Plan.

The Unit is supported both by the Trust and Queen Mary, University of London. It is based at the Trust's Newham Centre for Mental Health.

2.5 Patient Feedback



Central to the Trust's Quality Strategy is the belief that all people who use the services provided by the Trust should have the opportunity to leave feedback regarding their experience. The Trust employs a range of approaches to collect this information, using a variety of methods and measures. The primary measure is the Friends and Family Test (FFT) which is collected alongside appropriate Patient Reported Experience Measures (PREM) from all inpatient and community services

across East London, Bedfordshire and Luton. All FFT data is then submitted to and published on the NHS England website. The Trust continues to exceed the average 'mental health recommend' response across the country during 2017/18.

All data is collected using electronic devices such as tablets or kiosks. However, it is also possible for service users and carers to complete feedback questions via the Trust website. All questions are available in easy-read versions to ensure that everyone is able to provide feedback.

The FFT and PREM data is available to view by both clinical and operational staff via the development of real-time patient experience dashboards in the Trust. Illustrated below is an example Directorate dashboard. The dashboards are an innovative idea used by staff to monitor feedback and identify changes to improve the quality of the service and can be broken down to Trust, Directorate and Team-level data. The dashboards also display all qualitative feedback (comments) received and



Case Study

Patient Experience and QI for Improvement



The phlebotomy clinics in Community Health Newham see hundreds of patients on a daily basis, so, receiving feedback is vital to help improve the service.

With the help of QI, the team has come up with innovative ways to collect more feedback. They started a small scale test of collecting patient feedback using buckets. Three buckets were placed underneath the board for denoting happy, neutral or sad responses to the patient experience question. Service users attending the phlebotomy clinic are encouraged to place their clinic queue ticket in the bucket that represents their response as they leave their appointment.

With this one change idea, one of the phlebotomy clinics has gone from receiving 2 patient experience responses in a month to 1,994 responses in a week. From this, they learnt that 93% of service users were happy, 6% were neutral and 1% was unhappy about the service. This demonstrates how easy it can be to collect data for improvement work

reports are printed and displayed in communal areas within each service. In addition, Directorates are also provided with supporting 'summary reports' which condense large amounts of data into the key highlights including where to: celebrate success, focus improvement action and share learning.

Further to the automation of data, a network of patient experience leads has been identified within each Directorate to promote and embed consistent patient experience practice across the Trust. The main benefit of this effort has been to drive up the number of change actions arising out of patient experience feedback and to further embed changes across the services.

Alongside this, a review of all comments was undertaken throughout the year and a large number commented on what was good about their visit. A number of themes emerged from the data with the majority of service users stating that they had a positive experience of care, a sample are highlighted below:

"All very good happy with the good services"

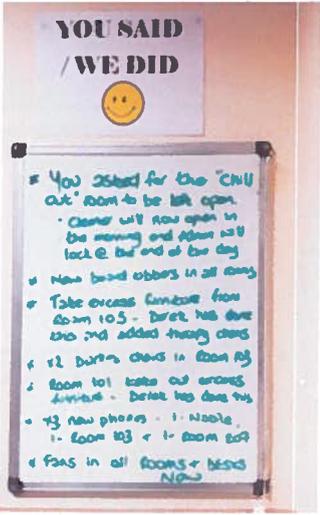
"Nothing else could have made their visit better and were happy with the care and treatment they received".

"Very personalised and met our specific needs. We were constantly kept updated. Staff always pleasant and professional"

"Excellent and professional method of assessment, being involved in the care provided. Very empathetic and always encouraging progress, smile on face"

Participation		Key Messages	Success Stories
Team	Response Rate	Several teams have been praised for their care and support	There is a positive place the reader has shared their experience with the service
1st Floor	100%	Users are happy with patient experience on this agenda to every meeting	Staff members are working and being friendly and helpful towards the reader, showing a smile please
2nd Floor	100%	Regulatory updates are clear and easy to understand	
3rd Floor	100%	Check for staff for translation guidance	
4th Floor	100%	Users are happy with changes to PE lead	
5th Floor	100%	Your experience is as good as it gets	
6th Floor	100%	Staff are happy to see the reader and to help with any queries	
7th Floor	100%	Staff are happy to see the reader and to help with any queries	
8th Floor	100%	Staff are happy to see the reader and to help with any queries	
9th Floor	100%	Staff are happy to see the reader and to help with any queries	
10th Floor	100%	Staff are happy to see the reader and to help with any queries	
11th Floor	100%	Staff are happy to see the reader and to help with any queries	
12th Floor	100%	Staff are happy to see the reader and to help with any queries	
13th Floor	100%	Staff are happy to see the reader and to help with any queries	
14th Floor	100%	Staff are happy to see the reader and to help with any queries	
15th Floor	100%	Staff are happy to see the reader and to help with any queries	
16th Floor	100%	Staff are happy to see the reader and to help with any queries	
17th Floor	100%	Staff are happy to see the reader and to help with any queries	
18th Floor	100%	Staff are happy to see the reader and to help with any queries	
19th Floor	100%	Staff are happy to see the reader and to help with any queries	
20th Floor	100%	Staff are happy to see the reader and to help with any queries	

In addition, it is vital services are acting on feedback and during 2016/17 the Trust implemented the 'You Said We Did' board campaign across the Trust to provide an opportunity for services to demonstrate actions arising from service user comments and showcase the changes made in response to this. Teams continue to update these boards with examples shared across the Trust.



Reduce the number of patient experience questions we ask



Upgrading the data collection software to include the use of text messaging and voice recorded messaging



Sharing learning to promote positive changes from feedback received



Raise awareness of how to access the Quality Dashboards



Promote and raise awareness of the Quality Assurance Leads within each directorate

During 2017/18 the boards have been further adapted to include staff experience for example Luton IAPT has done some fantastic work involving QI. By adapting the concept of "You Said We Did" to involve staff as well as service users they have increased visibility of work being done which has had a fantastic impact on staff and they have seen a rise in staff having a good day from 55% to 75%.

During 2017/18 the patient experience findings are regularly reported on to provide dedicated feedback to each directorate to inform their discussions about patient experience alongside the other streams of assurance work. These Summary Reports condense a large array of data into the key highlights, helping clinicians quickly see: where to celebrate success, where to focus improvement action and when to share learning.

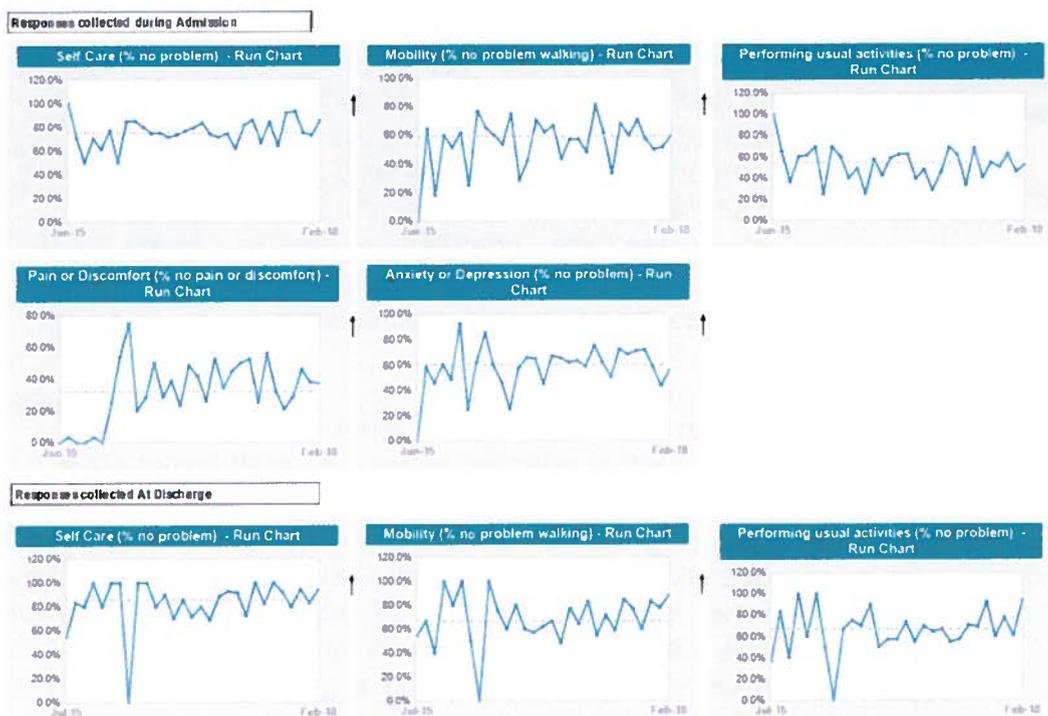
The team launched the 'Speak Up and Be Heard' campaign during September 2017, with the aim of asking staff to identify any challenges faced with collecting service user feedback. A range of responses were received from teams across the Trust. 78 services fed back and 58 services were visited. From the feedback the team have undergone a procurement process and are upgrading the patient experience data collection system to enable more sophisticated collection ensuring we get feedback from a range of service users which will go live during early 2018/19.

Furthermore, during the Trust's patient experience feedback system was recognised nationally by the Patient Experience National Network (PENN). The Trust was shortlisted for two categories and was proud to be runners up and finalists against some fantastic competition across the country.

Community Health Newham (CHN) – Patient Reported Outcome and Experience Measures (PROM and PREM)

In addition to patient experience data, services across Community Health Newham (CHN) collect patient reported outcome measure (PROMs) data which includes collation of the national EQ-5D tool. All services collect the data via tablet devices, touchscreens and via the trust website. Results from PROMs are circulated to teams and monitored by the CHN Quality Assurance Group. In addition, a number of CHN services have added bespoke questions to the PROM tool, in order to tailor the information obtained. The PROM questions are also displayed on the Trust's real-time patient experience dashboard.

An example of the Community Health Newham PREM & PROM summary dashboard



Patient reported outcome measures (PROMs) in mental health services.

During 2017/18 ELFT has begun to routinely collect PROMs in its adult mental health services. The Trust uses the innovative DIALOG+ system, a therapeutic intervention that improves the communication between a health professional and a patient and, through that, outcomes of mental health care.

DIALOG+ is based on quality of life research, concepts of patient-centred communication, developments in information technology and components of solution focused therapy. Using DIALOG+ has been shown to improve outcomes and save costs in community mental health care of patients with psychosis. It combines assessment, planning, intervention and evaluation in one procedure.

In DIALOG+, patients rate – in the meeting with their clinicians – their satisfaction with eight life domains and three treatment aspects as well as their wishes for additional help in each area. Based on the ratings and comparisons with previous ratings, patients decide which concerns they want to discuss in the given meeting. Each concern will then be addressed in a four step approach:

- understanding the problem and emphasising ways of successful coping
- identifying the best case scenario and the smallest step forward that would make a noticeable difference
- exploring options for what the patient, the clinician and others can do to improve the patient's situation
- agreeing on actions, which will then be reviewed at the next meeting.

DIALOG+ employs a scale of 11 satisfaction questions that has been shown to have good psychometric properties.

The DIALOG+ scale can be used to evaluate treatment and has the advantage that each item is meaningful, so that all information can be used for planning for individual patients and whole services.

The Trust has begun reporting on its PROM measures, and a full range of measures will be included in its Quality Accounts for 2018/19.

CQC – Survey of people's experiences of community mental health services (2017)

The Trust also participates in the CQC National Community Mental Health Patient Survey. Although the response rate for this is relatively low, the feedback is often very positive.

At the start of 2017, questionnaires were posted to 850 people who received community mental health services. Responses were received from 183 service users. The Trust's scores are compared against scores from other trusts nationally. This takes into account the number of respondents from each trust as well as the scores for all other trusts, and makes it possible to identify which scores we can confidently say are 'better' or 'worse' than the majority of other trusts.

CQC summary table of ELFT data compared to all other trust and data from the previous year.

Patient survey	Patient responses (2017/18)	Compared with other trusts	Change (2016/17)
Health and social care workers	7.0/10	Worse	- 0.8
Organising Care	8.2/10	About the same	- 0.4
Planning Care	6.6/10	About the same	- 0.5
Reviewing Care	7.3/10	About the same	- 0.1
Changes in who people see	5.4/10	About the same	- 2.0
Crisis Care	6.3/10	About the same	- 0.2
Treatments	7.5/10	About the same	No difference
Support and wellbeing	5.2/10	About the same	- 0.1
Overall views of care and services	6.9/10	About the same	- 0.3

Detailed data are available on the CQC website:
<http://www.cqc.org.uk/provider/RWK/survey/6#undefined>

ELFT service user ratings are similar to last year across most domains. The areas where ratings have reduced, ELFT scores are still 'about the same' as most other mental health trust scores. The Trust ratings are 'about the same' as national averages in eight of the nine domains and 'worse' in one. The overall rating (6.9) is slightly lower than last year's score.

The Trust is working hard to improve patient experience across its services, with a range of transformative and improvement work taking place. Alongside this it has been engaged in two major workstreams aimed at improving quality and patient experience of community mental health service:

- 1 Transforming the CPA process
- 2 Quality Improvement Work stream - 'Shaping Recovery in the Community'.

Progress will be closely monitored over the coming year.

2.6 Staff Feedback

ELFT 2017 NHS Staff Survey

2,384 employees took part in the 2017 NHS Staff Survey resulting in an improved **response rate of 50%** compared to 45% in 2016. This is our highest response rate to date which is above the national average rate of 48% amongst our Trust's type category.



The 2017 NHS Staff Survey results are encouraging with staff reporting high scores on: good communication with senior management, good quality of appraisals, and good quality of non-mandatory training, learning or development. Less staff have reported working additional unpaid hours and the high percentage of staff are recommending our Trust as a place to work or receive treatment.

A summary of our key improvements and core strengths can be seen below:

Key Improvements since 2016

- ↑ More appraisals/performance reviews discussed organisational values
- ↑ Fewer staff work additional unpaid hours per week for this organisation
- ↑ Less physical violence from patients/service users, their relatives or other members of the public
- ↑ More immediate managers are supportive in a personal crisis
- ↑ Fewer staff saw errors, near misses or incidents that could hurt patients

Our core strengths

- ☺ Communication between senior management and staff is effective
- ☺ Senior managers try to involve staff in important decisions
- ☺ Staff are able to meet conflicting demands on their time at work
- ☺ Senior managers act on staff feedback
- ☺ Feedback from patients/service users is used to make informed decisions within directorate/department

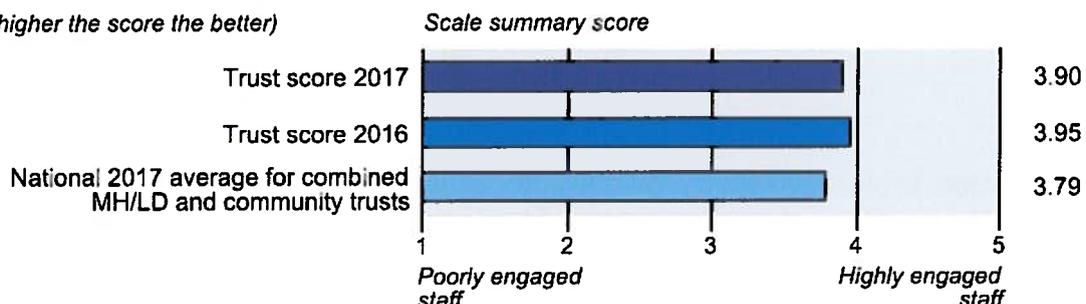
Overall indicator of staff engagement for ELFT

We have performed significantly better than other trusts in our category on 36 questions and our overall staff engagement score remains high with a **summary score of 3.90**, well above the national average when compared with trusts of a similar type which is at 3.79. This, however, is a slight decrease from 2016 survey which had a score of 3.95.

The figure below shows how our Trust compares with other combined mental health, learning disability, and community trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



The results also highlight areas where further improvement is required and they include: staff experiencing discrimination at work; staff experiencing physical violence from patients, relatives or public; and staff believing that the organisation provides equal opportunities for career progression or promotion. The Human Resources & Organisational Development (HR&OD) Team along with the individual Directorates have already started working on delivering actions for a few of these areas in order to bring about an improvement.

A summary of our views and issues to address can be seen below:

Our views

69% Would recommend the organisation for care or treatment

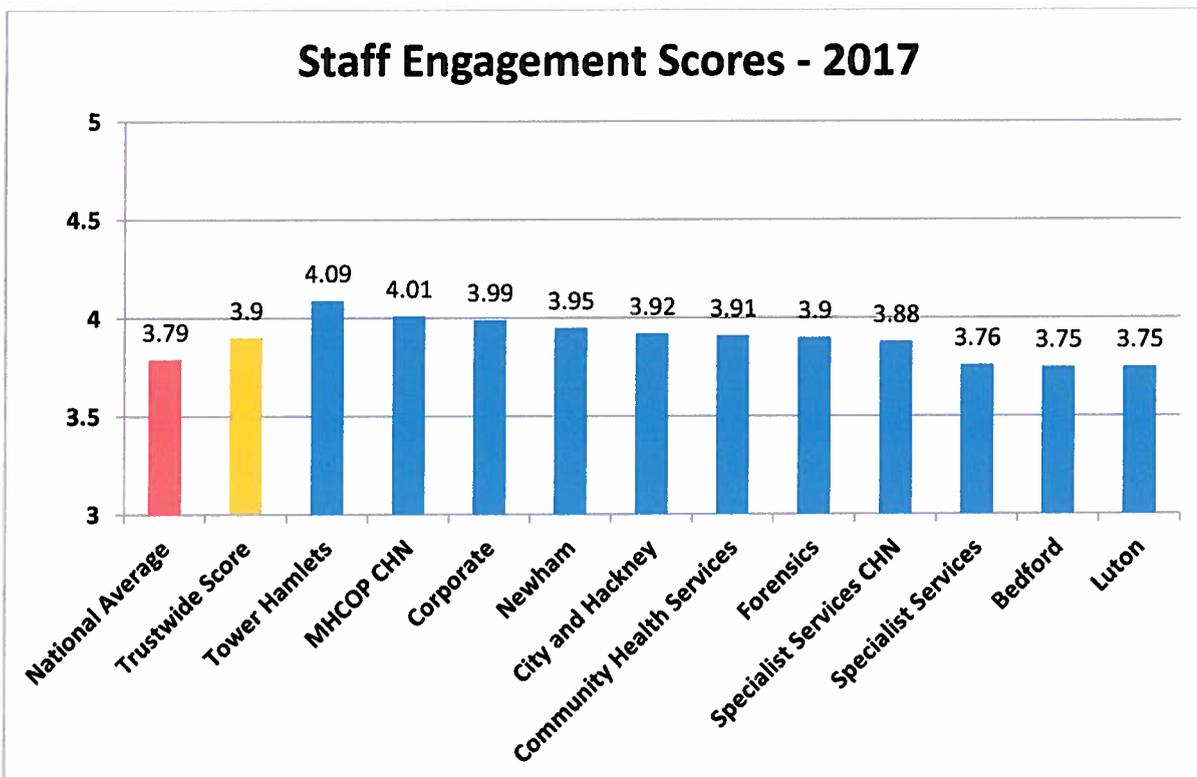
66% Would recommend the organisation as a place to work

80% Think care of patients is organisation's top priority

Issues to address

-  Organisation always acting fairly with regards to career progression
-  Physical violence from patients/service users, their relatives or other members of the public
-  Discrimination from patients/service users, their relatives or other members of the public
-  Making adequate adjustments(s) to enable disabled employees to carry out their work
-  Harassment, bullying or abuse from patients/service users, their relatives or members of the public

The graph below shows the scores in relation to all our Directorates and compared to the national average score:



Scores are also broken down by profession, which also shows variation, although all groups are above the national average. The Trust-wide action plans will incorporate strategies to address concerns affecting various staff groups.

The below table shows the engagement scores' breakdown by professional group and also compared to Trust-wide and national average scores:



The below table shows how the Trust compares with other mental health, learning disability, and community trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all combined MH/LD and community trusts
OVERALL STAFF ENGAGEMENT	! Decrease (worse than 16)	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment <i>(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)</i>	! Decrease (worse than 16)	✓ Above (better than) average
KF4. Staff motivation at work <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	✓ Above (better than) average

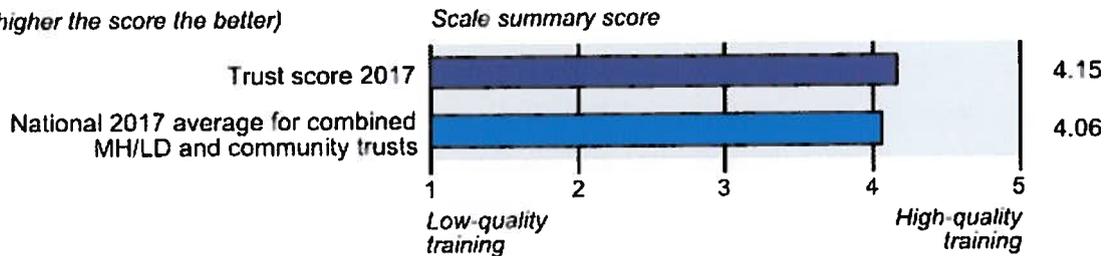
Summary of 2017 Key Findings for ELFT – Top and Bottom Ranking Scores

This data highlights the five Key Findings for which ELFT compares most favourably with other combined mental health / learning disability and community trusts in England.

TOP FIVE RANKING SCORES

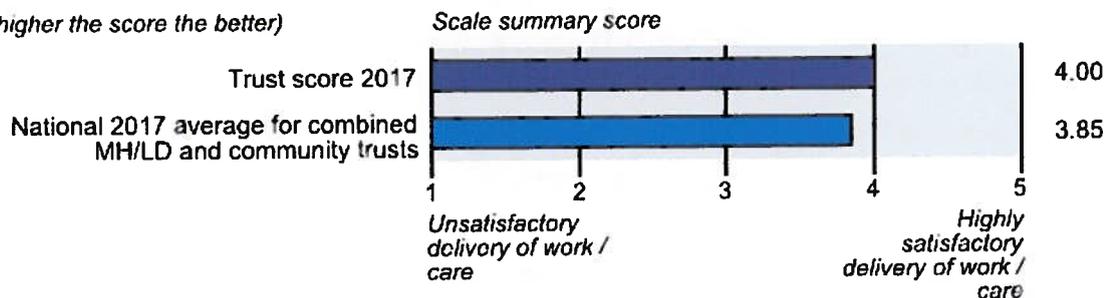
✓KF13. Quality of non-mandatory training, learning or development

(the higher the score the better)



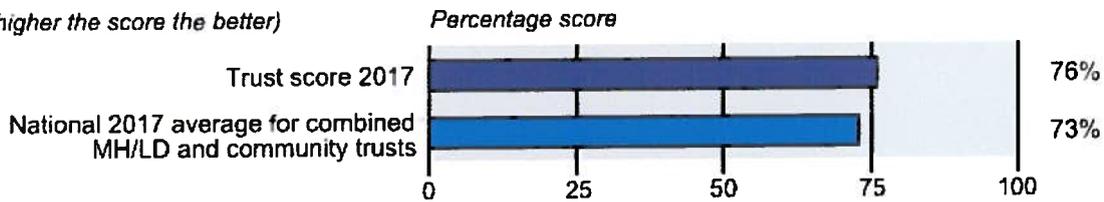
✓KF2. Staff satisfaction with the quality of work and care they are able to deliver

(the higher the score the better)



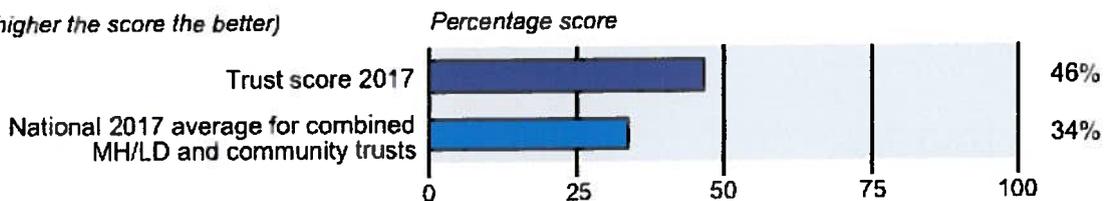
✓KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)



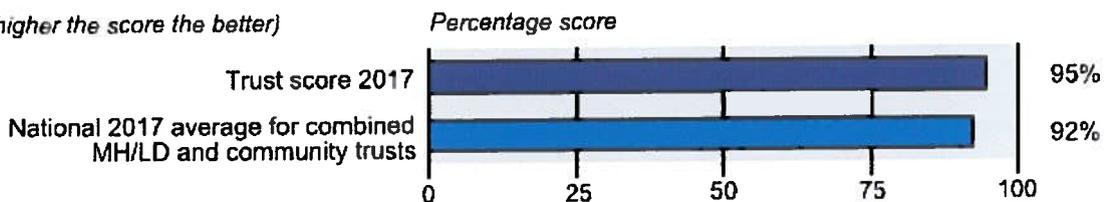
✓KF6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



✓KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)

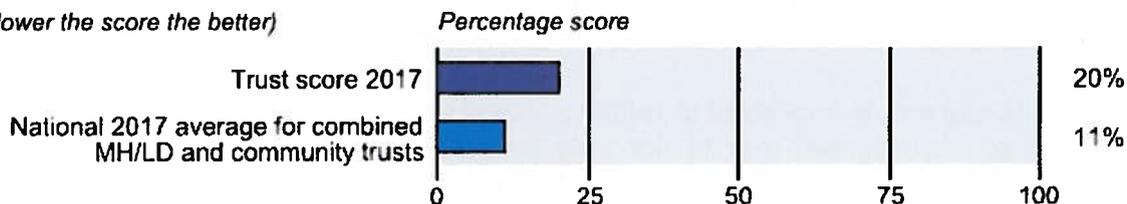


The below data highlight the five Key Findings for which ELFT compares least favourably with other mental health, learning disability, and community trusts in England. It is suggested that these areas might be seen as a starting point for local action for us to improve.

BOTTOM FIVE RANKING SCORES

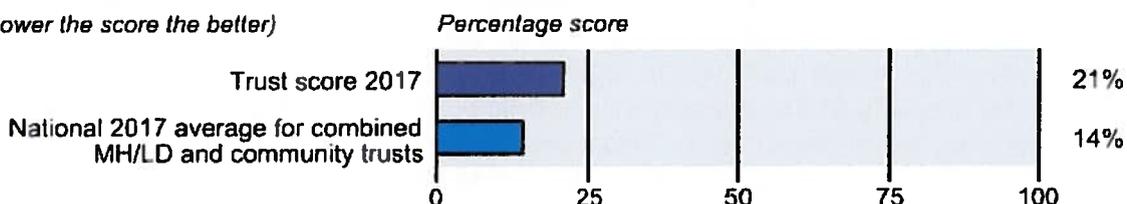
! KF20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)



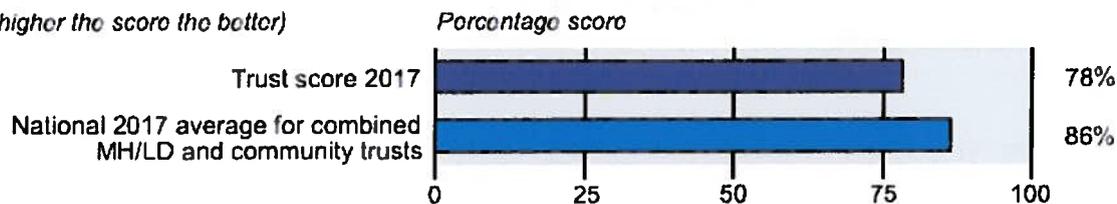
! KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



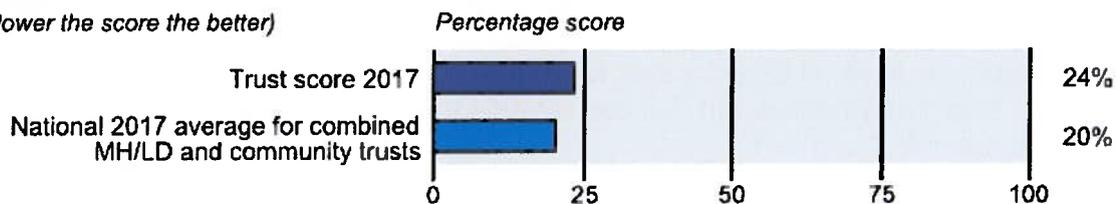
! KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)



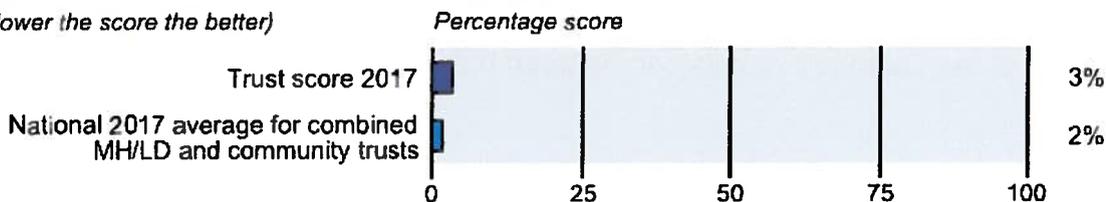
! KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



! KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



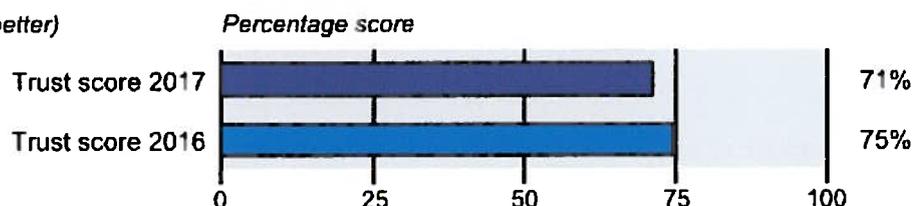
Largest Local Changes since the 2016 Survey

The following finding indicates where the Trust has improved most since the 2016 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓KF16. Percentage of staff working extra hours

(the lower the score the better)



This feedback is extremely important in helping shape the actions we will take in the future to create a work environment that is not only productive but also rewarding for all our employees. Whilst the overall results indicate that the Trust's performance on various key factors is very positive, there are certain areas where the Trust can further improve.

We have started working closely with a cross-section of corporate and clinical staff to discuss the priorities that we should focus on in the coming year. We are currently collating a Trust-wide action plan which addresses the key tasks under each of these areas. Whilst the majority of the actions will be delivered in the forthcoming year, some of the actions are long term objectives. There will be an overlap of priorities that will be delivered locally in each of the Directorates and across the entire organisation.

We will have a dedicated area on the intranet for the NHS Staff Survey where staff will be able to find the Trust-wide action plan for 2017/18. This page will be updated on a regular basis and will include links to all related topics. Staff will also be able to give their comments on the web page.

Feedback from NHS Staff Friends and Family Test 2017/2018

The Staff Friend and Family Test is performed by all NHS organisations to provide its staff the opportunity to feedback their views of the Trust on a quarterly basis. The survey includes two mandatory questions along with a few local questions.

33% of our workforce from all Directorates is randomly selected to take part in this survey every quarter. The Trust carries out the survey for Quarters 1, 2 and 4 as the NHS Staff Survey is undertaken in Quarter 3.

Quarter 2 Friend and Family Test was undertaken and we have received 492 responses back from 1631 staff in the original sample – this equates to **30.2% overall response rate**.

The summary of the Quarter 2 results can be seen below:

How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
134	236	73	32	7	8
% of people who would be likely to recommend it		Picker Average		% score last quarter	
76%		0%		80%	

How likely are you to recommend this organisation to friends and family as a place to work?

Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
152	209	62	38	24	2
% of people who would be likely to recommend it		Picker Average		% score last quarter	
74%		0%		73%	

Response Rate	Eligible Staff	Staff Responses	30.2%
	1631	492	

The results from the survey are currently being reviewed and we will be planning the interventions to address these. The results will be uploaded to the Trust Intranet shortly alongside the results from Quarter 4 (these will be released in April 2018) and the next steps will be communicated to staff in due course.

The Trust's Approach to Improvement

The Trust's approach to improving staff experience and engagement can be summarised as follows:

- Improvement action to focus on a small number issues most relevant to staff satisfaction, rather than a "deficit model" approach of trying to improve all indicators that are low and/or below the national average
- To link with existing work streams / quality improvement projects where appropriate, in order to avoid duplication of effort and maximise impact
- Wide dissemination and consideration of results, so that improvement can also be planned and owned at a local level (directorates and sub-directorates, professional groups and equalities).

The 2017 results have been recently published by the NHS Staff Survey Coordination Centre and the results have been discussed at the Trust Board and the Council of Governors. The summary of the results will be circulated to all staff and discussed at the various Trust meetings including Service Delivery Board, Directorate Management Teams, professional groups and the Joint Staff Committee. Presentations will also be made to the staff equalities networks and other relevant forums.

Improvement plan

As stated above, the 2017 results will be widely distributed, and each Directorate and professional group have been asked to consider the results and develop an improvement plan, in line with the framework set out above. This work is being monitored by the Service Delivery Board and Trust Performance Managers.

Trust equalities and staff well-being plans have been refreshed in light of the survey findings, and staff networks reinvigorated, with stronger staff engagement and executive leadership.

A Trust-wide improvement plan was developed last year, and has also been updated. This is a detailed project plan that pulls together many areas of work relevant to staff experience, and links to the Quality Improvement programme and other related work streams. The plan seeks to balance the need to continue improvement in areas that are most relevant to staff experience, regardless of whether the Trust's score is above or below the national average.

2.7 Goals Agreed with Commissioners for 2016/17 - Use of the CQUIN Payment Framework

£7.125 million (1.8%) of ELFT's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between ELFT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. This compares with £6.86million (1.9%) for the 2016/17 period.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

These CQUINs were agreed between the Trust and our local Clinical Commissioning Groups (CCGs): Tower Hamlets, City and Hackney, Newham, Luton and Bedfordshire, for delivery of Adult and Older Adult Mental Health Services, Children's Services and Community Health Services in Newham and IAPT in Newham. We also agreed CQUINs for our provision of specialist services, which includes forensic services, mother and baby services and inpatient CAMHS (Tier 4) and our community health services in Newham and Tower Hamlets.

The table below summarises the Trust's position on delivery of 2017/18 CQUIN targets. Further details of the agreed goals for 2018/19 are available on request from the Trust Secretary.

National CQUINs	Description of Goal	Predicted Achievement*
Mental Health Goals		
1a (b) Improvement of health and wellbeing of NHS staff	Achieving a 5% improvement (over two years) in two of three NHS annual staff survey questions on H&WB, MSK and stress.	Part Achievement
1b Healthy food for NHS staff, visitors and patients	<p>Build on the 2016/17 work by maintaining:</p> <ul style="list-style-type: none"> a. The banning of price promotions on sugary drinks and foods high in fat, sugar and salt (HFSS)¹. The majority of HFSS fall within the five product categories: pre-sugared breakfast cereals, soft drinks, confectionery, savoury snacks and fast food outlets; b. The banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt (HFSS); c. The banning of sugary drinks and foods high in fat, sugar and salt (HFSS) from checkouts; and Ensuring that healthy options are available at any point including for those staff working night shifts. <p>Secondly, introducing three new changes to food and drink provision:</p> <ul style="list-style-type: none"> a.) 70% of drinks lines stocked must be sugar free (less than 5g of sugar per 100ml). In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml). b.) 60% of confectionery and sweets do not exceed 250 kcal. c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per 	Achieve

¹ The Nutrient Profiling Model can be used to differentiate these foods while encouraging the promotion of healthier alternatives. <https://www.gov.uk/government/publications/the-nutrient-profiling-model>

	serving and do not exceed 5.0g saturated fat per 100g ²	
1c Improving the uptake of flu vaccinations for frontline clinical staff	75% of frontline health care workers have taken up flu vaccinations	Part Achievement
3 1a Cardio metabolic assessment and treatment for patients with psychoses	To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a) Inpatient wards. b) <u>All</u> community based mental health services for people with mental illness (patients on CPA), excluding EIP services. c) Early intervention in psychosis (EIP) services.	Part Achievement
3 1b Communication with General Practitioners	<ul style="list-style-type: none"> Establish clear plans for aligning and cross checking SMI QOF and CPA registers. Establish a Shared Care Protocol. 90% of patients should have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed. 	Part Achievement
4 Improving services for people with mental health needs who present to A&E	Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.	Achieve
5 Transitions out of Children and Young People's Mental Health Services (CYPMHS)	This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: <ol style="list-style-type: none"> a case note audit in order to assess the extent of Joint-Agency Transition Planning; and a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and a survey of young people's 	Achieve

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419245/balanced-scorecard-annotated-march2015.pdf

	transition experiences after the point of transition (Post-Transition Experience).	
8 Supporting Proactive and Safe Discharge – Community Providers	Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from baseline (Q3 and Q4 2016/17). Inappropriate, early discharge carries risks to patients and therefore providers and commissioners should carefully monitor readmission rate.	Achieve
9 Alcohol and Tobacco	<p>a. Tobacco Screening: 90% of all eligible patients (7 days or more) have been screened</p> <p>b. Tobacco brief advice: 90% of all patients who have been identified as smokers have been given brief advice</p> <p>c. Tobacco referral: 30% of all patients who have been identified as smokers have been given a referral</p> <p>d. Alcohol screening: 50% of all eligible patients (7 days or more) have been screened</p> <p>e. Alcohol brief advice and referral: 80% of those drinking about the lower risk level have received brief advice and/or a referral</p>	Part Achievement
10 Improving the assessment of wounds	To increase the number of full wound assessments for wounds which have failed to heal after four weeks.	Achieve
11 Personalised Care and Support Planning	<ol style="list-style-type: none"> 1. Submission of a plan to ensure care & support planning is recorded by providers and how patients will be identified will be a yes/no requirement. 2. For all patients identified as having one or more LTCs, all patients to have a patient activation score recorded. 3. To confirm the final cohort as the number of patients with one more LTCs and who have a low activation level (as described above) 4. The provider to identify the number of staff who have undertaken training in personalised care and support planning 	Achieve

Local Goals		
12 BME/ MHA	To explore whether there is overall high rates of use of the Mental Health Act for the 3 East London CCGs particularly in BAME minority groups and understand what can be done to reduce this. To analyse detention data in Year 1 to identify whether any BAME minority group is over-represented and identify cohort(s) of patients who are receiving multiple detentions.	Achieve
13 Implementation of the Greenlight Toolkit	Increasing the Learning Disability Service, to improve their score against the Greenlight Toolkit. The greenlight Toolkit is A guide to auditing and improving your mental health services so that it is effective in supporting people with autism and people with learning disabilities	Achieve
14 Homeless	Improving access to mental health and wellbeing services for people experiencing street homelessness in Luton and improving the skills of our homeless sector partners who support them.	Achieve
15 Upskilling Staff in the identification and management of dementia and delirium. With particular reference to BAME communities.	Training staff in identifying and managing dementia in those patients from BME communities. Also, increasing the number of dementia diagnoses.	Part Achievement
NHS England Goals		
MH2 Recovery Colleges	Increasing the level of engagement and participation in Recovery Colleges.	
MH3 Restrictive Practices	Implementation of action plan to: 1) Reduce episodes of physical restraint by the employment of a restraint reduction strategy e.g. No Force First, safe words, restrain yourself. 2) Reduce episodes of supportive observations by developing an appropriate framework e.g. care-zoning. 3) Reduce seclusion and Long term segregation by utilizing best practice guidance in this area.	Achieve
MH5 CAMHS Inpatient Transitions	Deliverables to improve CAMHS to AMHS transitions: <ul style="list-style-type: none"> • Audit of discharge/transition process • Survey of all patients discharged [at 	Achieve

	<p>point of discharge], that is anyone who has been discharged from CAMHS to AMHS</p> <ul style="list-style-type: none"> • Audit of liaising early with other agencies – children's/adult social care, CAMHS/AMH, education. • Delayed discharges: <ul style="list-style-type: none"> - Number of delayed discharges - Clear action plans in place to address and evidence progress - Submit minutes from each quarterly CQUIN delivery group (or similar) meeting 	
Local Secure Learning Disability	Undertaking assessments of Learning Disability patients across London	Achieve
Local Repatriation Local	Develop a reporting system and report on numbers of admissions and discharges for out of area placements.	Achieve
Improvement of Information flows across the justice pathway to improve patient outcomes	<p>Q1 baseline reporting.</p> <p>Q2 agreement and implementation of improvement plan achieved with planned actions against exceptions.</p> <p>Q3 to agree a programme of attendance for all L&D staff to participate in a risk management programme commissioned by NHS E.</p> <p>Q4 all staff to have attended 3 day risk management training (achieved); improvement plan achieved; develop an audit programme to assure achievements in action plan will be maintained and embedded into practice for 18/19</p>	Achieve
Learning Disability Goals (Tower Hamlets)		
LD2 Health Action Plans	Increased number of health action plans developed for people with a learning disability who have had an annual health check	Achieve
LD3 Care coordination	Increased identification of a care co-ordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition	Achieve

STP & Risk Reserve Goals		
STP CQUIN	<p>If in 17/18 the STP has been agreed through STP governance and agreed by the individual Board of every other organisation in the STP, the provider's board must have approved the plan. Where the STP has not been agreed through STP governance and individual boards, the provider (and all other organisations) must agree a plan to reach timely agreement on the STP.</p> <p>•If during 2017/18 and 2018/19 the provider makes the required contribution to STP transformation initiatives and demonstrates to the STP governance arrangements how it is supporting and engaging in the local STP initiatives, the 0.5% for 2018/19 will be paid.</p>	Achieve
Risk Reserve CQUIN	<p>For those providers that delivered their 2016/17 control total and agreed with NHS Improvement that they could access the 0.5% CQUIN risk reserve.</p>	Achieve

* Final feedback on achievement against all goals will not be available until June/July 2018.

2.8 Regulatory compliance

Care Quality Commission inspection

ELFT is required to register with the Care Quality Commission and its current registration status is "Outstanding".

ELFT has no conditions on registration and the Care Quality Commission has not taken enforcement action against ELFT during 2017/18.

The Trust received the following ratings following inspection:

Key Question	Safe	Effective	Caring	Responsive	Well-Led
Trust Rating	Good	Good	Outstanding	Outstanding	Outstanding

The Trust received a focus inspection of in-patient services provided in Bedfordshire during November 2017. The inspection did not impact on the Trust's rating or registration status. The report identified a number of areas for improvement that the Trust is working hard to address.

During March 2018 the Trust received inspections of its community and in-patient Learning Disabilities Services, and Forensic Mental Health Services as part of its wider annual 'well-led' inspection taking place during April 2018.

The outcome of these inspections is not available at the time of writing,

Special Reviews

East London NHS Foundation Trust participated in one Care Quality Commission (CQC) Special Review during the reporting period. During 2017 CQC reviewed the way that Approved Mental Health Professionals (AMHP) services are being delivered across the Country. The Trust contributed to the review alongside a number of other NHS Providers, Local Authorities and Commissioning Groups. The report of the review can be found on the CQC website, [here](#).

2.9 Learning from deaths

In March 2017 the NHS England National Quality Board issued national guidance on 'Learning from Deaths'. This required trusts to put in place a policy setting out their approach to mortality review and to publish data relating to deaths.

The main focus of the changes is on governance and capability, skills and training, family involvement in reviews, improved data collection and recording.

Whilst the guidance from the National Quality Board makes it clear that trusts should report on inpatient deaths and those inpatients who have died within 30 days of leaving hospital, it is very clear that trusts are able to determine their own local approaches to undertaking mortality review including definition of those deaths in scope for review. Mortality data is therefore **not** comparable between trusts.

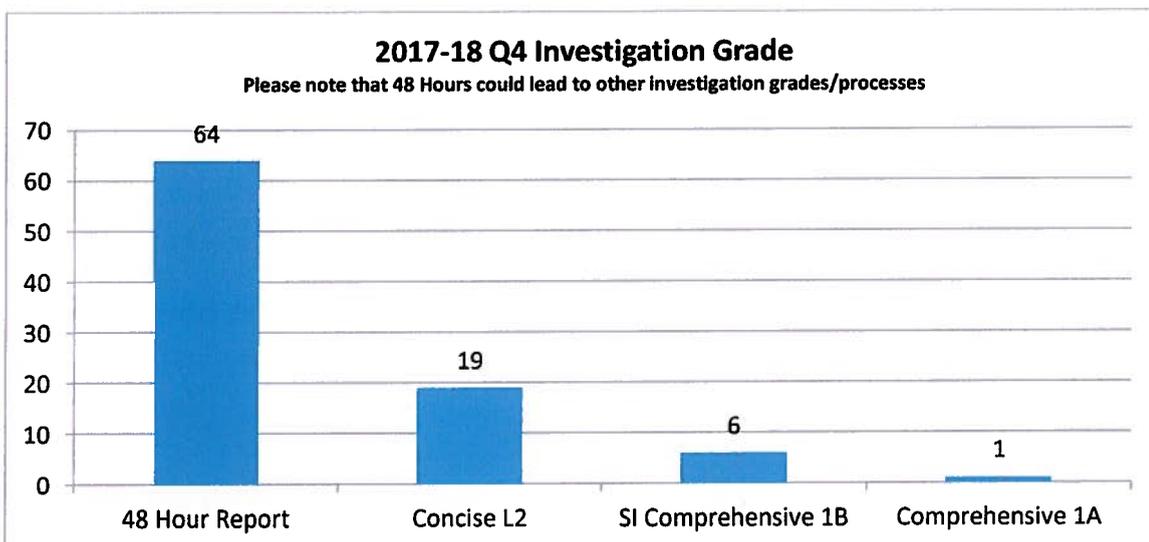
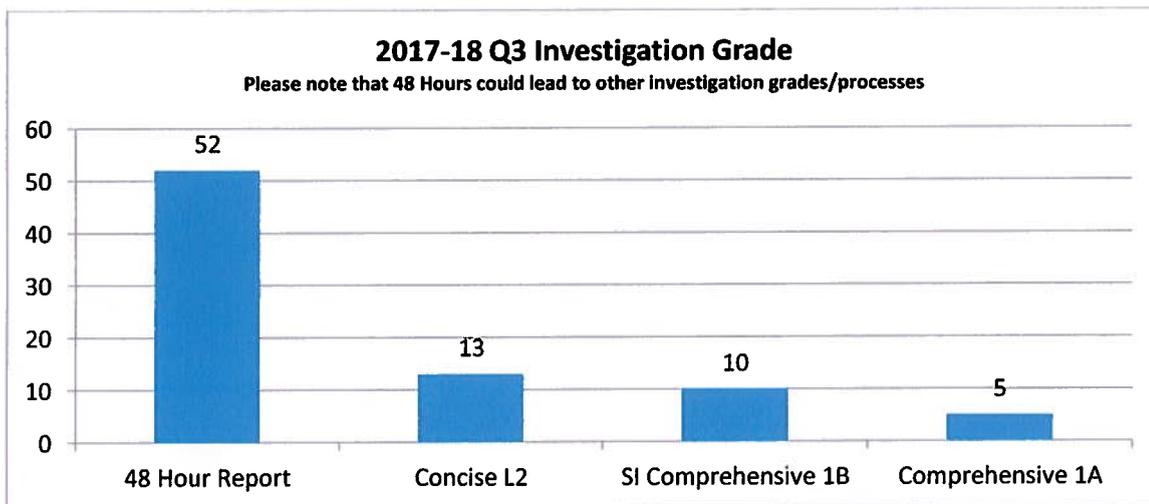
As such the Trust will continue to evolve its processes and refine reporting over time in accordance with local and national learning.

There are three levels of scrutiny a provider can apply to the care provided to someone who dies: death certification, case note review and investigation (the latter to various depths). In acute settings, the most commonly used methods are death certification and case note review. Mental and community health organisations have not historically utilised case note review methodology as no appropriate trigger tool has been developed therefore tending to focus on root cause analysis investigation (RCA) instead. This is appropriate given the nature of deaths in mental health settings where circumstances are often unclear at the time of the death.

The current process for investigation is:

- Datix notification of death
- Daily screening by Chief Medical Officer / Chief Nurse
- 48-hour report
- Decision at grading to close or seek further investigation. In future a proportion will be automatically identified for case note review

Tables 1a/b below sets out the number of deaths reported on Datix (the Trust's incident reporting system) and the actions taken in Q3 and Q4:



Mortality Review Panel

There is no change to the current system of incident investigation. However there are a number of deaths that are not captured on Datix as they are unknown to the service where care was received. Typically such deaths are notified through the National Summary Care Record, advised through other agencies / individuals etc. and subsequently matched to information recorded on clinical systems.

To ensure that all deaths are effectively scrutinised and managed the Trust convenes a monthly mortality review panel. The panel looks at trends across age ranges, services and localities and may ask for a thematic review or for particular cases to be reviewed using structured judgement (case note review) methodology. The membership, terms of reference and requirements of the Panel are continually evolving

Case note review

Under the new framework organisations are required to undertake Structured Judgement Reviews (case note reviews) of deaths where:

- Bereaved families, carers or staff have raised a significant concern about the quality of care provision
- The patient had a learning disability (through the LeDeR process)
- Where an alarm / concerns have been raised from another agency
- Where thematic learning could take place.

These categories will normally be reviewed through the routine incident review processes. Apart from deaths investigated through LeDeR which is an externally controlled process the Trust will not normally undertake a case note review for individual deaths in addition to the serious incident review process.

A further sample is required where deaths do not fit the above categories but learning and improvement could be gained from review. The Trust will undertake case note reviews for this sample based on up to 50% of deaths outside of the serious incident process.

The Trust thematically reviews investigation reports every quarter, and again annually, to ensure learning is identified and trends and systemic issues are responded to.

Sadly, during 2017/18 1659 patients of ELFT died. This comprised the following number of people during each quarter of that reporting period:

Period	Deaths reported
Quarter 1 (2017/18)	431
Quarter 2 (2017/18)	398
Quarter 3 (2017/18)	455
Quarter 4 (2017/18)	375

By 31 March 2018, four case record reviews and 61 investigations have been carried out in relation to 1659 of the deaths set out above. In no cases was a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

Period	Investigations carried out
Quarter 1 (2017/18)	20
Quarter 2 (2017/18)	22
Quarter 3 (2017/18)	16
Quarter 4 (2017/18)	7

Four deaths, representing 0.24% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

Period	Deaths reported	Deaths likely to be related to care provision	%
Quarter 1 (2017/18)	431	1	0.2%
Quarter 2 (2017/18)	398	2	0.5%
Quarter 3 (2017/18)	455	1	0.2%
Quarter 4 (2017/18)	375	0	0%

These numbers have been estimated using review of the Root Cause Analysis investigations undertaken, with particular reference to the care and service delivery problems identified.

In two cases the deaths may have been preventable if there had been more timely clinical assessment. In the third case urgent mental health treatment when the individual presented at A & E may have prevented the death. In the fourth case the death may have been prevented if there had been multi-disciplinary end of life care.

All deaths are reviewed and in the case of serious incident investigation, recommendations made and an action plan drawn up. In these cases the Trust has strengthened its clinical assessment rating system, reviewed its Assessment and Brief Treatment protocol and strengthened its handover arrangements.

Actions taken have been effective in that there has been no recurrence of similar incidents where the deaths took place.

Zero case record reviews and 43 investigations completed after 31 March 2016 which related to deaths which took place before the start of the reporting period.

2.12 Reporting against core indicators

Table 1: CPA inpatient discharges followed up within seven days (face to face and telephone) *

Time Frame	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target	95%	95%	95%	95%	95%
2017/18	95%	95%	95%	95%	95%

Q1	95.0% (436/459)	96.7% (15824/16372)	96.6% (2535/2623)	100% (R1C 124/124)	71.4% (RR7 5/7)
Q2	96.8% (459/474)	96.7% (15814/16347)	97.4% (2626/2697)	100% (Several Trusts – RJ8 104/104)	87.5% (RR7 7/8)
Q3	87.2% (990/1135)	95.4% (16017/16790)	94.7% (3103/3276)	100% (Several Trusts – R1A 117/117)	69.2% (RT5 243/351)
Q4	87.1% (1017/1168)	National comparison data is not available			

*Data available via: <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

The table above shows that for Q3 and Q4 the Trust has not met this target.

During 2017/18 we clarified the seven-day follow up indicator to include everyone admitted to hospital whether they are on CPA or not. Including only CPA, our performance remained above 95% through the year.

Detailed Definition:

The number of patients on CPA (described as new CPA in the refocusing CPA guidance) who were discharged from psychiatric in-patient care during the Quarter. All patients discharged from a psychiatric in-patient ward are regarded as being on CPA.

The change to all reported discharges has meant that this has impacted on performance from when this was changed in October 2017 with the introduction of the wider cohort and new recording practices.

ELFT has taken the following actions to improve the performance against the seven-day follow up indicator, and so the quality of its services by:

- Introducing new recording practice for non-CPA cases by ward staff
- Creation of new automated reports for services and performance leads to monitor performance against the target.
- Introduction of a new operational policy to support staff with the changed process for following up non-CPA cases and recording.
- Performance managers continue to work with clinicians to improve and correct recording and ensure all appointments are recorded on the system in a timely way.
- The Trust expects to be back on target for the Quarter one return for 2018/19.

Table 2: Patients occupying beds with delayed transfer of care - Adult and Older Adult**

Time Frame	East London NHS Trust	NHS England	Highest NHS Trust	Lowest NHS Trust
Target 2017/18	7.5%			
Q1	3.3%	National comparison data is not available		
Q2	3.2%			
Q3	0.9%			
Q4	0.2%			

** Delayed transfer of care is calculated as (N days delayed / N occupied bed days) – national comparison data is not available

The table above shows that all targets have been met for this indicator for 2017/18.

Table 3: Admissions to inpatient services had access to crisis resolution home treatment team*

Time frame	East London NHS Trust	NHS England	London Commissioning Region	Highest NHS Trust	Lowest NHS Trust
Target 2017/18	95%	95%		95%	95%
Q1	99.6% (953/957)	98.7% (16543/16763)	98.3% (3674/3736)	100% (Several Trusts – RXY 732/732)	88.9% (RW4 – 271/305)
Q2	100% (963/963)	98.6% (16506/16734)	99.2% (3739/3771)	100% (Several Trusts – RJ8 104/104)	94.0% (RW4 – 329/350)
Q3	99.7% (976/979)	98.5% (15992/16231)	99.3% (3765/3793)	100% (Several Trusts – R1A 102/102)	91.4% (RW4 – 329/360)
Q4	99.5% (1013/1018)	National comparison data is not available			

*Data available via: <http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

The table above shows that this target has been met for all quarters.

The indicator relating to Admissions to inpatient services having access to crisis resolution home treatment teams has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

A new metric is being developed by NHS Improvement (NHSI) for 2018/19 and the Trust will review the inclusion of any new indicators in the Quality Accounts accordingly.

The data presented above is in-line with national averages, with the exception of CPA inpatient discharges followed up within seven days data which is below the 95% target for Quarters 3 and 4.

Table 4: Readmission rate (28 days)

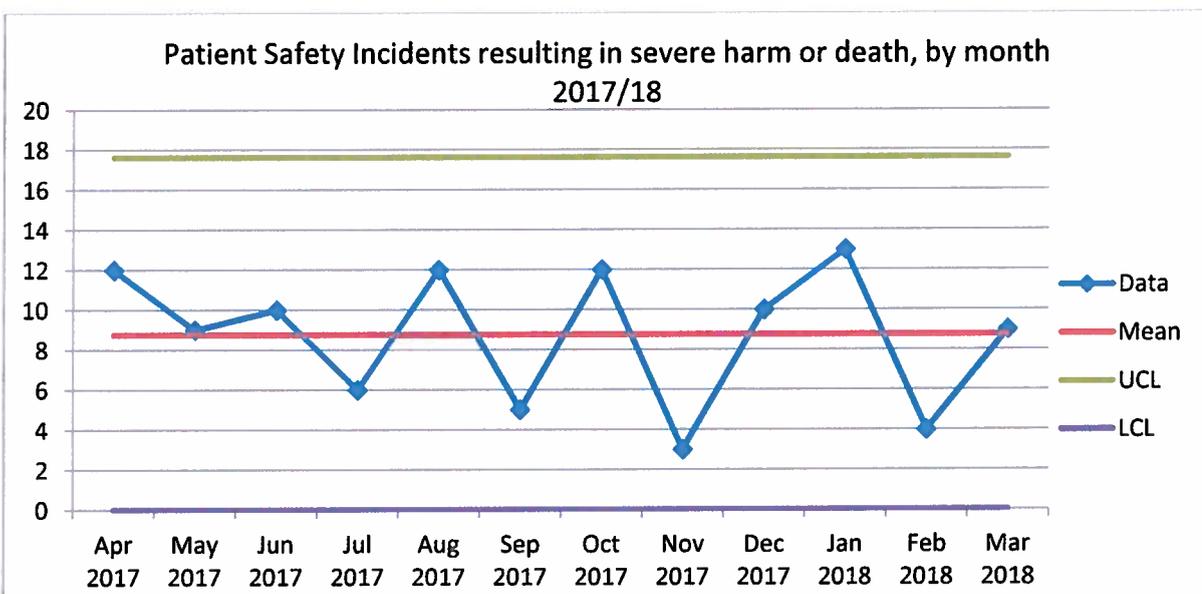
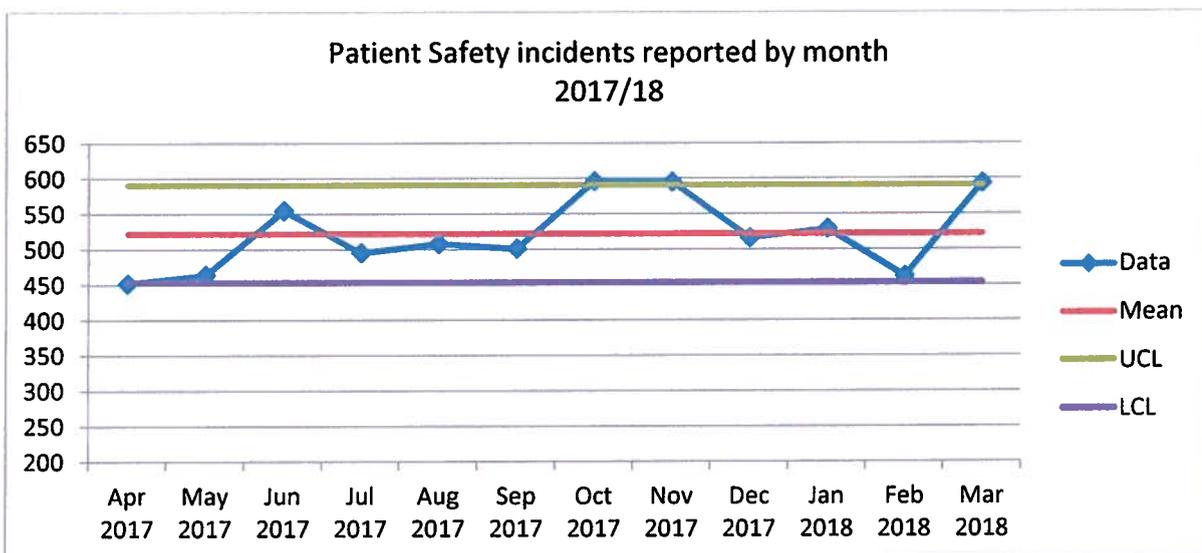
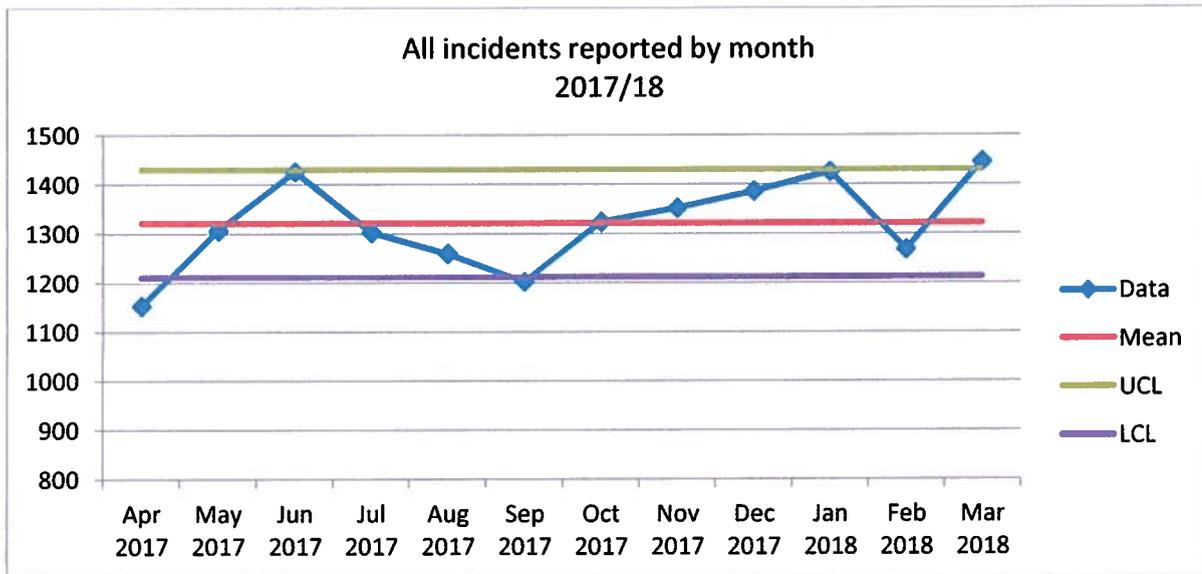
Time frame	East London NHS Trust Adult	East London NHS Trust Older People	East London NHS Trust Children's Services
Target 2017/18	7.5%	7.5%	7.5%
Q1 (YTD)	6.0% (75/1240)	3.6% (4/112)	3.8% (1/26)
Q2 (YTD)	5.6% (140/2507)	2.5% (5/203)	2.1% (1/48)
Q3 (YTD)	5.7% (208/3662)	2.0% (6/304)	3.9% (3/77)
Q4 (YTD)	5.6% (284/5076)	1.5% (6/403)	4.4% (5/114)

National comparison data is not available.

The indicator relating to re-admissions within 28 days has been removed in the recent update of the Single Oversight Framework, as it is no longer considered a useful indicator of performance.

The data presented above is in line with national averages, with the exception of CPA inpatient discharges followed up within seven days data which is below the 95% target for Quarters 3 and 4.

Incidents reported during 2017/18



ELFT considers that this data is as described given its open and transparent culture that promotes good incident reporting, and its sound processes for approving and managing incidents. The data provided is drawn directly from the incident management system.

ELFT's work to develop a healthy reporting culture continues across the Trust, which impacts the number of incidents reported and helps the trust to learn and develop. This work includes the development of more transparent data reporting systems, such as the organisation Quality and Safety dashboards and the spread of quality improvement work across the Trust.

2.13 Data Security and Quality

Clinical coding accuracy was audited this year. The results of the audit demonstrate an excellent standard of diagnostic coding accuracy in the classification of both primary and secondary diagnosis coding, with both areas exceeding Information Governance requirements for Level 3.

IG Audit	Primary diagnosis correct %	Secondary diagnosis correct %	Primary procedure correct %	Secondary procedures correct %	Unsafe to Audit %
2012/13	94.00%	83.65%	N/A	N/A	0
2013/14	98.00%	96.24%	N/A	N/A	0
2014/15	96.00%	89.58%	N/A	N/A	0
2015/16	94.00%	89.50%	N/A	N/A	0
2016/17	100.00%	93.75%	N/A	N/A	0
2017/18	96.00%	95.00%	N/A	N/A	0

ELFT submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the latest published data (Jul – Sept 2017) are as follows:

- 1 which included the patient's valid NHS number was:
 - 98.9% for admitted patient care
 - 99.9% for outpatient care
- 2 which included the patient's valid General Medical Practice Code was:
 - 96.1% for admitted patient care
 - 100% for outpatient care

ELFT Information Governance Assessment Report overall score for 2017-18 was 59% and was graded not satisfactory. The Trust is reviewing its evidence of compliance and developing an action plan focused on delivery of training and improving information asset management processes.

Internal audit of processes supporting data quality indicated the Trust can take substantial assurance that controls are in place to manage the identified risks.

A number of actions for improvement were identified and are being implemented; ensuring clear processes for the ongoing review of data quality policy, ensuring it is reflecting current practice.

ELFT was not subject to the Payment By Results clinical coding audit during 2017/18, by the Audit Commission.

PART 3 – Review of Quality Performance 2017/18

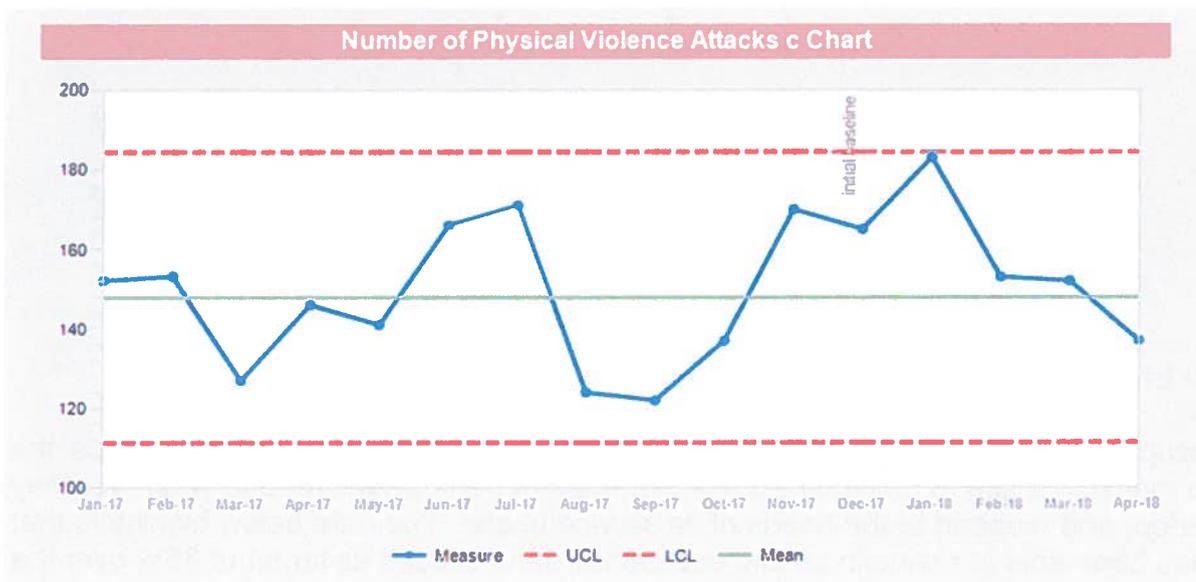
3.1 An overview of quality during 2017/18

ELFT monitors a set of whole-system quality measures, chosen by the Trust Board in consultation with stakeholders several years ago, via its Quality and Performance Dashboard. Key metrics in the domains of patient safety, clinical effectiveness and patient experience are set out below, illustrating progress over time. Data is generated from the Trust's internal reporting systems, and is not benchmarked, but triangulated with relevant internal data to build an accurate picture of the quality of services.

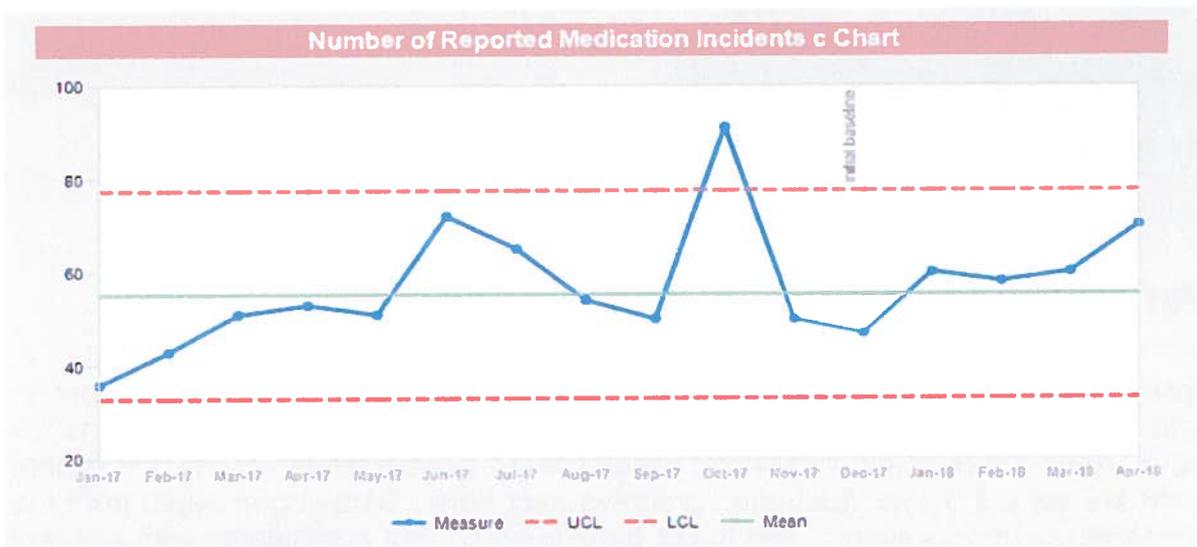
Patient Safety

Much of the Trust's improvement work over the past year has aimed to address patient safety. Key metrics for the Trust are set out below. The data for each of the three metrics show normal variation over the course of the year (i.e. no statistically significant increase or decrease). Data is available to services at Directorate and service level to enable to monitor, and prioritise, local improvement work.

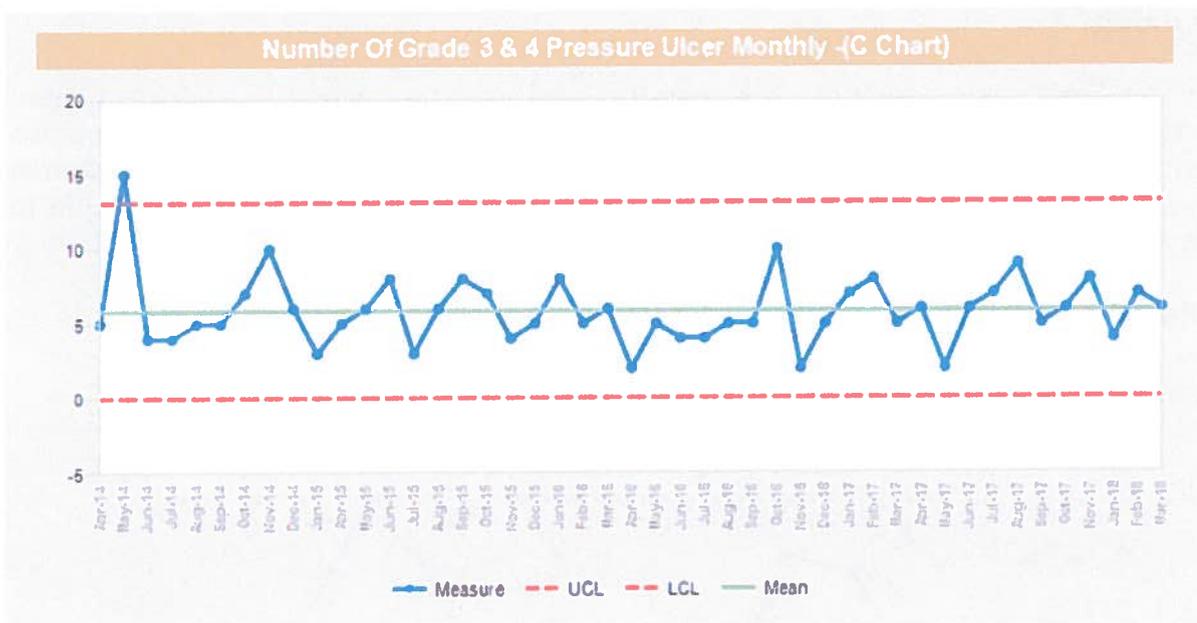
1. Prevalence of physical violence



2. Prevalence of medicines incidents



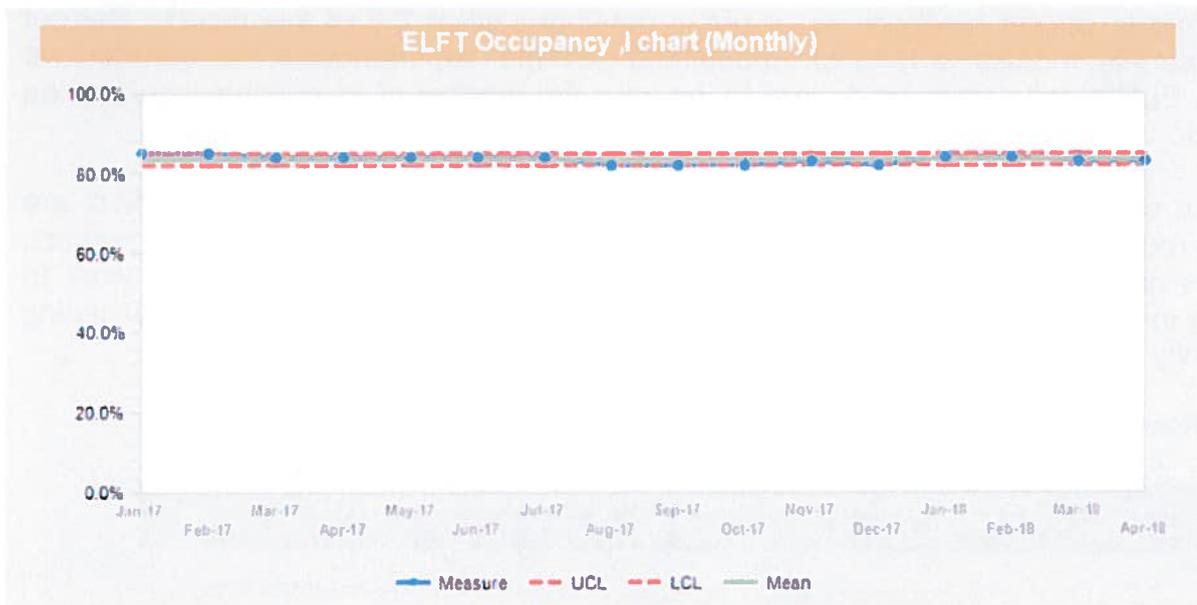
3. Prevalence of Grade 3&4 pressure ulcers



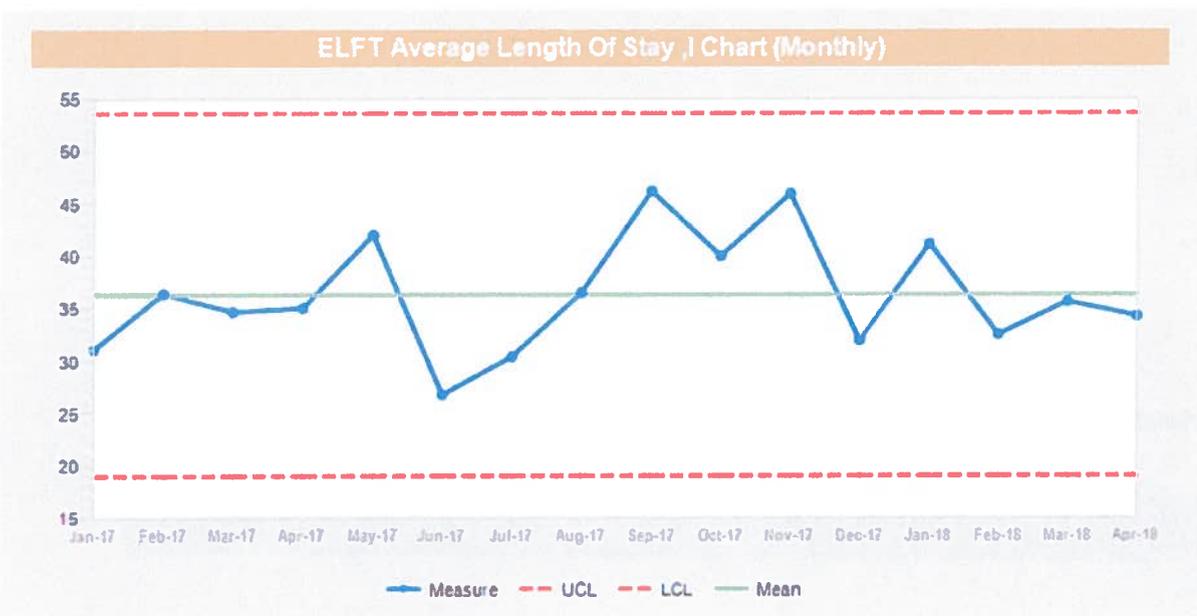
Clinical Effectiveness

Bed occupancy, length of stay and readmissions, are related measures that helps the Trust to monitor its aim to maintain access to in-patient beds whenever and wherever they are needed, and respond to the needs of its service users. The data below highlights that ELFT has been able to maintain its bed occupancy on or around its target of 85% over the past year.

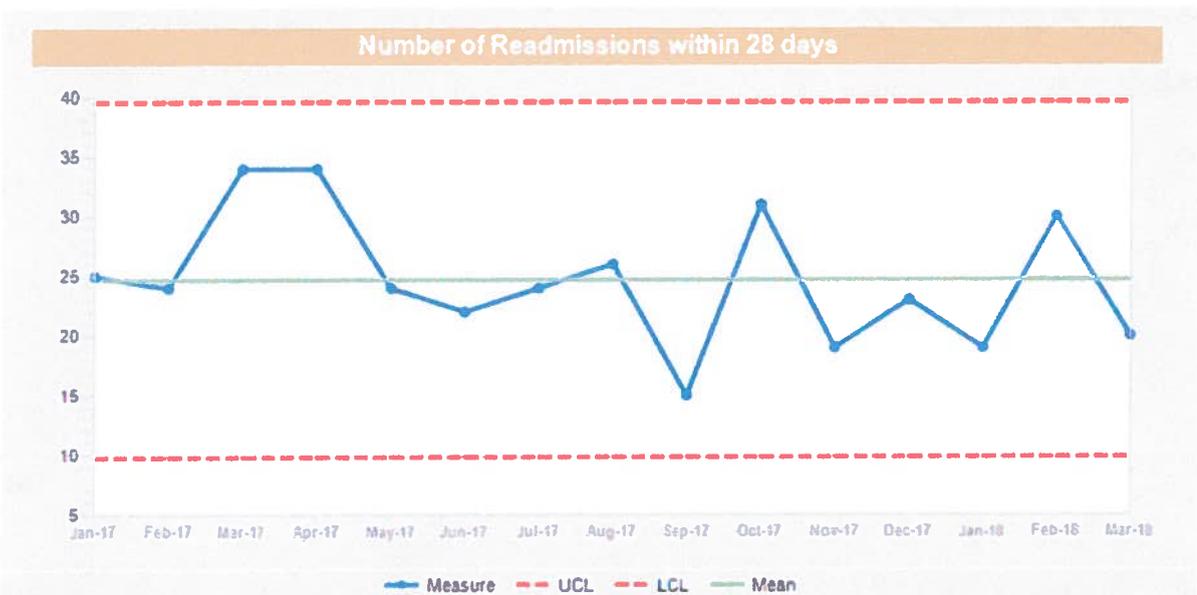
1. Bed occupancy



2. Length of stay



3. Readmissions within 28 days

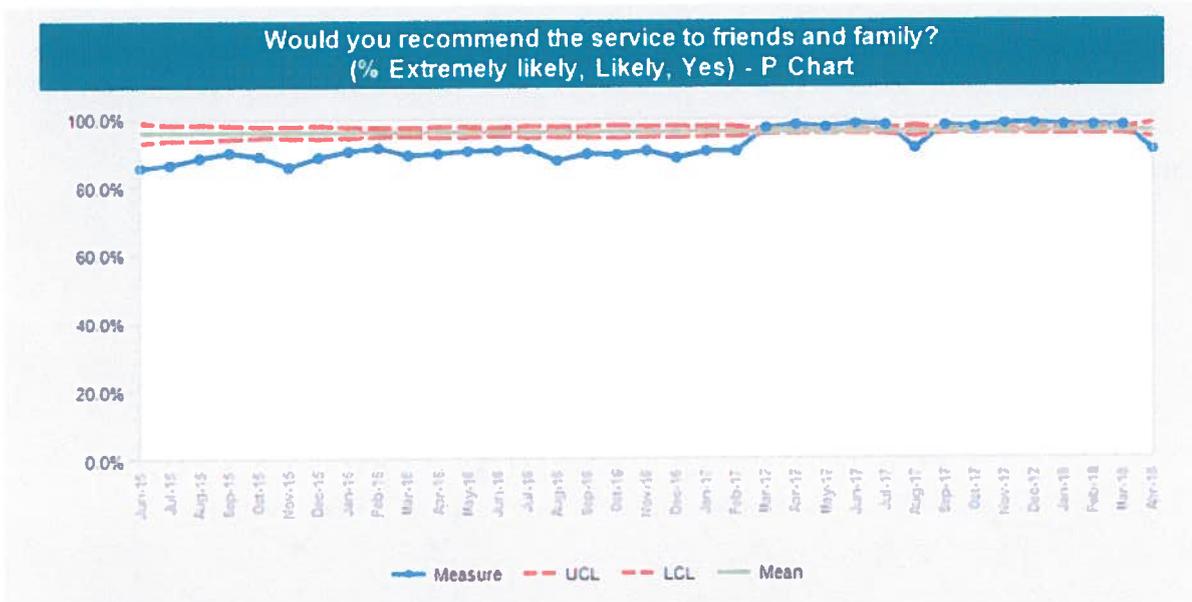


Patient Experience

Our service users are at the heart of what we do. ELFT's approach to gathering and responding to patient feedback is set out in detail in section 2.5 of this report. Set out below are key metrics to help us understand patients' experience of the services we provide. ELFT continues to work hard to increase the number of its patients who provide feedback.

The data below shows that a high proportion of the patients who provide feedback are likely to recommend the service and feel they have been treated with dignity and respect. There is greater variation in those patients who feel listened to by staff and work to address this is threaded through our improvement work, and in particular our reshaping community services workstream.

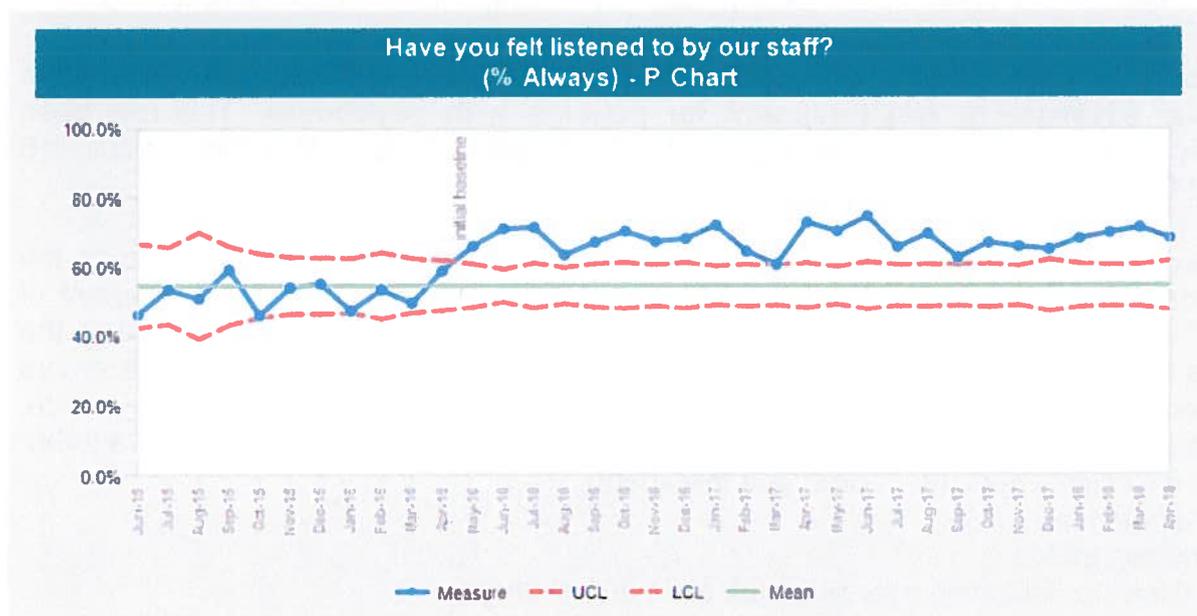
1. Would you recommend the service to a friend?



2. Have you been treated with dignity and respect?



3. Did you feel listened to by our staff?



3.2 Performance against quality indicators and performance thresholds

These indicators form part of appendices 1 and 3 of the Single Oversight Framework. The table below details each of the Trust's Performance against the Quality of Care Indicators and the Operational Performance Metrics:

Quality of Care Indicators	Target 2017/18	Actual 2016/17 (Q4)	Actual 2017/18 (Q3)	Actual 2017/18 (Q4)	
Admission to adult facilities of patients under 16 years old	0	0	0	0	same
Meeting commitment to serve new psychosis cases by early intervention teams' measure. People experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	92%	91%	94%	improved
Operational Performance	Target 2017/18	Actual 2016/17 (Q4)	Actual 2017/18 (Q3)	Actual 2017/18 (Q4)	
Proportion of people completing treatment who move to recovery (from IAPT MDS)	50%	50.2%	50.5%	50.1%	Decreased – still compliant
Improving Access to Psychological Therapies - Patients referred with 6 weeks measure	75%	96.4%	98.0%	98.1%	improved
Improving Access to Psychological Therapies - Patients referred with 18 weeks measure	95%	99.7%	99.8%	99.9%	improved

Inappropriate Out of Area Placements for adult mental health services	n/a	New	2	0	
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Additionally, a key indicator and also a 2017 /18 **CQUIN Indicator 3a: is Cardio Metabolic assessment and treatment for patients with psychoses**. This has been assessed by the audit exercise undertaken by the Royal College of Psychiatry's 2017/18 National Clinical Audit of Psychosis.

The assessment of provider performance against this indicator seeks to capture the proportion of patients audited for whom the provider has undertaken an assessment of each of the following key cardio metabolic parameters, with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment).

The parameters are:

1. Smoking status
2. Lifestyle (including exercise, diet, alcohol and drugs)
3. Body Mass Index
4. Blood pressure
5. Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
6. Blood lipids

Performance against the CQUIN is presented as a single percentage:

	Inpatient	CPA	EIP
ELFT	76%*	79%*	Not yet available**
National Average	56%	44%	44.5%
Target	90%	65%	90%

*audit date subject to ELFT quality checking

** data collected by separate CCQI led process

3.3 An Explanation of Which Stakeholders Have Been Involved

The Trust has a long history of working collaboratively with our service user and carer groups, the Trust Governors and local stakeholder groups. There is significant service user and carer participation in all of the Trusts key overview and reporting mechanisms, e.g. the Trust Board, Quality Committee, People Participation Committee and the Patient Experience Committee meetings.

3.4 Statements of Clinical Commissioning Groups (CCGs)

Not received – as of 29 May 2018

3.5 Statement from Tower Hamlets Healthwatch

Not received – as of 29 May 2018



3.6 Statement from Tower Hamlets Overview and Scrutiny Panel

Not received – as of 29 May 2018

3.7 An Explanation of any Changes Made

Not received – as of 29 May 2018

3.8 Feedback

If you would like to provide feedback on the report or make suggestions for the content of future reports, please contact the Director of Corporate Affairs, Mr Mason Fitzgerald, on 020 7655 4000.

A copy of the Quality Accounts Report is available via:

- East London NHS Foundation Trust website (<http://www.eastlondon.nhs.uk/>)
- NHS Choices website (<http://www.nhs.uk/Pages/HomePage.aspx>)

2017-18 Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2017 to May 2018 papers relating to quality reported to the board over the period April 2017 to May 2018
 - feedback from commissioners – not received
 - feedback from governors dated – not received
 - feedback from local Healthwatch organisations – not received
 - feedback from Overview and Scrutiny Committee – not received
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – within Quality Account
 - the national patient survey – within Quality Account
 - the [latest] national staff survey – within Quality Account
 - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2018
 - CQC inspection report – within Quality Account
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the 2017-18 reporting period

- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

and

- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

25 May 2018:



Chair

25 May 2018:



Acting Chief Executive

Glossary

Term	Definition
Admission	The point at which a person begins an episode of care, e.g. arriving at an inpatient ward.
Assessment	Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.
Black and minority ethnic (BME)	People with a cultural heritage distinct from the majority population.
Care Co-ordinator	A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be community mental health nurse, social worker or occupational therapist.
Care pathway	A pre-determined plan of care for patients with a specific condition
Care plan	A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy. (See Care Programme Approach).
Care Programme Approach (CPA)	The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (See Care Plan and Care Co-ordinator).
Care Quality Commission (CQC)	The Care Quality Commission is the independent regulator of health and social care in England. They regulate care provided by the NHS, local authorities, private companies and voluntary organisations.
Case Note Audit	An audit of patient case notes conducted across the Trust based on the specific audit criteria outlined by CQC.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS is a term used to refer to mental health services for children and adolescents. CAMHS are usually multidisciplinary teams including psychiatrists, psychologists, nurses, social workers and others.
CAMHS Outcome Research Consortium (CORC)	CORC aims to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties.
Community care	Community care aims to provide health and social care services in the community to enable people to live as independently as possible in their own homes or in other accommodation in the community.
Community Health Newham (CHN)	Community Health Newham provides a wide range of adult and children's community health services within the Newham PCT area, including continuing care and respite, district nursing and physiotherapy.
Community Mental Health Team (CMHT)	A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.
Continuing Care	The criteria for assessing long term care eligibility
DATIX	Datix is patient safety software for healthcare risk management, incident reporting software and adverse event reporting.
Discharge	The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan. (see Care plan)
East London NHS Foundation Trust	East London NHS Foundation Trust

(ELFT)	
General practitioner (GP)	A family doctor who works from a local surgery to provide medical advice and treatment to patients registered on their list
Mental health services	A range of specialist clinical and therapeutic interventions across mental health and social care provision, integrated across organisational boundaries.
Multidisciplinary	Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.
Named Nurse	This is a ward nurse who will have a special responsibility for a patient while they are in hospital.
National Institute of Health Research (NIHR)	The goal of the NIHR is to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
National Institute for health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
(NCI / NCISH)	The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCI / NCISH) is a research project which examines all incidences of suicide and homicide by people in contact with mental health services in the UK.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service offers patients information, advice, and a solution of problems or access to the complaints procedure.
PREM	Patient Reported Experience Measures. Indicators on patient levels of satisfaction regarding the experience of care and treatment.
Prescribing Observatory for Mental Health (POMH-UK)	POMH-UK is an independent review process which helps specialist mental health services improve prescribing practice.
Primary care	Collective term for all services which are people's first point of contact with the NHS. GPs, and other health-care professionals, such as opticians, dentists, and pharmacists provide primary care, as they are often the first point of contact for patients
Primary Care Trust (PCT)	Formerly the statutory NHS bodies with responsibility for delivering healthcare and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
QI	Quality Improvement. A systematic method for identify and testing change ideas to improve the quality of services.
RiO	The electronic patient record system which holds information about referrals, appointments and clinical information.
Service user	This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.
Serious Mental Illness (SMI)	Serious mental illness includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.

Contact us

The Trust's postal address is:

Trust Headquarters

Robert Dolan House

9 Alie Street

London

E1 8DE

Switchboard Telephone Number: 020 7655 4000

Fax Number: 020 7655 4002

Email: elft.communications@nhs.net

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

East London NHS Foundation Trust

**Audited Annual Accounts
for the year ended 31 March 2018**

Audited Annual Accounts for the year ended 31 March 2018

FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2018, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:



Paul Calaminus
Acting Chief Executive Officer

Date: 23 May 2018

ANNUAL GOVERNANCE STATEMENT 2017/18

1 Scope of responsibility

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

2 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 against the achievement of the organisation's policies, aims and objectives of East London NHS Foundation Trust, and to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East London NHS Foundation Trust for the year ended 31 March 2018 and is up to the date of approval of the annual report and accounts.

The Trust Board are accountable to the Independent Regulator NHS Improvement for performance and control issues, and submits regular monitoring returns and exception reports to NHS Improvement in accordance with the Single Oversight Framework.

3 Capacity to handle risk

The Trust has a Risk Management Strategy and operational policies approved by the Trust Board. Leadership is given to the risk management process through a number of measures, including designation of Executive and Non-Executive Directors to key committees within the Trust's Healthcare Governance Framework structure.

The Audit Committee has delegated responsibility for ensuring the Board Assurance Framework is well maintained, and other Board committees review risks relevant to their terms of reference. Directorate Management Team meetings review their directorate risk registers.

The Chief Nurse has delegated responsibility for ensuring the implementation of the Assurance Framework, and is assisted by the Associate Director of Governance and Risk, who leads and manages the Trust's Assurance Department. All directors have responsibility to identify and manage risk within their specific areas of control, in line with the management and accountability arrangements in the Trust. Directorates have identified leads for risk management.

The Assurance Department provides support to directorates and departments on all aspects of effective risk assessment and management. The Department maintains the Trust's incident and risk reporting system, and risk registers. The Department also has a vital role in training, which is given to staff on induction and regular training opportunities are provided to staff at all levels, including root cause analysis training.

The Assurance Department is responsible for the dissemination of good practice and lessons learned from incidents or near misses. Good practice is disseminated within the Trust through information sharing, cascading of information via the groups and committees included in the healthcare governance framework, maintenance of the incident register and consequent learning from such incidents.

4 The risk and control framework

Key elements of the Risk Management Strategy

Attitude to, and management of, risk is embedded within the Trust's Risk Management Strategy. The strategy and related procedures set risk management activities within a broad framework within which the Trust leads, directs and controls its key functions in order to achieve its corporate objectives, safety and quality of services, and in which it relates to patients, staff, the wider community and partner organisations. The Trust has a Board Assurance Framework in place which provides a structure for the effective and focused management of the principal risks to meeting the Trust's key objectives. Risks are assessed by using a 5x5 risk matrix where the total score is an indicator as to seriousness of the risk.

The Board Assurance Framework enables easy identification of the controls and assurances that exist in relation to the Trust's key objectives and the identification of significant risks. Risks are assessed and monitored by the Board and its sub-committees. Key issues emerging from this assessment and monitoring include a review of balance between absolute and acceptable risk, quantification of risks where these cannot be avoided, implementation of processes to minimise risks where these cannot be avoided and learning from incidents. These issues are cascaded throughout the Trust via directorate representative and multi-disciplinary attendance at committee and group meetings.

The Board Assurance Framework is reported to the Board at each meeting.

The Trust has quality governance arrangements in place. The Chief Medical Officer is the Board executive lead for quality. The Trust has a Quality Strategy and the Trust Board receives a regular report on quality issues at each meeting. The quality of performance information is assessed through the Information Governance Toolkit and through the annual Quality Account's audit. Assurance on compliance with CQC registration requirements is obtained through the role of the Quality Assurance Committee, the performance framework, and from the Trust's own schedule of unannounced visits to services.

Embedding risk management in the activity of the organisation

Risk management is embedded throughout the Trust's operational structures, with emphasis on ownership of risk within the directorates and a supporting role by the Assurance Department.

Directorates are responsible for maintaining their own risk registers, which feed into the Trust's corporate risk register. The local risk registers are reviewed at Directorate performance meetings that are held on a monthly basis. The Assurance Department receives risk registers from Directorates, as well as copies of committee and sub-group meetings throughout the Trust. Directorate representatives attend key committees of the healthcare governance framework, ensuring formal channels of reporting, wide staff involvement, and sharing of learning. The implementation of incident and other risk-related policies and procedures throughout the organisation ensure the involvement of all staff in risk management activity.

During 2017-2018 our focus remained on the integration of Luton and Bedfordshire services, as well as the acquisition of Tower Hamlets and Bedfordshire community health services.

ANNUAL GOVERNANCE STATEMENT 2017/18 (continued)

4 The risk and control framework (continued)

Involvement of public stakeholders

Risks to public stakeholders are managed through formal review processes with the Independent Regulator (NHS Improvement) and the local commissioners through joint actions on specific issues such as emergency planning and learning from incidents, and through scrutiny meetings with Local Authorities' Health and Overview Scrutiny Committees. The Council of Governors represents the interests of members and has a role to hold the Trust Board to account for the performance of the Trust.

Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the CQC. The Trust underwent a two-week announced inspection by the CQC in June 2016 and was rated Outstanding.

The CQC carried out an inspection of Luton and Bedfordshire services in October 2017, and no significant concerns were raised.

The CQC is completing a CQC Well-Led review in April 2018. The Trust has had a preparation programme in place, including mock inspections of services and Board Development events.

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

Control measures are also in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Acts and the Adaptation Reporting requirements are complied with.

Foundation Trust governance

As an NHS Foundation Trust, the Trust is required by its licence to apply relevant principles, systems and standards of good corporate governance. In order to discharge this responsibility, the Trust has a clear and effective Board and Committee structure, which is regularly reviewed. Responsibilities of the Board and Committees are set out in formal terms of reference, and responsibilities of directors and staff are set out in job descriptions. There are clear reporting lines and accountabilities throughout the organisation.

The Board receives regular reports that allow it to assess compliance with the Trust's licence: i.e. the Board receives finance reports and performance and compliance reports at each meeting. Individual reports address elements of risk, such as reports on safe staffing levels. This enables the Board to have clear oversight over the Trust's performance.

As part of its submission of the 2017-2018 Operational Plan, the Trust submitted to NHS Improvement a Corporate Governance Statement that confirms that sufficient arrangements are in place in relation to quality, finance and governance. The Trust is assured of the validity of this statement through receipt of the reports set out above, and through regular review of governance developments as part of the Board development programme.

The Trust has developed integrated reporting throughout the year in order to give the Board better oversight of strategic performance and risk issues.

5 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. Performance in this area is monitored by the Trust Board on a regular basis. The Trust Board discusses and approves the Trust's strategic and operational plans, taking into account the views of the Council of Governors. The operational plan includes the annual budgets. Throughout the year, the Trust Board receives regular finance and performance reports, which enable it to monitor progress in implementing the operational plan and the performance of the organisation, enabling the Board to take corrective action where necessary, and ensure value for money is obtained. The in-year resource utilisation is monitored by the Board and its committees via a series of detailed reports covering finance, activity, capacity, human resource management and risk.

Performance review meetings assess each directorate's performance across a full range of financial and quality metrics which, in turn, forms the basis of the monthly performance and compliance report to the Service Delivery Board.

The key processes embedded within the Trust to ensure that resources are used economically, efficiently and effectively, centre around a robust budget setting and control system which includes activity related budgets and periodic reviews during the year which are considered by executive directors and the Trust Board. The budgetary control system is complemented by Standing Financial Instructions, a Scheme of Delegation and Financial Approval Limits.

As Accounting Officer, I have overall accountability for delivery of the Annual Plan and I am supported by the Executive Directors with delegated accountability and responsibility for delivery of specific targets and performance objectives.

I am also supported by the work of Internal Audit who, in carrying out a risk-based programme of work, provide reports on specific areas within the Trust and make recommendations where necessary. The work of Internal Audit, and the progress of implementing their recommendations, is overseen by the Trust's Audit Committee.

During the year, Jonathan Warren, Chief Nurse and Dr Kevin Cleary, Chief Medical Officer left the Trust. Dr Paul Gilluley has been appointed as Chief Medical Officer. Lorraine Sunduza has been appointed as Interim Chief Nurse. The Board has a series of development events during the year, and carried out an annual review of its effectiveness in January 2018, using the CQC Well-Led Framework.

ANNUAL GOVERNANCE STATEMENT 2017/18 (continued)

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Chief Nurse is the Executive Director lead for Information Governance, and is supported by key staff within the Assurance Department and directorate leads. The Trust has a nominated Caldicott Guardian (Chief Medical Officer) and a Senior Information Risk Owner (Chief Financial Officer). Policies are in place which are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Trust Board receives reports on compliance with the Information Governance Toolkit.

There were four information governance incidents during 2017-2018 that were reportable to the Information Commissioner. The incidents involved: papers being stolen from a car; 29 appointment letters sent to one patient; a report sent to external NHS staff in error; and contact details of 43 patients sent to one patient through the hybrid mail system. Three of the four incidents have been investigated and action plan put in place to reduce the likelihood of reoccurrence, including training and support to staff. The incident regarding the hybrid mail system is currently being investigated. No sanctions have been issued by the Information Commissioner.

The Trust has robust controls in place in relation to cyber security. The Trust did not experience any significant disruption from the May 2017 WannaCry ransomware attack. The Finance, Business and Investment Committee oversaw the Trust's response to the attack and gained further assurance on the controls in place.

6 Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Chief Medical Officer is the executive director lead for the Quality Report, and work is coordinated by the Trust's Quality Committee, which reports to the Board's Quality Assurance Committee.

The Quality Report contains two main areas of information: details of the Trust's quality priorities for 2018-2019; and performance against quality indicators for 2017-2018. The draft report is reviewed by the Board and stakeholders in order to ensure it represents a balanced view.

The Trust has a Quality Strategy which has been approved by the Trust Board. The quality priorities for 2018-2019 have been developed in conjunction with senior clinicians and managers, the Council of Governors and service user groups. They form part of the Trust's strategy which was approved at the February 2018 Trust Board meeting.

The Trust undertakes a major Quality Improvement programme, and is using an external partner, the Institute of Healthcare Innovation, to support the programme and build capacity of staff to deliver locally led quality improvement initiatives.

There are controls in place to ensure that the Quality Report is an accurate statement of the Trust's performance during the year. Information regarding the Trust's performance is produced by the Trust's performance management systems, and is regularly reported to the Board and performance management meetings throughout the year. The Trust's Performance Management Framework has been reviewed by Internal Audit and has received a substantial assurance opinion.

7 Review of effectiveness

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

I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2017-2018 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

The Head of Internal Audit opinion stated that "the organisation has an adequate and effective framework for risk management, governance and internal control. However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective".

The effectiveness of the system of internal control is guaranteed by ensuring clear duties and accountability are allocated to each part of the healthcare governance framework, and to individuals within the framework.

The Board receives the Board Assurance Framework at each meeting, receives reports from the Quality Assurance Committee and from the Audit Committee, and notes minutes from key committees and groups within the framework. Reports submitted to the Board identify risk and are linked to the Board Assurance Framework, where relevant.

The Audit Committee is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management. It approves the annual audit plans for internal and external audit activities, receives regular progress reports and individual audit reports, and ensures that recommendations arising from audits are actioned by executive management. The Audit Committee receives the minutes of the Quality Assurance Committee and the Chair of the Quality Assurance Committee, who is an independent Non-Executive Director, is a member of the Audit Committee.

The Trust has an in-house Counter Fraud service in place, in line with the NHS Standard Contract. The Audit Committee receives regular reports from Counter Fraud services.

ANNUAL GOVERNANCE STATEMENT 2017/18 (continued)

7 Review of effectiveness (continued)

The Audit Committee has delegated responsibility for the Board Assurance Framework, and other board committees review risks relevant to their terms of reference. There is shared membership between the Audit and Quality Assurance Committees via Internal Audit, the Chief Financial Officer, the Director of Corporate Affairs and the Chair of the Quality Assurance Committee. The Quality Assurance Committee receives the minutes of the Quality Committee.

The Quality Committee integrates the processes of clinical governance and risk management. It receives reports from working groups, and reviews risk with the Chairs of these groups. It considers the clinical audit plan and receives and discusses individual clinical audit reports, ensuring that appropriate action is being taken to address areas of under-performance. Executive Directors chair officer committees and groups, with managers from various disciplines and from various services participating in these groups. The Quality Committee reports to the Quality Assurance Committee, and also has links to the Service Delivery Board.

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 organisation'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.

Directors ensure that key risks have been identified and monitored within their directorates and the necessary action taken to address them. Directors are also directly involved in producing and reviewing the Board Assurance Framework, and attend the Audit and Quality Assurance Committees to report on risk within their areas of control.

The interests of patients, clients and other stakeholders is given authority by inclusion of representatives on various groups of the Trust, as well as the role of the Council of Governors.

The Trust's regular reporting to NHS Improvement provides additional assurance with regard to the Trust's governance arrangements and compliance with the Trust's provider license.

The net result of these processes is that risk is assessed systematically, with internal reviews ensuring checks and balances, a local chain of reporting which ensures follow through of recommendations and actions, and wide staff involvement ensuring effective communication throughout the Trust.

Internal Control Issues

During 2017-2018, the Trust's Internal Auditors have not given any no assurance reports. They issued four reports where they provided partial assurance over the design and application of the controls in place to manage the identified risks:

- Workforce information
- Data quality – complaints
- Board Assurance Framework and Risk Management
- Financial Accountability, Reporting and CIP.

In order to address the issues raised in these reports the following action has been taken:

- Workforce information – formal procedures have been developed for the compilation of workforce information, and updated spreadsheets have been issued for the calculation of appraisal rates. The Trust is also reviewing the workforce information systems currently in use.
- Data quality – complaints – refreshed guidance was introduced in order to determine whether extensions to complaints investigation should be granted, and an assurance process put in place. Data quality policies have also been introduced for this area.
- Board Assurance Framework (BAF) and Risk Management – the BAF has been refreshed in line with the new Trust strategy, and work has been undertaken to improve the quality of directorate risk registers. The Risk Management framework is being updated in order to ensure more effective risk management practice.
- Financial accountability, Reporting and Cost Improvement Plans – the Quality Impact Assessment process is being reviewed. The Trust is also strengthening the budget manager sign-off process and training for budget managers.

Progress against outstanding actions will be monitored by the Audit Committee.

The Trust's Board Assurance Framework (as of 31 March 2018) has four red rated risks:

- It fails to recruit high quality staff.
- The Trust may not maintain financial viability if: a) The short-term impact and potential lack of achievability of Cash Releasing Efficiency Savings (CRES) requirements, coupled with expenditure control and income generation, upon the overall financial sustainability of the Trust. Further risk implications concerning the impact on the reputation of the Trust and access to revenue streams such as Sustainability and Transformation Funding (STF).
- The Trust may not maintain financial viability if: b) The long-term impact and potential lack of achievability of CRES requirements over the next five years, threatens the overall financial sustainability of the Trust and adversely impacts on the pursuit of quality improvement.
- Agreement via consultation with commissioners, the public and other stakeholders may not be granted in time to execute major plans, which should result in reduced expenditure and a more efficient delivery of service.

Action plans are in place and are summarised in the BAF. These risks are regularly monitored by the relevant Committees and the Trust Board.

In addition, not all risks were reduced to their risk appetite score by the end of the year. The Board is refreshing the BAF and the Risk Appetite Statement for the new financial year and accompanying action plans are being put in place to ensure improvement in this area.

Audited Annual Accounts
for the year ended 31 March 2018

ANNUAL GOVERNANCE STATEMENT 2017/18 (continued)

8 Conclusion

The Trust has an adequate and effective system of internal control, and the specific internal control issues detailed above are being addressed through robust action plans. No significant control issues have been identified, and the control issues identified in this statement have action plans in place to address them.

The Audit Committee, Quality Assurance Committee, Finance, Business and Investment Committee, and the Trust Board will continue to monitor these areas closely and agree additional action as required.

Signed:



Paul Calaminus
Acting Chief Executive Officer

Date: 23 May 2018

Audited Annual Accounts for the year ended 31 March 2018

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

Under the NHS Act 2006, NHS Improvement has directed East London NHS Foundation Trust to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. 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, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual 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; and
- prepare the financial statements on a going concern basis.

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 him/her 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.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in NHS Improvement's NHS Foundation Trust Accounting Officer Memorandum.

Signed:



Paul Calaminus
Acting Chief Executive Officer

Date: 23 May 2018

Audited Annual Accounts
for the year ended 31 March 2018

Statement of Comprehensive Income
for the year ended 31 March 2018

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	366,904	341,853
Other operating income	4	23,364	17,596
Total operating income from continuing operations		390,268	359,449
Operating expenses	5	(365,586)	(346,434)
Operating surplus/(deficit) from continuing operations		24,682	13,015
Finance income	11	319	314
Finance expenses	12	(2,393)	(2,433)
PDC dividends payable		(5,699)	(5,605)
Net finance costs		(7,773)	(7,724)
Movement in the fair value of investment property and other investments	16	(63)	12
Surplus/(deficit) for the year		16,846	5,303
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	6	(1,131)	(5,138)
Revaluation gains charged to revaluation reserve	15	-	6,823
Remeasurements of the net defined benefit pension scheme liability/asset		75	(1,030)
Total comprehensive income/(expense) for the year		15,790	5,958

The notes on pages 14 to 51 form part of these accounts.

Audited Annual Accounts
for the year ended 31 March 2018

Statement of Financial Position
as at 31 March 2018

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	14	579	626
Property, plant and equipment	15	232,764	232,855
Investment property	16	125	242
Total non-current assets		233,468	233,723
Current assets			
Inventories	17	210	230
Trade and other receivables	18	26,787	19,145
Cash and cash equivalents	20	73,681	52,287
Total current assets		100,678	71,662
Current liabilities			
Trade and other payables	22	(54,970)	(43,787)
Borrowings	24	(441)	(399)
Provisions	26	(9,708)	(7,970)
Other liabilities	23	(1,290)	(3,147)
Total current liabilities		(66,409)	(55,303)
Total assets less current liabilities		267,736	250,082
Non-current liabilities			
Borrowings	24	(18,838)	(19,279)
Provisions	26	(210)	(236)
Other liabilities	23	(1,878)	(1,891)
Total non-current liabilities		(20,926)	(21,406)
Total assets employed		246,811	228,676
Financed by			
Public dividend capital		79,685	77,341
Revaluation reserve		66,609	68,464
Retained earnings		100,517	82,871
Total taxpayers' equity		246,811	228,676

The notes on pages 14 to 51 form part of these accounts.



Paul Calaminus
Acting Chief Executive Officer

Date: 23 May 2018

Audited Annual Accounts for the year ended 31 March 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	77,341	68,464	82,871	228,676
Surplus/(deficit) for the year		(1,131)	16,846	16,846
Impairments			(1,131)	(1,131)
Remeasurements of the defined net benefit pension scheme liability/asset			75	75
Public dividend capital received	2,344			2,344
Transfer of excess depreciation over historic cost depreciation		(724)	724	-
Taxpayers' equity at 31 March 2018	79,685	66,609	100,517	246,811

Audited Annual Accounts for the year ended 31 March 2018

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Retained Earnings £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	77,271	68,449	76,928	222,648
Surplus/(deficit) for the year			5,303	5,303
Impairments		(5,138)		(5,138)
Revaluations		6,823		6,823
Remeasurements of the defined net benefit pension scheme liability/asset			(1,030)	(1,030)
Public dividend capital received	70			70
Transfer of excess depreciation over historic cost depreciation		(1,670)	1,670	-
Taxpayers' equity at 31 March 2017	77,341	68,464	82,871	228,676

Audited Annual Accounts
for the year ended 31 March 2018

Statement of Cash Flows
for the year ended 31 March 2018

	Note	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus/(deficit)		24,682	13,015
Non-cash income and expense:			
Depreciation and amortisation	5	6,742	6,642
Impairments and reversals of impairments		946	(654)
Non-cash movements in on-SoFP pension liability	25.2	62	110
(Increase)/decrease in receivables and other assets		(7,158)	(3,256)
(Increase)/decrease in inventories		20	76
Increase/(decrease) in payables and other liabilities		8,665	(352)
Increase/(decrease) in provisions		1,712	2,749
Other movements in operating cash flows		1	-
Net cash generated from/(used in) operating activities		35,672	18,330
Cash flows from investing activities			
Interest received		319	315
Purchase of intangible assets		(234)	(371)
Purchase of property, plant, equipment and investment property		(7,732)	(9,099)
Net cash generated from/(used in) investing activities		(7,647)	(9,155)
Cash flows from financing activities			
Public dividend capital received		2,344	70
Capital element of PFI, LIFT and other service concession payments		(399)	(362)
Interest paid on PFI, LIFT and other service concession obligations		(2,169)	(2,207)
Other interest paid		(224)	(226)
PDC dividend paid		(6,183)	(6,335)
Net cash generated from/(used in) financing activities		(6,631)	(9,060)
Increase/(decrease) in cash and cash equivalents		21,394	115
Cash and cash equivalents at 1 April		52,287	52,172
Cash and cash equivalents at 31 March	20	73,681	52,287

Notes to the Accounts

Accounting Policies and Other Information

1 Accounting policies

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual 2017/18 ('the GAM'). Consequently, the following financial statements have been prepared in accordance with the GAM. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared on a going concern basis under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities at their value to the business by reference to their current costs. NHS Foundation Trusts, in compliance with HM Treasury's Financial Reporting Manual, are not required to comply with the requirements to report "earnings per share" or historical profits and losses. After making enquiries, the directors have a reasonable expectation that East London NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the Accounts.

1.2 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:

- 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. Refer to Note 15.
- Determination of useful lives for property, plant and equipment - estimated useful lives for the Trust's assets are based on common, widely used assumptions for each asset type except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired. Refer to Note 15.
- Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, Bedfordshire Pension Fund, NHS Litigation Authority and the Trust's own sources. Pension provision is based on the life expectancy of the individual pensioner as stated in the UK Actuarial Department's most recent life tables which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made. Refer to Note 26.
- Accruals are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be accrued in the closing financial statements of the Trust. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period. Refer to Note 22.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.4 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

NHS Pensions

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to [the NHS body] of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time [the NHS body] commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Notes to the Accounts

1.4 Expenditure on employee benefits (continued)

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

1.5 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.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- a) it is held for use in delivering services or for administrative purposes;
- b) it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- c) it is expected to be used for more than one financial year;
- d) the cost of the item can be measured reliably; and
- e) the item has a cost of at least £5,000; or
- f) Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- g) Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

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

Until 31 March 2009, the depreciated replacement cost of specialised buildings has been estimated for an exact replacement of the asset in its present location. From 1 April 2009, HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The Trust commissioned independent valuers, Montagu Evans, to carry out a full valuation of land and buildings using the modern equivalent asset methodology at 31 March 2018.

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 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2009, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2009 indexation ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

Notes to the Accounts

1.6 Property, plant and equipment (continued)

Revaluation gains and losses

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

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

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

Depreciation

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

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Impairments

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

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

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

De-recognition

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

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

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

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

Notes to the Accounts

1.6 Property, plant and equipment (continued)

Donated, government grant and other grant funded assets

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

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

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI asset is recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; and
- the cost of the asset can be measured reliably; and
- the cost is at least £5,000.

Notes to the Accounts

1.7 Intangible assets (continued)

Software

Software which is integral to the operation of hardware, eg, 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, eg, application software, is capitalised as an intangible asset.

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 fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

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

1.8 Revenue government and other grants

Government grants are grants from Government bodies other than income from CCGs or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.9 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.11 Cash and cash equivalents

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

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

1.12 Provisions

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at Note 27 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Notes to the Accounts

1.13 Contingencies

Contingent liabilities are not recognised, but are disclosed in Note 28, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Financial instruments and financial liabilities

Recognition

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the settlement date.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as "fair value through income and expenditure", loans and receivables or "available-for-sale financial assets".

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not "closely-related" to those contracts are separated-out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Notes to the Accounts

1.14 Financial instruments and financial liabilities (continued)

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced.

1.15 Corporation tax

The Trust's activities relate to the provision of goods and services relating to healthcare authorised under s519A Income and Corporation Taxes Act (ICTA) 1988. On this basis the Trust is not liable for corporation tax.

1.16 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.

1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in Note 21 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

1.19 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 Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Notes to the Accounts

1.20 Private patient income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The 2012 Act now obliges Foundation Trusts to ensure that the income they receive from providing goods and services for the NHS (their principal purpose) is greater than their income from other sources. The Trust did not receive any private patient income in the current period.

1.21 Limitation of auditor's liability

In line with guidance from the Financial Reporting Council, the auditors have limited their liability in respect of their audit (or any other work undertaken for the Trust). The engagement letter dated 12 December 2017, states that the liability of Grant Thornton, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £1.0m in aggregate in respect of all services.

1.22 Accounting standards issued that have not yet been adopted

The following accounting standards have been issued but have not yet been adopted. NHS bodies cannot adopt new standards unless they have been adopted in the HM Treasury FReM. The HM Treasury FReM generally does not adopt international standard until it has been endorsed by the European Union for use by listed companies.

In some cases, the standards may be interpreted in the HM Treasury FReM and therefore may not be adopted in their original form. The analysis below describes the anticipated timetable for implementation and the likely impact on the assumption that no interpretations are applied by the HM Treasury FReM.

Change published	Financial year for which the change first applies
IFRS 9 Financial Instruments	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 14 Regulatory Deferral Accounts	Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.
IFRS 15 Revenue from Contracts with Customers	Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 22 Foreign Currency Transactions and Advance Consideration	Application required for accounting periods beginning on or after 1 January 2018.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

1.23 Accounting standards issued that have been adopted early

HM Treasury directs that the public sector does not adopt accounting standards early. The Trust has not early adopted any new accounting standards, amendments or interpretations.

1.24 Losses and special payments

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

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

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Notes to the Accounts

2 Segmental analysis

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

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

Audited Annual Accounts
for the year ended 31 March 2018

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Mental health services		
Cost and volume contract income	8,121	8,067
Block contract income	284,683	263,851
Other clinical income from mandatory services	22,233	29,116
Community services		
Community services income from CCGs and NHS England	51,867	40,819
Total income from activities	<u><u>366,904</u></u>	<u><u>341,853</u></u>

Note 3.2 Income from patient care activities (by source)

	2017/18 £000	2016/17 £000
Income from patient care activities received from:		
NHS England	47,793	47,860
Clinical commissioning groups	291,170	264,328
NHS foundation trusts	2,799	3,162
NHS trusts	5,999	4,166
Local authorities	16,221	21,558
Department of Health	-	349
NHS other	-	159
Non-NHS: overseas patients (chargeable to patient)	103	271
Non NHS: other	2,820	-
Total income from activities	<u><u>366,904</u></u>	<u><u>341,853</u></u>
Of which:		
Related to continuing operations	366,904	341,853

Audited Annual Accounts for the year ended 31 March 2018

Note 3.3 Overseas visitors (relating to patients charged directly by the NHS foundation trust)

	2017/18	2016/17
	£000	£000
Income recognised this year	103	271
Amounts added to provision for impairment of receivables	86	292
Amounts written off in-year	7	21

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	1,403	1,522
Education and training	9,890	11,186
Rental revenue from operating leases	524	463
Sustainability and transformation fund (STF)	6,041	-
Other income	5,507	4,425
Total other operating income	23,364	17,596
Of which:		
Related to continuing operations	23,364	17,596

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2017/18	2016/17
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	366,904	341,853
Income from services not designated as commissioner requested services	23,364	17,596
Total	390,268	359,449

The Trust is working with its commissioners to determine the level of commissioner requested services currently provided. Within the 2017/18 financial statements, management has taken the view to define the following as commissioner requested services:

- Adult Community Health
- Adult Mental Health Services
- 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)

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Note 5 Operating expenses

	2017/18	2016/17
	£000	£000
Services from NHS & DHSC Bodies	22,970	19,294
Purchase of healthcare from non NHS bodies	10,018	8,782
Employee expenses - non-executive directors	176	176
Employee expenses - staff & executive directors	262,975	256,079
Supplies and services - clinical	4,748	3,482
Supplies and services - general	11,189	8,809
Establishment	5,460	4,124
Research and development	1,881	1,894
Transport	2,902	2,765
Premises	13,669	15,439
Increase/(decrease) in provision for impairment of receivables	2,240	1,004
Drug costs	5,061	4,498
Rentals under operating leases	1,166	1,026
Depreciation on property, plant and equipment	6,461	6,315
Amortisation on intangible assets	281	327
Impairments	946	(654)
Audit fees payable to the external auditor		
audit services- statutory audit	52	59
other auditor remuneration (external auditor only)	7	12
Internal audit costs	93	83
Clinical negligence	802	641
Legal fees	273	820
Consultancy costs	1,318	2,036
Training, courses and conferences	2,165	1,960
Redundancy	402	583
Hospitality	78	69
Insurance	95	95
Other services, eg external payroll	1,139	1,136
Losses, ex gratia & special payments	78	32
Other	6,941	5,548
Total	365,586	346,434
Of which:		
Related to continuing operations	365,586	346,434

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Note 5.1 Other auditor remuneration

Remuneration of £7k (£12k in 2016/17) was paid to the external auditors for audit-related assurance services on the Quality Accounts.

Note 5.2 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £1m (£1m in 2016/17).

Note 6 Impairment of assets

	2017/18 £000	2016/17 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	946	(654)
Total net impairments charged to operating surplus / deficit	946	(654)
Impairments charged to the revaluation reserve	1,131	5,138
Total net impairments	2,077	4,484

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Note 7 Salary and pension entitlements of senior managers

Note 7.1 Remuneration

Name and Title	2017/18			2016/17		
	Salary (Bands of £5,000) £000	Other Remuneration (Bands of £5,000) £000	Bonus* (Bands of £5,000) £000	Salary (Bands of £5,000) £000	Other Remuneration (Bands of £5,000) £000	Bonus* (Bands of £5,000) £000
Marie Gabriel - Chair	50-55	-	-	50-55	-	-
Dr Navina Evans - Chief Executive Officer	85-90	70-75	35-40	55-60	45-50	20-25
Professor Jonathan Warren - Chief Nurse and Deputy CEO (to 05/11/2017)	85-90	-	-	135-140	-	-
Dr Kevin Cleary - Chief Medical Officer (to 19/01/2018)	145-150	-	25-30	150-155	-	35-40
Mason Fitzgerald - Director of Corporate Affairs	130-135	-	-	125-130	-	-
Steven Course - Chief Finance Officer	130-135	-	-	125-130	-	-
Mohit Venkataram - Director of Commercial Development and Performance	130-135	-	-	50-55	-	-
Paul Calaminus - Chief Operating Officer	125-130	-	-	10-15	-	-
Lorraine Sundtza - Acting Chief Nurse (from 25/09/2017)	60-65	-	-	25-30	-	-
Dr Paul Gilluley - Chief Medical Officer (from 02/02/2018)	25-30	-	-	75-80	-	-
Mary Elford - Vice Chair	15-20	-	-	15-20	-	-
Jennifer Mary Kay - Senior Independent Non Executive Director	15-20	-	-	15-20	-	-
Kingsley Peter - Non Executive Director	15-20	-	-	15-20	-	-
Robert Taylor - Non Executive Director	15-20	-	-	15-20	-	-
Urmila Banerjee - Non Executive Director	15-20	-	-	15-20	-	-
Paul Hendrick - Non Executive Director (from 1 April 2016)	15-20	-	-	15-20	-	-
Ken Betty - Non Executive Director (from 1 November 2016)	15-20	-	-	5-10	-	-
Band of highest-paid director	195-200			190-195		
Median total remuneration	34,188.73			33,722.39		
Ratio	5.8			5.8		

Total remuneration paid to directors for the year ended 31 March 2018 (in their capacity as directors) totalled £1,238,032 (£1,209,589 in 2016/17). No other remuneration was paid to Directors in their capacity as directors. There were no advances or guarantees entered into on behalf of directors by the Trust. Employer contributions to the NHS Pension Scheme for Executive Directors for the year ended 31 March 2018 totalled £152,593 (£141,340 in 2016/17). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was nine (seven in 2016/17).

*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 payments for golden hellos, compensation for loss of office, benefits in kind or performance related bonuses for any of the senior managers.

Signed:

Paul Calaminus
Acting Chief Executive Officer

Date: 23 May 2018

Audited Annual Accounts for the year ended 31 March 2018

Note 7 Salary and pension entitlements of senior managers (continued)

Note 7.2 Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer value at 31 March 2018	Cash Equivalent Transfer value at 31 March 2017	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Dr Navina Evans - Chief Executive Officer	5 - 7.5	15 - 17.5	90 - 95	270 - 275	1912	1683	185
Professor Jonathan Warren - Chief Nurse and Deputy CEO (to 05/11/2017)	2.5 - 5	7.5 - 10	55 - 60	165 - 170	1068	942	86
Dr Kevin Cleary - Chief Medical Officer (to 19/01/2018)	20 - 22.5	60 - 62.5	75 - 80	230 - 235	0	1130	0
Mason Fitzgerald - Director of Corporate Affairs	2.5 - 5	0 - 2.5	20 - 25	45 - 50	300	247	32
Steven Course - Chief Finance Officer	2.5 - 5	2.5 - 5	30 - 35	75 - 80	434	360	51
Mohit Venkataram - Director of Commercial Development and Performance	5 - 7.5	7.5 - 10	25 - 30	65 - 70	449	361	65
Paul Calaminus - Chief Operating Officer	5 - 7.5	7.5 - 10	35 - 40	85 - 90	504	398	84
Lorraine Sunduza - Acting Chief Nurse (from 25/09/2017)	2.5 - 5	5 - 7.5	20 - 25	55 - 60	324	293	6
Dr Paul Gilluley - Chief Medical Officer (from 02/02/2018)	2.5 - 5	0 - 2.5	45 - 50	120 - 125	842	795	3

Pension benefits apply to Executive Directors only as Non-Executive Directors do not receive any pensionable remuneration.

The Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The Government Actuary Department factors for the calculation of Cash Equivalent Transfer Value assume that benefits are indexed in line with CPI, which are expected to be lower than RPI that was used previously.

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Note 8 Employee benefits

	Permanent	Other	2017/18 Total	2016/17 Total
	£000	£000	£000	£000
Salaries and wages	178,245	20,974	199,218	195,280
Social security costs	21,274	-	21,274	20,333
Apprenticeship levy	988	-	988	-
Employer's contributions to NHS pensions	23,755	-	23,755	23,127
Pension cost - other	461	-	461	208
Agency/contract staff	-	17,279	17,279	17,130
Total staff costs	224,722	38,253	262,975	256,079

Note 8.1 Average number of employees (WTE basis)

	Permanent	Other	2017/18 Total	2016/17 Total
	Number	Number	Number	Number
Medical and dental	355	34	390	365
Administration and estates	1,037	141	1,178	996
Nursing, midwifery and health visiting staff	2,242	557	2,799	2,280
Scientific, therapeutic and technical staff	1,101	84	1,185	998
Agency and contract staff	-	-	-	225
Bank staff	-	-	-	481
Other	5	-	5	5
Total average numbers	4,741	816	5,557	5,349

Note 8.2 Retirements due to ill-health

During 2017/18 there were 5 early retirements from the Trust agreed on the grounds of ill-health (4 in 2016/17). The estimated additional pension liabilities of these ill-health retirements is £188k (£288k in 2016/17).

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

Audited Annual Accounts
for the year ended 31 March 2018

Note 8.3 Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	0	1	0
£10,001 - £25,000	5	96	5	96
£25,001 - £50,000	1	49	1	49
£100,001 - £150,000	2	256	2	256
Total	9	402	9	402

There were no other departures during the year.

Note 8.4 Reporting of compensation schemes - exit packages 2016/17

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Cost of compulsory redundancies £000s	Total number of exit packages Number	Total cost of exit packages £000s
<£10,000	1	-	1	-
£10,001 - £25,000	7	123	7	123
£25,001 - £50,000	2	73	2	73
£50,001 - £100,000	3	173	3	173
£100,001 - £150,000	2	214	2	214
Total	15	583	15	583

There were no other departures during the year.

Note 8.5 Directors' remuneration

The aggregate amounts payable to directors were:

	2017/18 £000	2016/17 £000
Salary	1,238	1,215
Employer's pension contributions	141	141
Total	1,379	1,356

Further details of directors' remuneration can be found in the remuneration report.

Notes to the Accounts

9 Pension costs

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

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

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

Local Government Pension Scheme (LGPS)

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

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Note 10 Operating leases

Note 10.1 East London NHS Foundation Trust as a lessor

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	524	463
Total	<u>524</u>	<u>463</u>
	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year	468	463
- later than one year and not later than five years	1,804	1,743
- later than five years	3,211	3,453
Total	<u>5,483</u>	<u>5,659</u>

Note 10.2 East London NHS Foundation Trust as a lessee

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	1,166	1,026
Total	<u>1,166</u>	<u>1,026</u>
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	941	1,026
- later than one year and not later than five years;	2,192	2,913
- later than five years.	477	746
Total	<u>3,611</u>	<u>4,685</u>

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Note 11 Finance income

	2017/18 £000	2016/17 £000
Interest on bank accounts	145	117
Interest income on employee pension fund assets	174	197
Total	319	314

Note 12 Finance expenditure

	2017/18 £000	2016/17 £000
Interest expense:		
Interest on employee pension fund obligations	224	226
Main finance costs on PFI and LIFT schemes obligations	2,169	2,207
Total	2,393	2,433

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Note 13.1 Better Payment Practice Code - measure of compliance

	2017/18	2017/18
	Number	£000
Total Non-NHS trade invoices paid in the year	50,207	153,933
Total Non-NHS trade invoices paid within target	46,385	150,864
Percentage of Non-NHS trade invoices paid within target	92%	98%
Total NHS trade invoices paid in the year	1,638	29,487
Total NHS trade invoices paid within target	1,506	29,199
Percentage of NHS trade invoices paid within target	92%	99%
	2016/17	2016/17
	Number	£000
Total Non-NHS trade invoices paid in the year	51,663	153,126
Total Non-NHS trade invoices paid within target	47,053	150,490
Percentage of Non-NHS trade invoices paid within target	91%	98%
Total NHS trade invoices paid in the year	1,594	32,203
Total NHS trade invoices paid within target	1,454	31,964
Percentage of NHS trade invoices paid within target	91%	99%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Note 13.2 Late Payment of Commercial Debts (Interest) Act 1998

There are no amounts included within other interest payable arising from claims made under this legislation

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Note 14.1 Intangible assets - 2017/18

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	2,478	2,478
Additions	234	234
Gross cost at 31 March 2018	2,712	2,712
Amortisation at 1 April 2017 - brought forward	1,852	1,852
Provided during the year	281	281
Amortisation at 31 March 2018	2,133	2,133
Net book value at 31 March 2018	579	579
Net book value at 1 April 2017	626	626
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	5	

Note 14.2 Intangible assets - 2016/17

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	2,107	2,107
Additions	371	371
Valuation/gross cost at 31 March 2017	2,478	2,478
Amortisation at 1 April 2016 - brought forward	1,525	1,525
Provided during the year	327	327
Amortisation at 31 March 2017	1,852	1,852
Net book value at 31 March 2017	626	626
Net book value at 1 April 2016	582	582
Useful economic life		
- Minimum useful economic life	3	
- Maximum useful economic life	3	

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Note 14.3 Intangible assets financing 2017/18

	Software licences £000	Total £000
Net book value at 31 March 2018		
Purchased	579	579
NBV total at 31 March 2018	579	579

Note 14.4 Intangible assets financing 2016/17

	Software licences £000	Total £000
Net book value 31 March 2017		
Purchased	575	575
Donated and government grant funded	51	51
NBV total at 31 March 2017	626	626

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Note 15.1 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	30,999	190,865	196	1,970	5,709	93	13,574	3,605	247,011
Additions	-	3,488	-	886	22	-	3,474	523	8,393
Impairments charged to revaluation reserve	(150)	(7,737)	-	-	-	-	-	-	(7,887)
Reclassifications	54	1,970	-	(1,970)	-	-	-	-	54
Revaluation gains charged to revaluation reserve	211	6,510	35	-	-	-	-	-	6,756
Revaluation Surpluses	192	(4,389)	(3)	-	-	-	-	-	(4,200)
Valuation/gross cost at 31 March 2018	31,306	190,707	228	886	5,731	93	17,048	4,128	250,127
Accumulated depreciation at 1 April 2017 - brought forward	-	1,875	-	-	3,264	51	6,892	2,074	14,156
Provided during the year	-	3,401	3	-	692	19	1,838	508	6,461
Impairments recognised in operating expenses	-	1,817	-	-	-	-	-	-	1,817
Reversals of impairments recognised in operating expenses	(192)	(679)	-	-	-	-	-	-	(871)
Revaluation Surpluses	192	(4,389)	(3)	-	-	-	-	-	(4,200)
Accumulated depreciation at 31 March 2018	-	2,025	-	-	3,956	70	8,730	2,582	17,363
Net book value at 31 March 2018	31,306	188,682	228	886	1,775	23	8,318	1,546	232,764
Net book value at 1 April 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855
Useful economic life									
- Minimum useful economic life		60	60	3	5	5	5	3	
- Maximum useful economic life		60	60	15	5	5	10	12	

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Note 15.2 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2016 - brought forward	32,819	186,413	168	-	5,306	65	11,148	3,109	239,028
Additions - purchased/ leased/ grants/ donations	-	3,490	-	1,970	403	28	2,426	496	8,813
Impairments charged to revaluation reserve	(1,406)	(3,732)	-	-	-	-	-	-	(5,138)
Revaluation gains/(losses) charged to revaluation reserve	479	6,313	31	-	-	-	-	-	6,823
Revaluation Surpluses	(893)	(1,619)	(3)	-	-	-	-	-	(2,515)
Valuation/gross cost at 31 March 2017	30,999	190,865	196	1,970	5,709	93	13,574	3,605	247,011
Accumulated depreciation at 1 April 2016 - brought forward	-	1,742	-	-	2,514	34	5,093	1,627	11,010
Provided during the year	-	3,299	3	-	750	17	1,799	447	6,315
Impairments recognised in operating expenses	959	819	-	-	-	-	-	-	1,778
Reversals of impairments recognised in operating income	(66)	(2,366)	-	-	-	-	-	-	(2,432)
Revaluation Surpluses	(893)	(1,619)	(3)	-	-	-	-	-	(2,515)
Accumulated depreciation at 31 March 2017	-	1,875	-	-	3,264	51	6,892	2,074	14,156
Net book value at 31 March 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855
Net book value at 1 April 2016	32,819	184,671	168	-	2,792	31	6,055	1,482	228,018
Useful economic life									
- Minimum useful economic life		60	60		3	5	5	3	
- Maximum useful economic life		60	60		15	5	10	12	

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Note 15.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned	31,306	152,269	228	886	1,775	23	8,318	1,546	196,351
On-SoFP PFI contracts and other service concession arrangements	-	31,350	-	-	-	-	-	-	31,350
Donated	-	5,063	-	-	-	-	-	-	5,063
NBV total at 31 March 2018	31,306	188,682	228	886	1,775	23	8,318	1,546	232,764

Note 15.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017									
Owned	30,999	149,743	196	1,970	2,445	42	6,682	1,531	193,608
On-SoFP PFI contracts and other service concession arrangements	-	34,065	-	-	-	-	-	-	34,065
Donated	-	5,182	-	-	-	-	-	-	5,182
NBV total at 31 March 2017	30,999	188,990	196	1,970	2,445	42	6,682	1,531	232,855

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Note 16 Investment property

	31 March 2018 £000	31 March 2017 £000
At 1 April	242	230
Gain/(loss) from fair value adjustments	(63)	12
At 31 March	179	242

Note 17 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	210	230
Total inventories	210	230

The total value of inventories recognised in expenses for the year was £3,399k (£3,013k in 2016/17).

Note 18 Trade and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	21,907	10,379
Provision for impaired receivables	(5,693)	(3,623)
Prepayments (non-PFI)	1,808	2,466
Accrued income	6,260	1,929
PDC dividend receivable	898	414
VAT receivable	1,090	1,405
Other receivables	516	6,175
Total current trade and other receivables	26,787	19,145

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Note 19.1 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April brought forward	3,623	2,707
Increase in provision	2,343	1,257
Amounts utilised	(170)	(88)
Unused amounts reversed	(103)	(253)
At 31 March	5,693	3,623

Note 19.2 Analysis of trade receivables

	31 March 2018	31 March 2017
	£000	£000
Ageing of impaired trade receivables		
0 - 30 days	423	130
30-60 Days	301	53
60-90 days	-	136
90- 180 days	1,080	382
Over 180 days	3,889	2,923
Total	5,693	3,623
Ageing of non-impaired trade receivables		
0 - 30 days	7,350	9,244
30-60 Days	3,484	824
60-90 days	1,131	169
90- 180 days	2,643	1,881
Over 180 days	1,607	510
Total	16,215	12,628

Audited Annual Accounts for the year ended 31 March 2018

Note 20 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.

	2017/18 £000	2016/17 £000
At 1 April	52,287	52,172
Net change in year	21,394	115
At 31 March	73,681	52,287
Broken down into:		
Cash at commercial banks and in hand	188	141
Cash with the Government Banking Service	73,493	52,146
Total cash and cash equivalents as in SoFP	73,681	52,287

Note 21 Third party assets held by the NHS Foundation Trust

East London NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018 £000	31 March 2017 £000
Bank balances	698	468
Monies on deposit	333	431
Total third party assets	1,031	899

Audited Annual Accounts
for the year ended 31 March 2018

Note 22 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	20,630	15,744
Capital payables	2,291	1,630
Other taxes payable	5,403	5,320
Other payables	3,383	3,349
Accruals	23,263	17,744
Total current trade and other payables	54,970	43,787

Note 23 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	1,290	3,147
Total other current liabilities	1,290	3,147
Non-current		
Net pension scheme liability (Bedfordshire Pension Fund)	1,878	1,891
Total other non-current liabilities	1,878	1,891

Note 24 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	441	399
Total current borrowings	441	399
Non-current		
Obligations under PFI, LIFT or other service concession contracts	18,838	19,279
Total non-current borrowings	18,838	19,279

Audited Annual Accounts for the year ended 31 March 2018

Note 25 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 25.1 & 25.2.

Note 25.1 Amounts recognised in the Statement of Financial Position

	31 March 2018 £000	31 March 2017 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(8,414)	(6,148)
Current service cost	(411)	(289)
Interest on pension obligations	(224)	(226)
Member contributions	(71)	(77)
Remeasurements recognised in other comprehensive income	199	(1,775)
Benefits paid	88	101
Defined benefit obligation as at 31 March	(8,833)	(8,414)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	6,523	5,397
Interest income on plan assets	174	197
Expected return on plan assets (excluding interest income)	(124)	745
Employer contributions	399	208
Member contributions	71	77
Benefits paid	(88)	(101)
Fair value of plan assets as at 31 March	6,955	6,523
Net asset/(liability) as at 31 March	(1,878)	(1,891)

Note 25.2 Amounts recognised in the Statement of Comprehensive Income

	31 March 2018 £000	31 March 2017 £000
Current service cost	(411)	(289)
Interest on pension obligations (note 12)	(224)	(226)
Interest income on plan assets (note 11)	174	197
Employer contributions	399	208
Total pension cost recognised	(62)	(110)

Note 25.3 Principal actuarial assumptions

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

	2018 % p.a.	2017 % p.a.
Pension increase rate	2.4%	2.4%
Salary increase rate	2.7%	2.7%
Discount rate	2.7%	2.6%

Audited Annual Accounts for the year ended 31 March 2018

Note 26 Provisions for liabilities and charges analysis

	Pensions - other staff £000	Other legal claims £000	Other £000	Total £000
At 1 April 2017	260	101	7,845	8,206
Arising during the year	-	108	7,172	7,280
Utilised during the year	(24)	(101)	(5,443)	(5,568)
At 31 March 2018	236	108	9,574	9,918
Expected timing of cash flows:				
- not later than one year	26	108	9,574	9,708
- later than one year and not later than five years	104	-	-	104
- later than five years	106	-	-	106
Total	236	108	9,574	9,918

Audited Annual Accounts for the year ended 31 March 2018

Note 27 Clinical negligence liabilities

At 31 March 2018, £11,353k was included in provisions of the NHS Litigation Authority in respect of clinical negligence liabilities of the Trust (£12,341k at 31 March 2017).

Note 28 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	86	63
Net value of contingent liabilities	<u>86</u>	<u>63</u>

Note 29 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	1,800	2,903
Total	<u>1,800</u>	<u>2,903</u>

Note 30 Events after the end of the reporting period

On 1st April 2018 the Trust entered into a contract and commenced operations with NHS Bedfordshire CCG to provide Community Health Services to the resident population. The total value of expected income from NHS Bedfordshire CCG over the 5 year contract is £197,055k.

Bedfordshire Community Services provide a range of services from district nurses visiting people at home to speech and language therapists working with children in schools and local health centres, and include a stroke rehab team who support patient rehabilitation in hospital as well as helping people to get well after they have left hospital, and specialist diabetes nurses.

Cambridge Community Services have been subcontracted by the Trust to deliver childrens services.

Audited Annual Accounts
for the year ended 31 March 2018

Note 31 On-SoFP PFI, LIFT or other service concession arrangements

Note 31.1 Imputed finance lease obligations

	31 March 2018 £000	31 March 2017 £000
Gross PFI, LIFT or other service concession liabilities	44,012	46,580
Of which liabilities are due		
- not later than one year	2,568	2,568
- later than one year and not later than five years	10,273	10,273
- later than five years	31,170	33,739
Finance charges allocated to future periods	(24,733)	(26,902)
Net PFI, LIFT or other service concession arrangement obligation	19,279	19,678
- not later than one year	441	399
- later than one year and not later than five years	2,282	2,064
- later than five years	16,555	17,215

Note 31.2 Payments committed in respect of the service element

	31 March 2018 £000	31 March 2017 £000
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	3,056	2,842
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year	3,532	3,383
- later than one year and not later than five years	15,692	15,058
- later than five years	65,481	69,647
Total	84,705	88,088

Note 31.3 Analysis of amounts payable to service concession operator

	31 March 2018 £000	31 March 2017 £000
Unitary payment payable to service concession operator (total of all schemes)	5,624	5,411
Consisting of:		
- Interest charge	2,169	2,207
- Repayment of finance lease liability	399	362
- Service element	3,056	2,842
Total	5,624	5,411

Note 32 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with CCGs and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Trust is a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

All of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest rate risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The most significant exposure to credit risk is in receivables from customers, as disclosed in Trade and other receivables (note 15).

Liquidity risk

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

Audited Annual Accounts for the year ended 31 March 2018

Note 33.1 Financial assets

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	15,472	15,472
Cash and cash equivalents at bank and in hand	73,681	73,681
Total at 31 March 2018	89,153	89,153

	Loans and receivables £000	Total £000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	15,397	15,397
Cash and cash equivalents at bank and in hand	52,287	52,287
Total at 31 March 2017	67,684	67,684

Note 33.2 Financial liabilities

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2018		
Obligations under PFI, LIFT and other service concession contracts	19,279	19,279
Trade and other payables excluding non financial liabilities	10,146	10,146
Total at 31 March 2018	29,424	29,424

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2017		
Obligations under PFI, LIFT and other service concession contracts	19,678	19,678
Trade and other payables excluding non financial liabilities	38,467	38,467
Total at 31 March 2017	58,145	58,145

Audited Annual Accounts
for the year ended 31 March 2018

Note 33.3 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	49,567	38,467
In more than one year but not more than two years	441	399
In more than two years but not more than five years	2,282	2,064
In more than five years	16,555	17,215
Total	<u>68,846</u>	<u>58,145</u>

Note 34 Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned - overseas visitors	1	7	3	21
Total losses	<u>1</u>	<u>7</u>	<u>3</u>	<u>21</u>
Special payments				
Compensation payments	7	68	3	25
Ex-gratia payments	45	10	45	7
Total special payments	<u>52</u>	<u>78</u>	<u>48</u>	<u>32</u>
Total losses and special payments	<u>53</u>	<u>85</u>	<u>51</u>	<u>53</u>

Audited Annual Accounts for the year ended 31 March 2018

Note 35 Related party transactions

During the period none of the Trust Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

None of the Trust Board members or members of the key management staff received any form of short-term employee benefits, post-employment benefits, other long term benefits, termination benefits or share-based payments.

Ms Mary Elford, Vice Chair, is a Non Executive Director at Health Education England. The Trust received £9,876k income for services provided and expended £14k for services received.

Mohit Venkataram, Director of Commercial Development and Performance, is CEO at Newham Health Collaborative. The Trust expended £27k for services received.

The Trust's parent is the Department of Health and has had material dealings with the following NHS bodies:

	Income 2017/18 £000	Expenditure 2017/18 £000	Receivable 2017/18 £000	Payable 2017/18 £000
NHS England	54,204	96	5,799	185
NHS City & Hackney CCG	49,166	-	3,055	-
NHS Newham CCG	85,795	2	879	331
NHS Tower Hamlets CCG	65,310	218	2,706	1
Homerton University Hospital NHS Foundation Trust	336	4,063	75	2,304
Barts Health NHS Trust	3,760	9,877	1,922	4,800
NHS Richmond CCG	3,471	-	-	-
NHS Luton CCG	32,038	-	1,144	-
NHS Bedfordshire CCG	50,244	-	1,036	-

In addition, the Trust has had a number of material transactions with other Government departments and other central and local Government bodies. Most of these transactions have been with Newham, Hackney and Tower Hamlets Local Authorities in respect of joint enterprises.

The Trust has not received revenue or capital payments from any charitable sources.

Independent auditor's report to the Council of Governors of East London NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of East London NHS Foundation Trust (the 'Trust') for the year ended 31 March 2018 which comprise Statement of Comprehensive Income, Statement of Financial Position, the Statement of changes in equity, the Statement of Cash Flows and Notes to the Accounts, including Accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of the Trust's expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; and
- have been 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 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.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.



Overview of our audit approach

- Overall materiality: £7,000,000, which represents 1.91% of the Trust's gross revenue expenditure (consisting of operating expenses);
- Key audit matters were identified as:
 - Additional NHS contract income from healthcare activities.
 - Valuation of property
- This was our first year as auditor of the Trust. We performed a full scope audit of East London NHS Foundation Trust.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
<p>Risk 1 - Additional NHS contract income from healthcare activities</p> <p>Approximately 87% of the Trust's income is in relation to NHS contract income from healthcare activities. Healthcare activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners.</p> <p>We therefore identified the occurrence and accuracy of additional NHS contract income from healthcare activities as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • evaluating the Trust's accounting policy for recognition of income from healthcare activities for appropriateness and compliance with the GAM; • gaining an understanding of the Trust's system for accounting for income from healthcare activities and evaluating the design of the associated controls; • agreeing significant contract variations to correspondence with commissioners and NHS England, • where significant we agree values with commissioners per notifications from said commissioners to corroborate balances; and • testing a sample of income from additional healthcare activity to signed contract variations, invoices, and other supporting documentation, such as correspondence from the Trust's commissioners confirming their agreement to pay for the additional activity and the agreed value. <p>The Trust's accounting policy on income from healthcare activities is shown in note 1.3 to the financial statements and related disclosures are included in note 3.</p> <p>Key observations</p> <p>We obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> - the Trust's accounting policy for recognition of Additional NHS contract income from healthcare

Key Audit Matter	How the matter was addressed in the audit
	<p>activities complies with the GAM 2017/18 and has been properly applied; and;</p> <ul style="list-style-type: none"> - Additional NHS contract income from healthcare activities is not materially misstated.
<p>Risk 2 - Valuation of property The Trust revalues its property on an 5 yearly basis with interim desktop valuations between to ensure that carrying value is not materially different from fair value. This represents a significant estimate by management in the financial statements.</p> <p>We therefore identified valuation of property as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; • evaluating the competence, capabilities and objectivity of the valuation expert; • challenging the information and assumptions used by the valuation expert to assess completeness and consistency with our understanding; <p>The Trust 's accounting policy on the valuation of property, plant and equipment is shown in note 1.6 to the financial statements and related disclosures are included in note 15.</p> <p>Key observations We obtained sufficient audit assurance to conclude that:</p> <ul style="list-style-type: none"> - the basis of the valuation was appropriate and the assumptions and processes used by management in determining the estimate were reasonable; - the valuation of property disclosed in the financial statements is reasonable

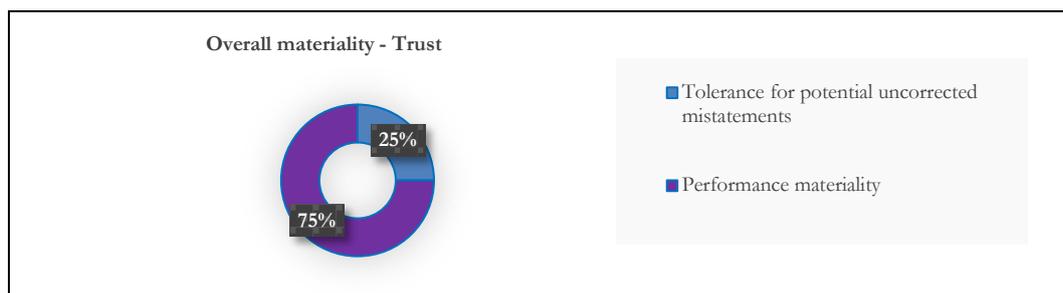
Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£7,000,000 which is 1.91% of the Trust's gross revenue expenditure. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile and in particular included:

- Gaining and understanding of an evaluating the Trust's internal control environment including its IT systems and controls over key financial systems;
- Assessing whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- Assessing the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer;
- Testing, on a sample basis, all of the Trust's material income streams covering 100% of the Trust's income;
- Testing on a sample basis 99% of the Trust's expenditure;
- Testing on a sample basis, property, plant and equipment and all other assets and liabilities that we consider to be material for the audit.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report¹ set out on pages other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge of the Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

¹ The term used to describe the annual report should be the same as that used by the Trust.

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2017/18. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/18 and the requirements of the National Health Service Act 2006²; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources the other information published together with the 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:

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

² The FT annual reporting manual 2017/18 sets out the parts of the Remuneration Report and Staff Report that is subject to audit. The Trust should clearly highlight which disclosures in the Remuneration Report and Staff Report have been audited.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2017/18, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the Trust.

The Audit Committee is Those Charged with Governance.

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.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of East London NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Ciaran McLaughlin

Ciaran McLaughlin
Director
for and on behalf of Grant Thornton UK LLP
30 Finsbury Square
London
EC2A 1AG

25 May 2018

Independent Practitioner's Limited Assurance Report to the Council of Governors of East London NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of East London NHS Foundation Trust to perform an independent limited assurance engagement in respect East London NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral
- Inappropriate out-of-area placements for adult mental health services

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to May 2018

- papers relating to quality reported to the Board over the period 1 April 2017 to May 2018
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated June 2017
- the national patient survey dated June 2017
- the national staff survey dated May 2017
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2018

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of East London NHS Foundation Trust as a body, to assist the Council of Governors in reporting East London NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and East London NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by East London NHS Foundation Trust.

Our audit work on the financial statements of East London NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as East London NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to East London NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to East London NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of East London NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than East London NHS Foundation Trust and East London NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
30 Finsbury Square
London
EC2P 2YU

25/05/2018