East London NHS Foundation Trust

REPORT TO THE TRUST BOARD: PUBLIC
25 March 2021

Title	Integrated Performance Report
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Purpose of the Report: In light of the impact of COVID-19, the focus of this report has been adjusted to provide assurance to the Board on key performance indicators including safety, access and demand, experience and outcomes, people and finance.

Summary of key issues

What has gone well, and what have we learned?

When looking at our safety indicators, the number of incidents, percentage of incidents resulting in harm, safeguarding concerns, IT-related incidents and unexpected deaths remain stable. Our access measures highlight that inpatient occupancy decreased below the national average across most of our Mental Health and CAMHS services and our Community Mental Health Services have continued to maintain responsive district nursing services, keeping service users safe and well in the community. Access to psychological therapy services and talking therapies continues to improve and waiting times remain below pre-COVID levels. Crisis services have remained busy but stable, supporting service users in crisis and avoiding unnecessary admissions.

The main lessons that teams highlight relate to the resilience and commitment displayed by staff during the pandemic, particularly given national comparative data which shows that community and inpatient services have continued to experience higher than average referrals and admissions. The national lockdown measures made it difficult for teams to engage with service users due to fears about the virus. Services continued to offer a blend of face-to-face, telephone, and video contact to maintain contact where possible.

What has not gone well and what are we doing about it?

Our safety measures highlight several areas where further work is underway, such as pressure ulcers, post-discharge follow-up within 72 hours and 7 days, and violence and aggression incidents across inpatient CAMHS services. Our access indicators highlight that waiting times across CAMHS and Mental Health community teams increased during this period (including Early Intervention and Perinatal services). Our experience measures highlight that formal Complaints remained high in December, with the key themes being related to communication, attitude of staff, access to services, and medication. January showed the number of complaints return back to the usual level.

The main contributory factors to the safety and access issues faced by services relate to the impact of the third wave of the pandemic on staffing capacity. This led to prioritisation of work based on clinical urgency, with some aspects of routine and non-urgent care being delayed. Services have encouraged staff to receive vaccinations to maintain a healthy workforce and further work is on-going to ensure that all staff are fully protected to help mitigate the impact of COVID-19 on services.

Are there any other important issues to highlight?

There are a few areas that remain challenging for teams, including maintaining physical health monitoring, employment opportunities for service users, and supporting digital access for service users. Due to lower levels of face-to-face contacts during the lockdown, teams have had less opportunity to maintain a focus on physical health reviews with all service users, particularly in mental health services. This has been compounded by reduced GP capacity in primary care to offer this support. Also, mental health services have reported challenges with accessing job opportunities for service users due to the pandemic and this is likely to have an impact on their recovery. Some

services have struggled to engage with service users who lack the correct equipment, don't feel comfortable with digital methods of communications, or are reluctant to engage with face-to-face contact due to fears about the pandemic. Work continues on establishing digital hubs, with our People Participation digital champions encouraging and training service users.

Regarding financial performance, the operating surplus (EBITDA) to the end of January 2021 is £11,012k compared to a planned operating surplus of £10,768k. The overall net surplus position amounts to £5,132k (1.3%) compared to a planned target of £2,774k (-0.7%). This is in line with the interim breakeven plan. The year to date net surplus better than plan, by £7,906k after accounting for the impact of adjustments.

Strategic priorities this paper supports (please check box including brief statement)

Improved patient experience	☒	
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information also submitted to commissioners and national systems.

Implications

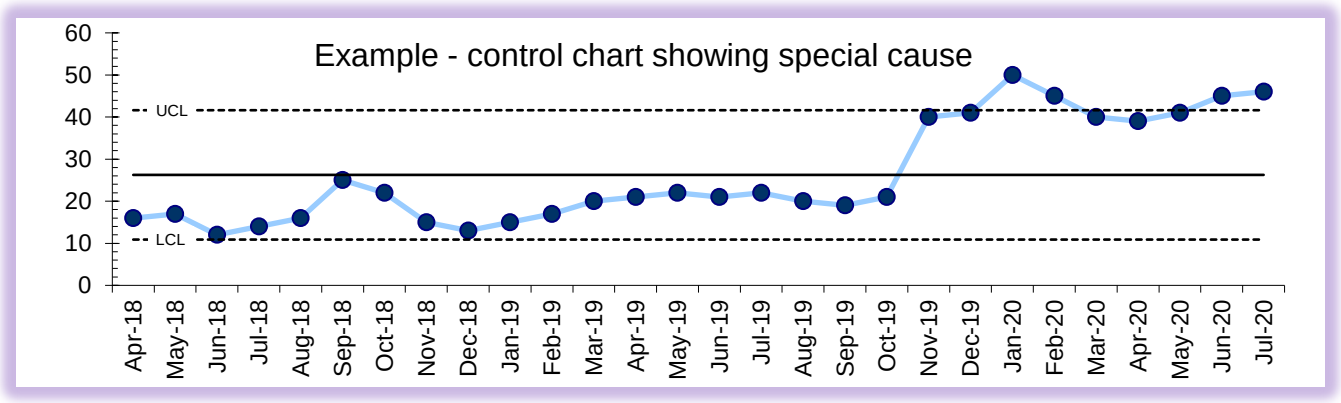
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of November 2020 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Introduction

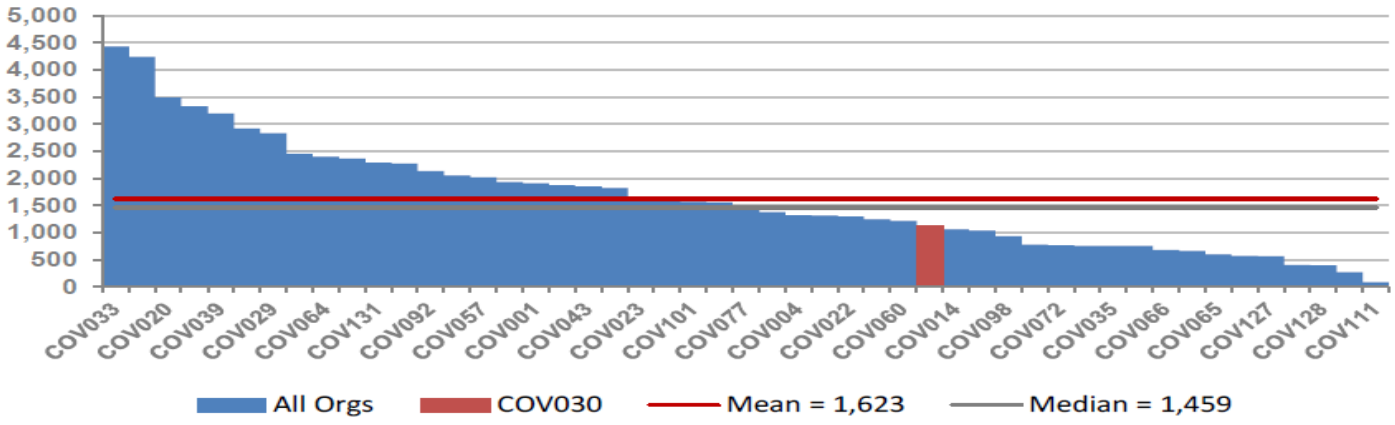
The Board integrated performance report has been adjusted during the COVID-19 pandemic to provide assurance to the Board on key performance indicators (safety, access and demand, experience and outcomes, people and finance) that have been agreed by the Board for monitoring during this period. To provide additional sensitivity to change, we are presenting data weekly where possible, rather than our usual monthly frequency.

The report includes control charts along with nationally available comparative data and a summary of how to interpret this information in this report is provided below:

- Charts demonstrating instability (based on signals of special cause on the chart) since the last Board report are highlighted with a purple glow effect, as shown below. Statistical process control charts, such as control charts, are used to study how a system or process changes over time. It allows us to understand whether we are improving over time, and to pay attention in a more scientific way to 'signal' versus 'noise'. Signals in the data are based on standard rules used across industry and healthcare to identify 'special cause variation' – when the system is performing in a way that is unstable, requiring further investigation and potential mitigating action.



- National comparative data presented in this report includes a series of bar charts which compares the performance of mental health providers across the country. This provides a summary of the distribution across the country and the Trust's position relative to other providers. This is indicated by the red coloured bar chart highlighted in the example below. The Trust benchmarking information has been separated by East London and Bedfordshire & Luton Mental Health services to better understand the variation across geographical locations.



1. Safety

The charts below demonstrate variation across a range of key safety measures. The number of safety incidents, incidents resulting in harm, safeguarding concerns, IT related incidents and unexpected deaths remain stable.

Chart 1.1 Number of service user safety incidents reported (Trustwide - I chart)

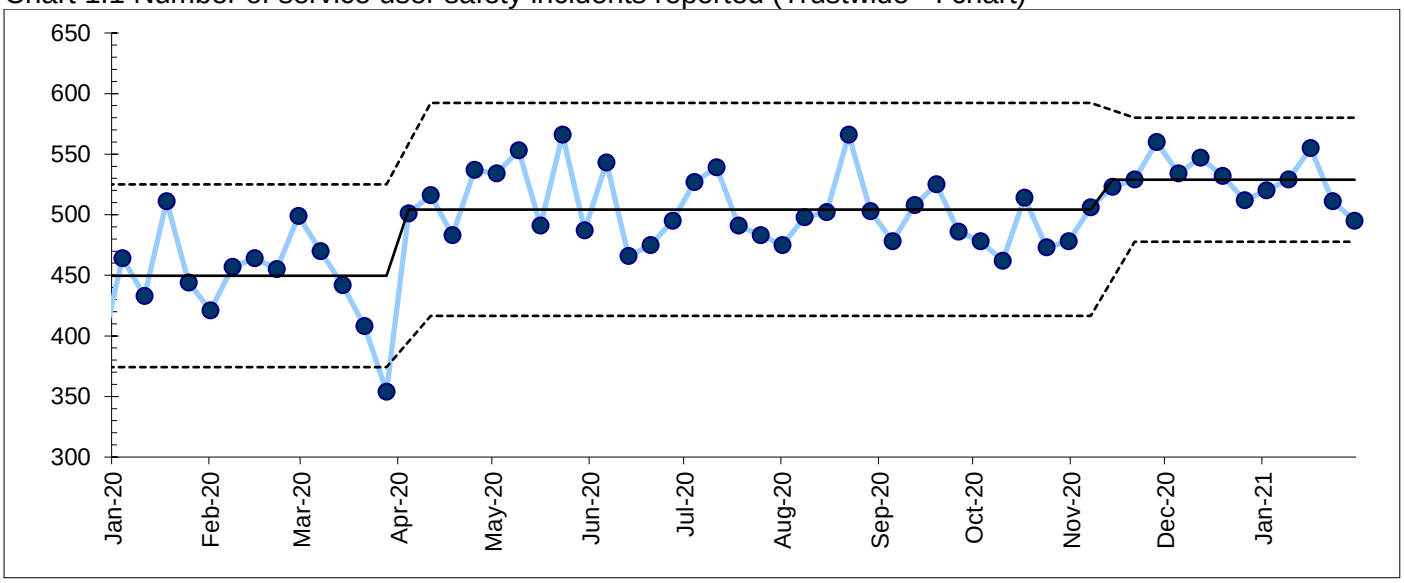


Chart 1.2 Percent of incidents resulting in harm (Trustwide – P chart)

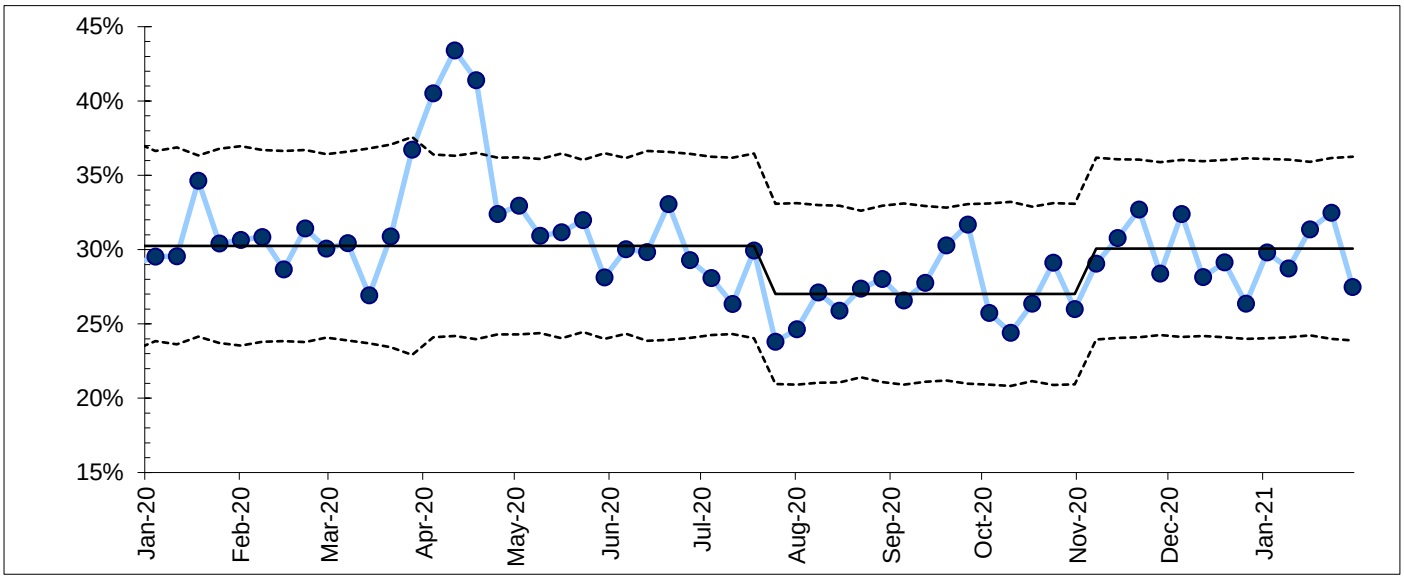


Chart 1.3 highlights that the rate of violence and aggression across our inpatient services increased above normal levels in December and subsequently decreased back to normal in January. These were largely repeated incidents caused by a small number of children and young people on our adolescent inpatient wards (Coborn and Galaxy ward) in Newham. The incidents at the Coborn and Galaxy wards related to service users with complex mental health issues. The ward management team has reviewed risk assessments and treatment plans for these service users to ensure that they are effective and appropriate. Our staff are also being encouraged to take breaks, use leave, and participate in reflective practice and this has supported the reduction in incident numbers during January.

Chart 1.3 Rate of incidents of physical violence per 1000 occupied bed days (Trustwide – U chart)

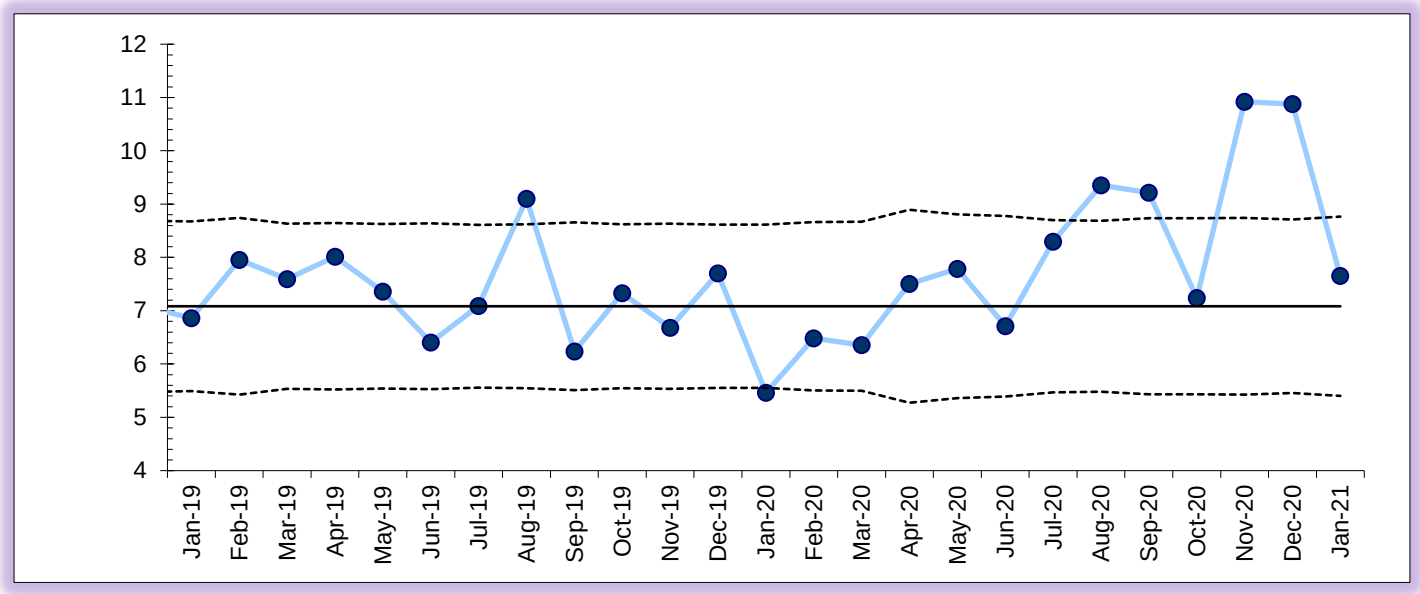
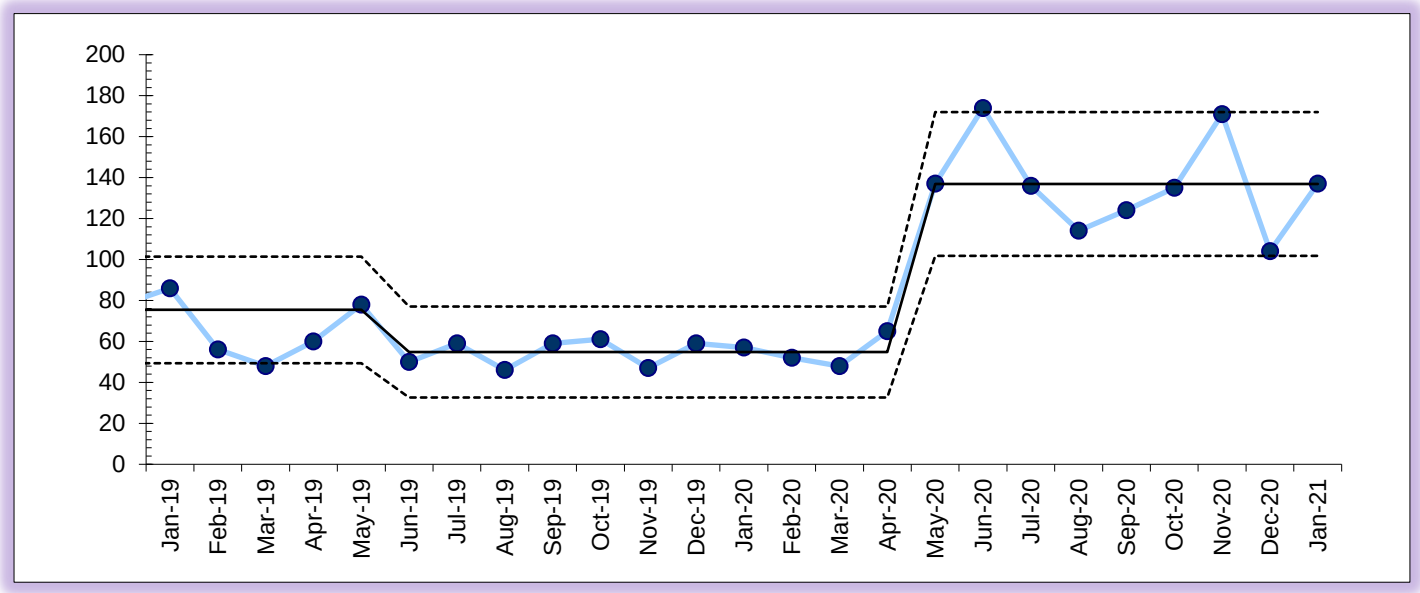


Chart 1.4 Number of Grade 2, 3 or 4 pressure ulcers (Trustwide - C chart)



The number of reported pressure ulcers has continued to remain unstable with large variations from month to month. It is believed that the main contributing factor for this fluctuation in the past two months relates to higher levels of acute admissions activity resulting in service users who would have otherwise been on district nursing caseloads being admitted to acute hospital during this period. It is also recognised that due to national lockdown measures and increased COVID-19 sickness and related staff absence (including self-isolation), this may have impacted the number of visits carried out and therefore the number of pressure ulcers identified and reported. Further work is being undertaken by our Infection Control Team to identify if there are improvements we can make in terms of reporting and improving patient care.

Chart 1.5 Number of unexpected deaths (Trustwide – I chart)

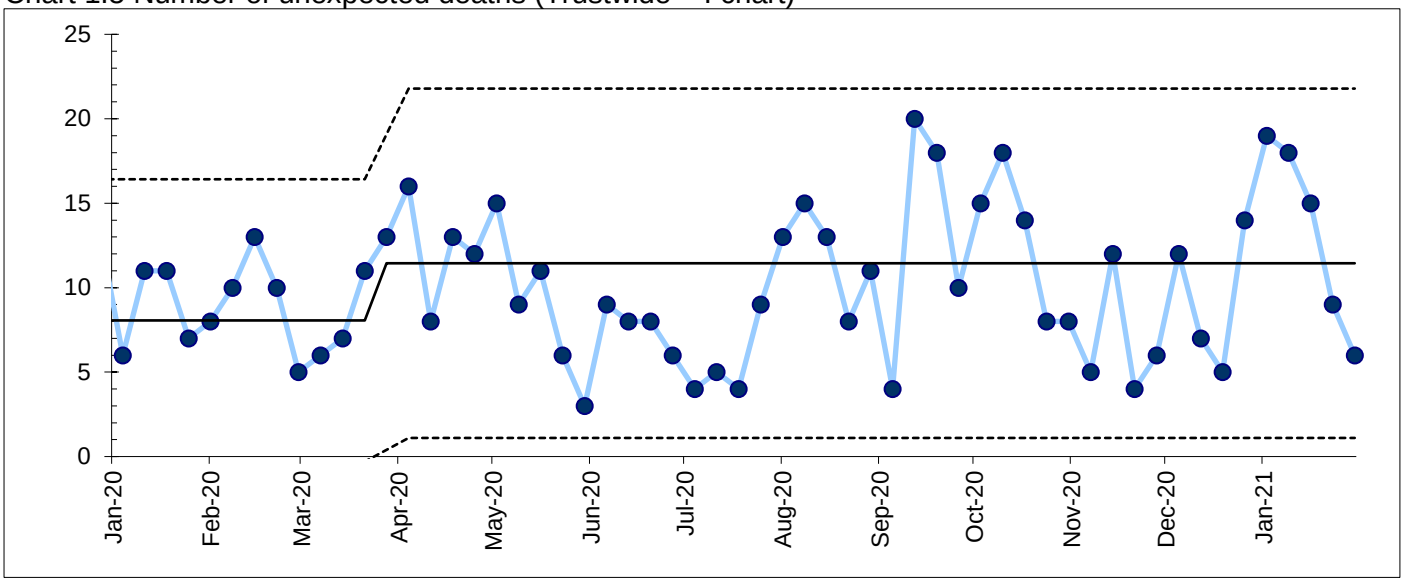


Chart 1.6 Percent of service users followed up within 72 hours of discharge from ward (Trustwide - P chart)

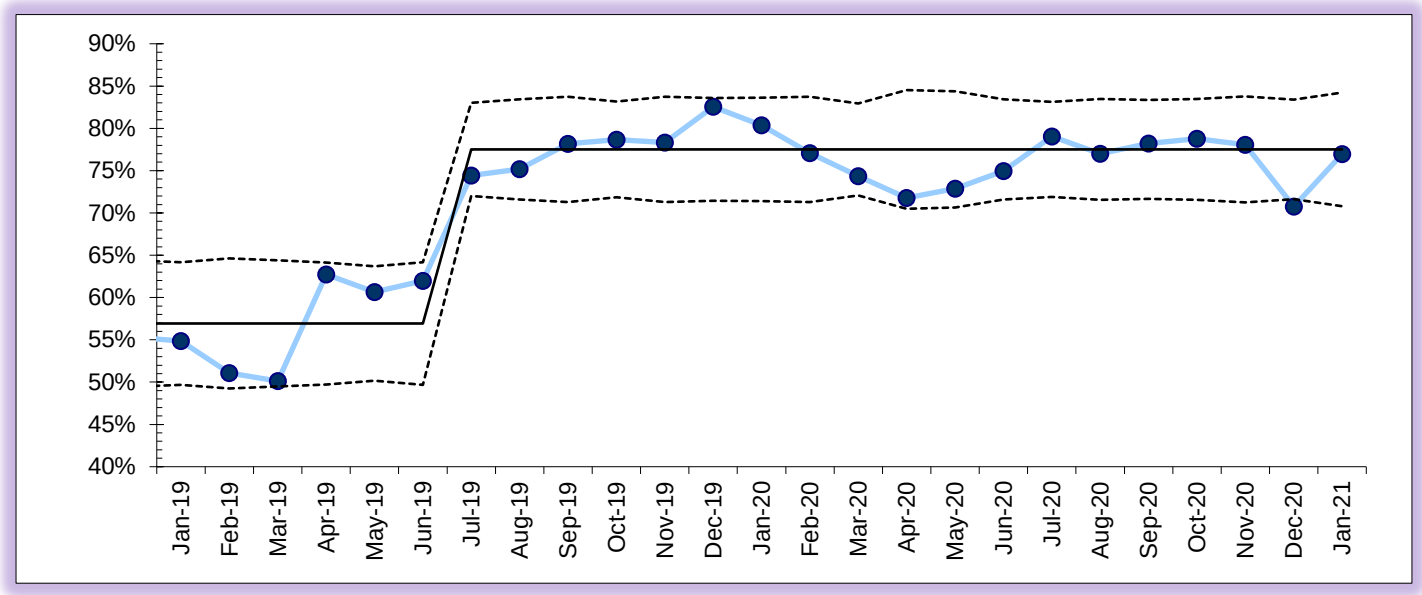


Chart 1.7 Percent of service users followed up within 7 days of discharge from ward (Trustwide - P chart)

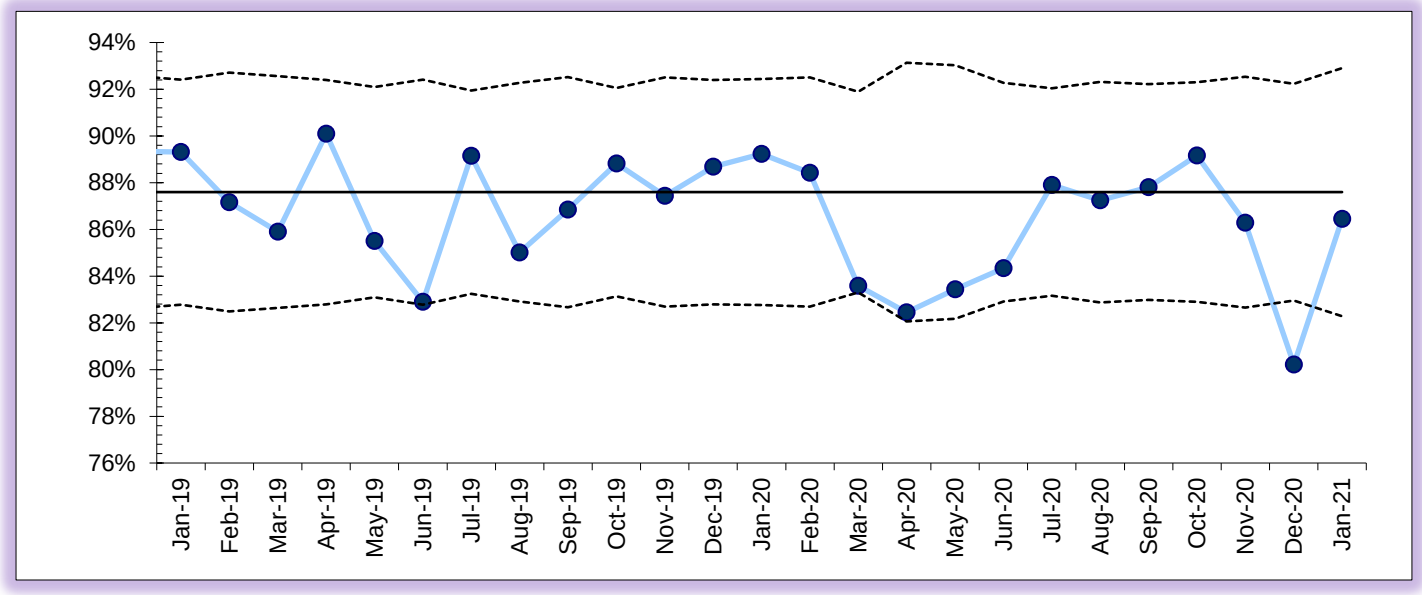


Chart 1.6 and 1.7 shows that post-discharge follow-up from inpatient mental health services decreased during December and returned to normal levels in January with 77.5% of service users being followed up within 72 hours of discharge (80% target) and 86.5% within 7 days of discharge (95% target). A deterioration in City & Hackney performance contributed to the overall decrease during this period and most services in East London remain below national target expectations. City & Hackney are in the process of redesigning their Community Mental Health Teams to align to the new Neighbourhoods and Primary Care Networks, and this transition may have contributed to some delays in follow-up contact in the community.

Local audits of delayed follow-up highlight that the main factors include service users not engaging with multiple follow-up contacts offered within the designated timescale, some service users not having a telephone or alternative contact medium, and data entry errors by staff in recording positive contacts. To support improvement, a Trust-wide steering group has been established to focus on improving processes, quality of contacts as well as recording & reporting processes to meet this important quality standard. The group has reviewed current challenges and established two teams across City & Hackney and Luton and Bedfordshire to test new ideas and organise staff training to improve the quality and timeliness of follow-up contact. Additionally, a new inpatient integrated analytics system has now been introduced across all inpatient services in February 2021 which will provide near real-time reporting capability to staff. This will help wards to identify and effectively monitor service users who have not received contact more quickly and easily.

Chart 1.8 Number of reported IT or System access incidents (Trustwide –I chart)

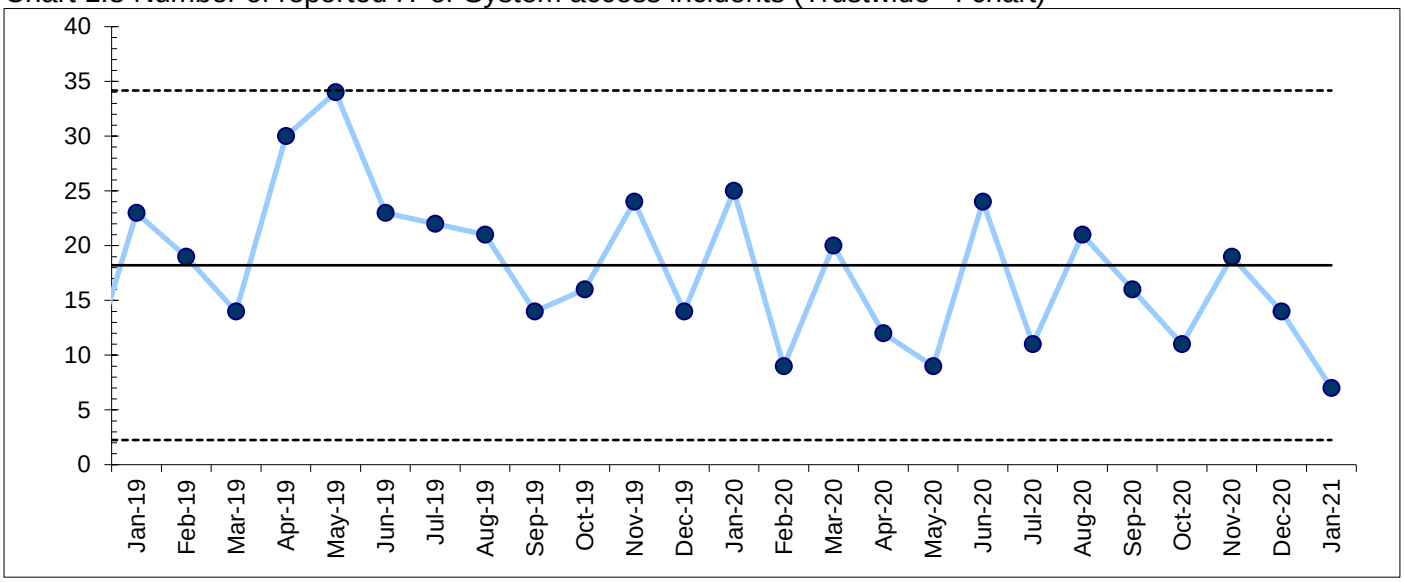
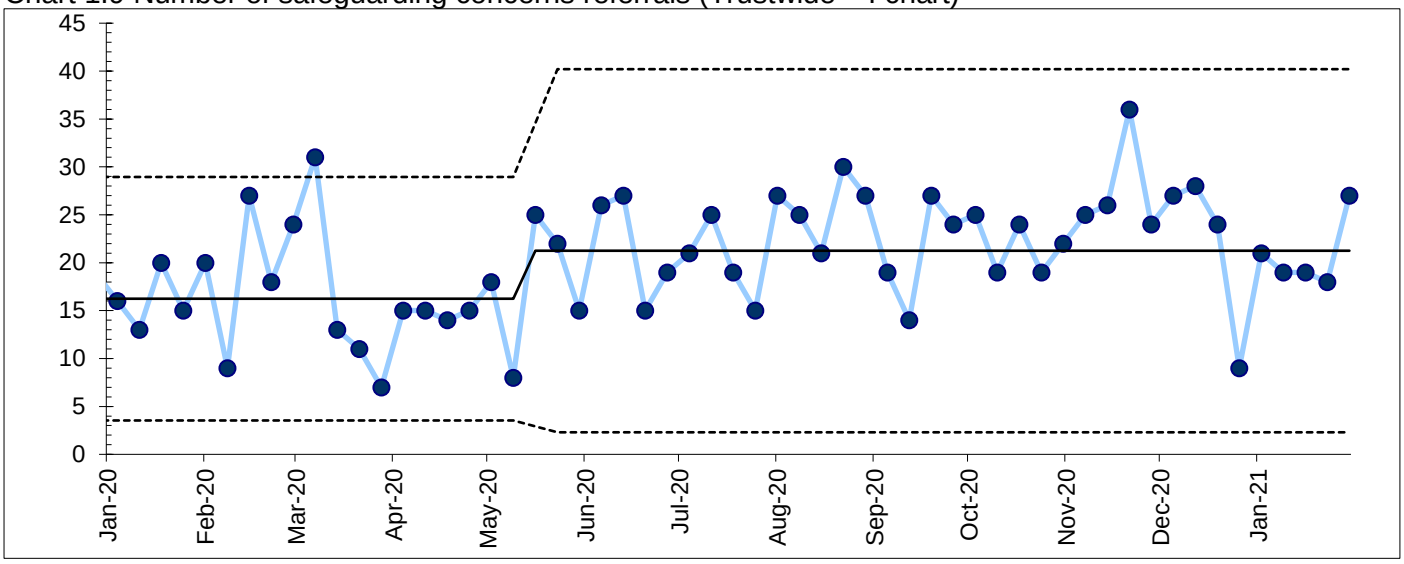


Chart 1.9 below highlights safeguarding referral activity across the Trust. The data shows that safeguarding concerns remain stable. Further work is currently underway with the newly appointed Director of Social Care and Trust Safeguarding Lead to review and improve safeguarding recording and monitoring processes, and to overcome some of the current challenges of maintaining effective oversight of safeguarding activity held across multiple systems such as Local Authority systems, Trust incident reporting systems (Datix) and Electronic Patient Reporting systems (Rio, EMIS, IAPT, System One).

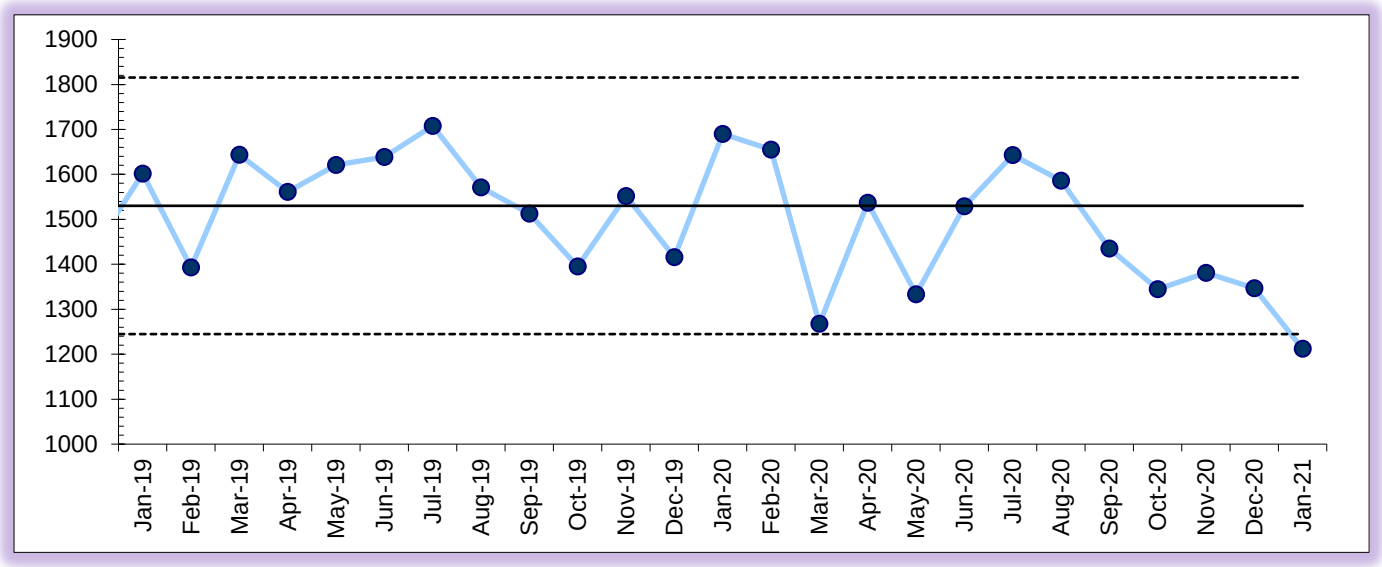
Chart 1.9 Number of safeguarding concerns referrals (Trustwide – I chart)



2. Access and Demand

The charts and narrative below provide assurance across a range of demand and access indicators. During December and January, attendances to A&E and admissions have continued to decrease below normal levels, and inpatient bed occupancy has remained stable.

Chart 2.1 Number of referrals to A&E Mental Health Liaison services (Trustwide – I chart)



Inpatient bed occupancy remains stable at 74% in January. Nationally, inpatient activity has decreased since the start of the pandemic and continues to be below pre-COVID levels. National bed availability has been reported to have reduced as a result of national lock-down, ring-fencing of capacity for COVID-19 isolation or as overflow capacity for physical healthcare services, ward closures due to staffing constraints, and other closures due to concerns about the physical infrastructure.

Chart 2.2a Bed occupancy (Mental Health & Community Health – P' chart)

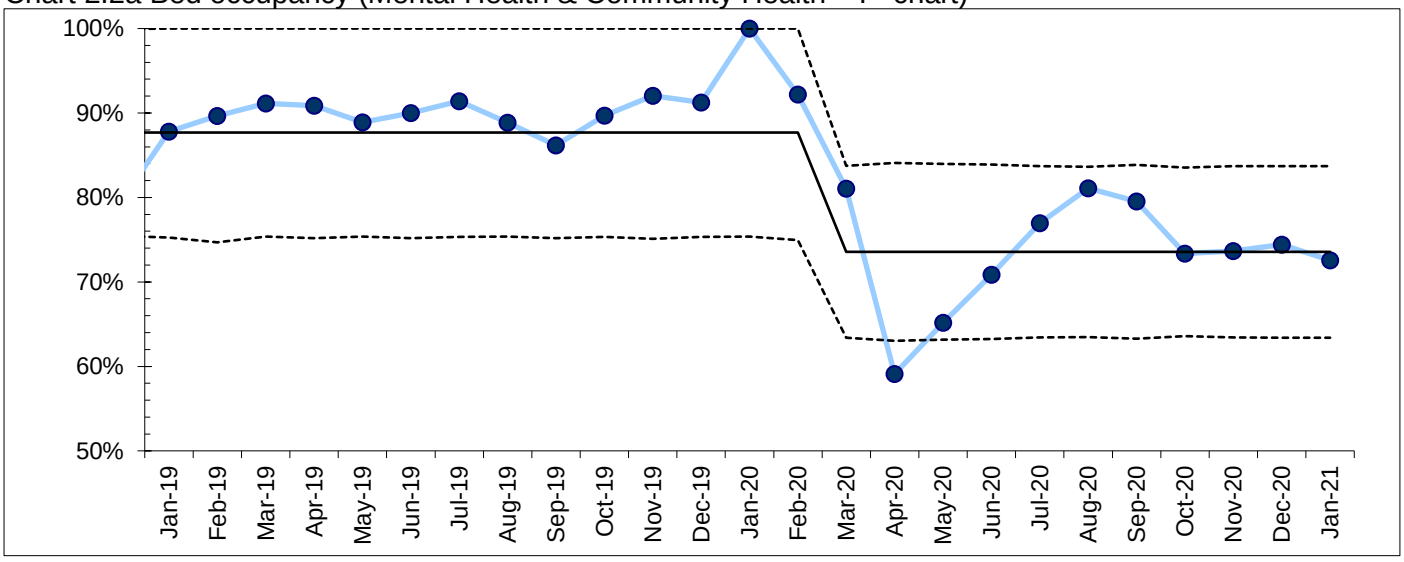
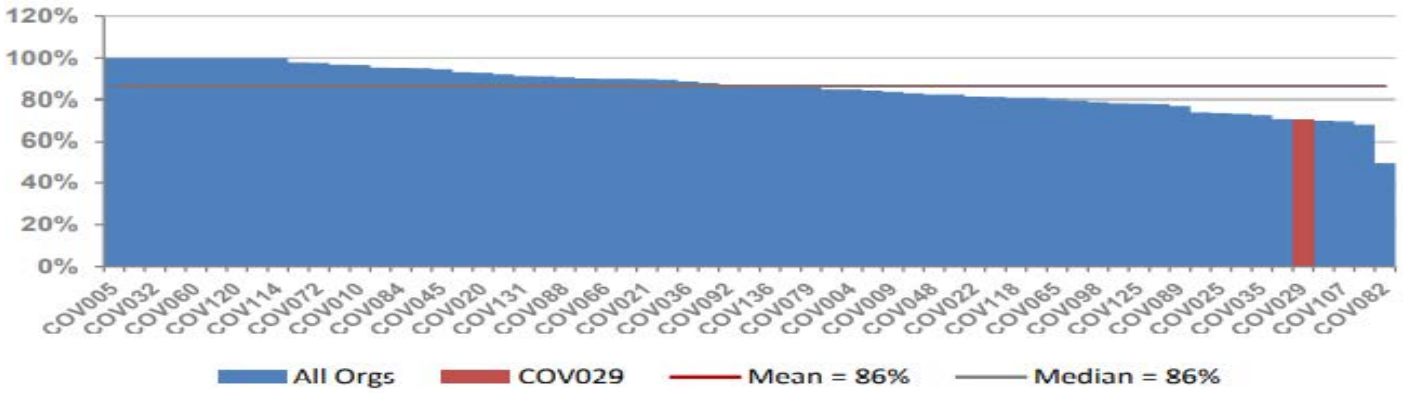


Chart 2.2b - National Mental Health Inpatient Occupancy (Source: *National Mental Health Benchmarking Network – January 2021*)

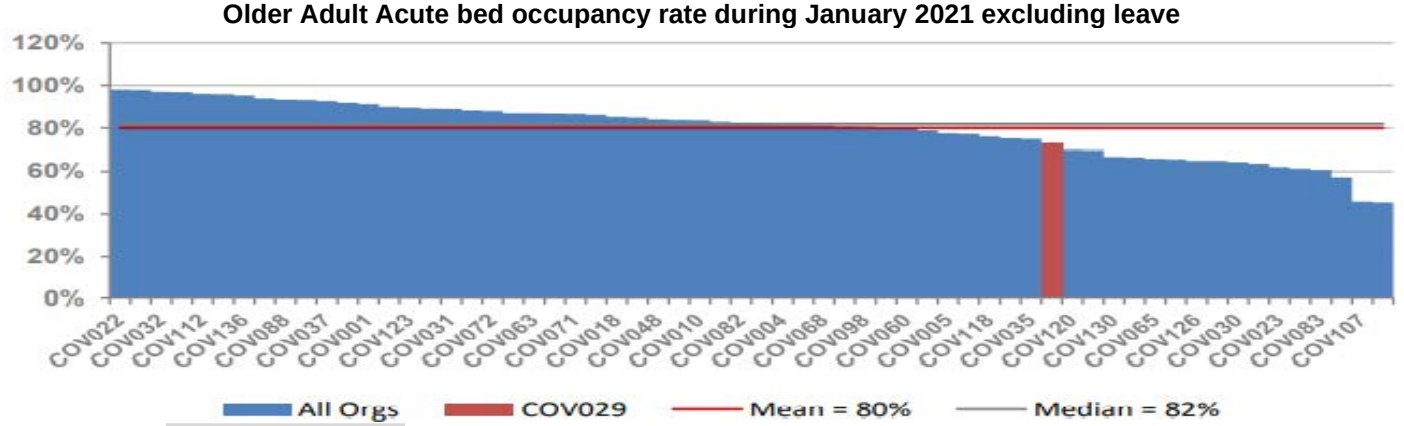
East London

Adult Acute bed occupancy rate during January 2021 excluding leave



	2019/20	Jan-21	Change
National average	93%	86%	-8%
COV029	91%	71%	-22%

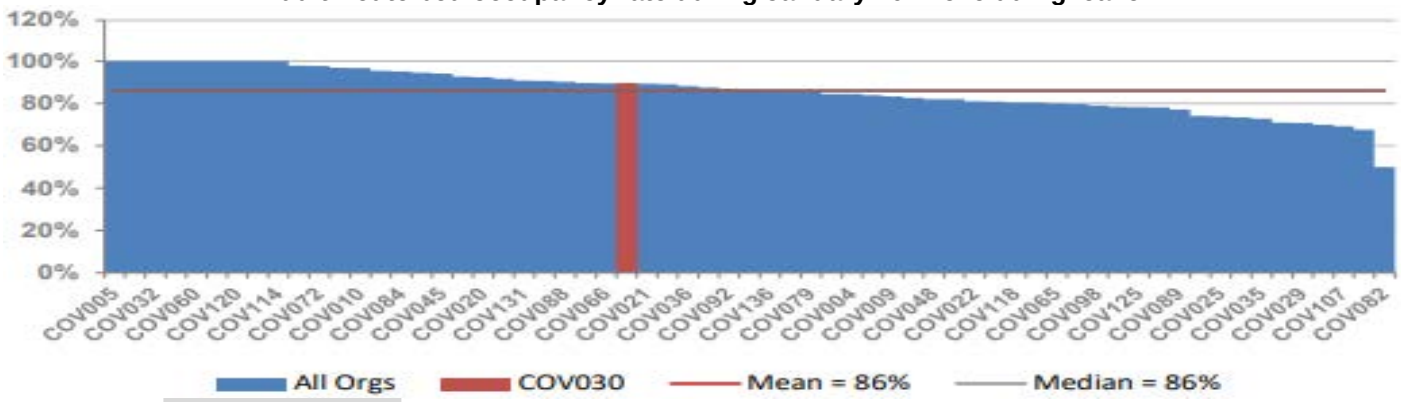
Older Adult Acute bed occupancy rate during January 2021 excluding leave



	2019/20	Jan-21	Change
National average	86%	80%	-6%
COV029	94%	73%	-23%

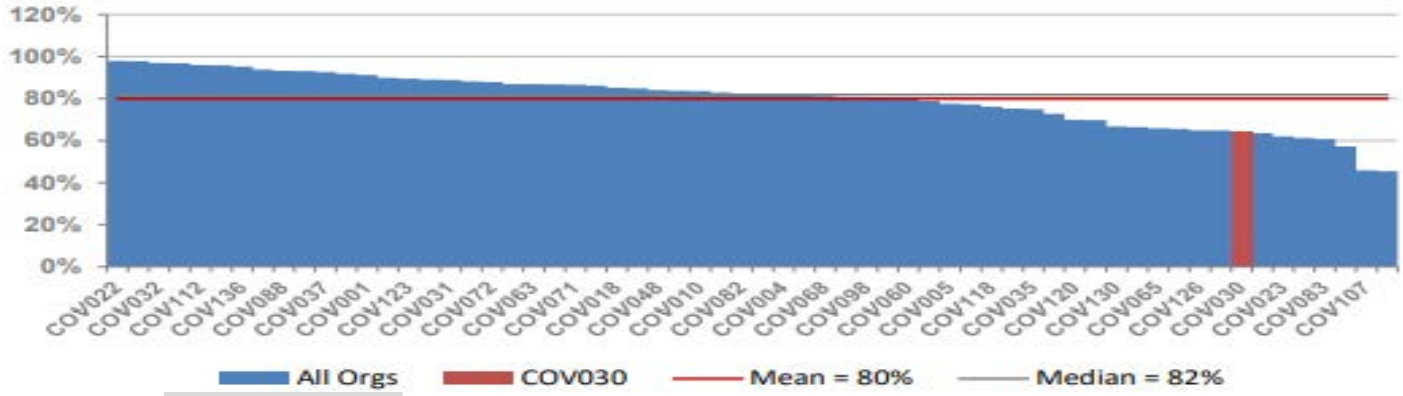
Bedfordshire and Luton

Adult Acute bed occupancy rate during January 2021 excluding leave



	2019/20	Jan-21	Change
National average	93%	86%	-8%
COV030	97%	90%	-8%

Older Adult Acute bed occupancy rate during January 2021 excluding leave



	2019/20	Jan-21	Change
National average	86%	80%	-6%
COV030	96%	64%	-33%

Chart 2.2b above shows that occupancy levels for adult mental health wards in East London continue to compare favourably to the national average. In comparison, occupancy levels for adult wards across Bedfordshire and Luton remain higher than the national average with 90% occupancy reported in the same period. Whilst this is higher, it reflects a positive change from the 96% previously reported. Adult inpatient length of stay also compares favourably and remains below the national average of 36.5 days, with 25 days in East London and 31 days in Luton and Bedfordshire. The charts above also show that older adult mental health occupancy was below the national average in East London, and for the first time, also lower across Bedfordshire & Luton.

Chart 2.3a and 2.3b below highlight that East London and Luton and Bedfordshire have higher numbers of admissions than the national average. They also continue to experience higher levels of formal admissions compared to the national average. This suggests that services are managing higher levels of acuity which has put additional pressures on inpatient services during this period. Several wards were temporarily closed due to COVID-19 and some teams reported an increase in staff absences due to the virus. In some areas, staff from the community and other inpatient teams had to be redeployed to cross cover and help wards to function safely and effectively. Across the Trust, inpatient services have continued to face pressures from presentations of service users who are extremely unwell and previously not known to services. Local audits in Luton and Bedfordshire have also identified clusters of admissions from outpatient service users who before the pandemic were managing well in the community. Services have increased communication with the public and service users receiving outpatient care, signposting them to support and recovery services,

wellbeing, Community and Home Treatment Teams, to intervene at an earlier point to avoid deterioration in mental state and admission.

Chart 2.3a Number of admissions (Mental Health and Community Services – I chart)

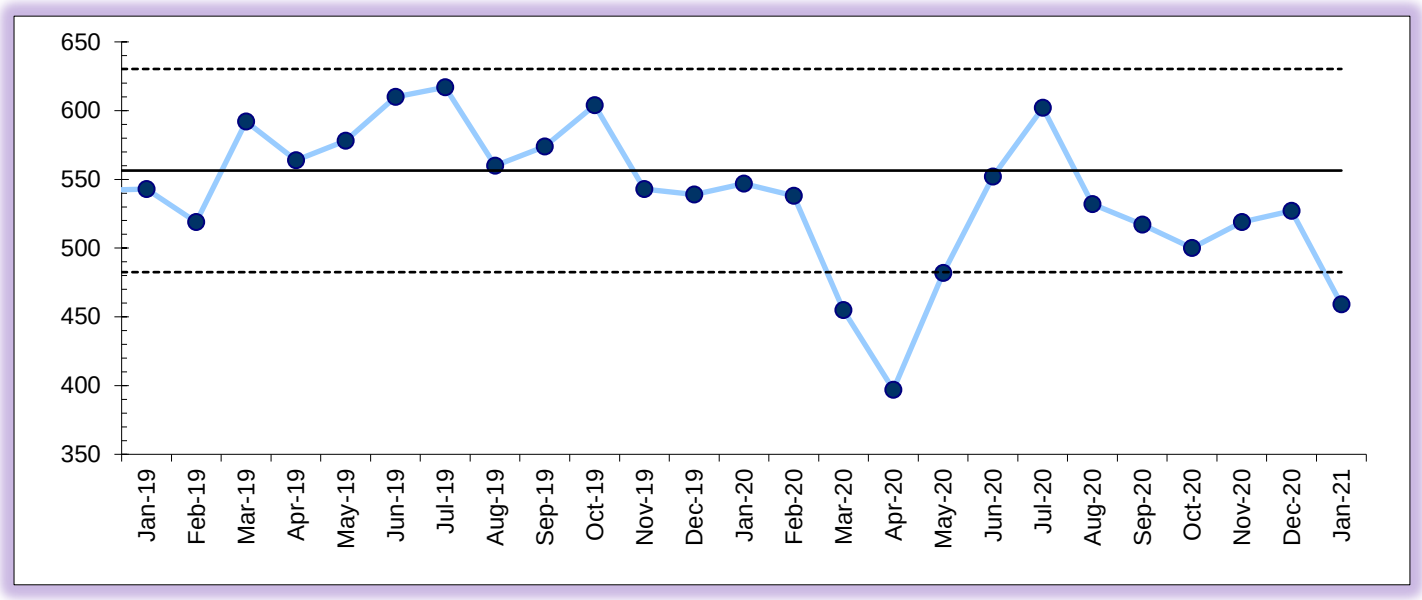
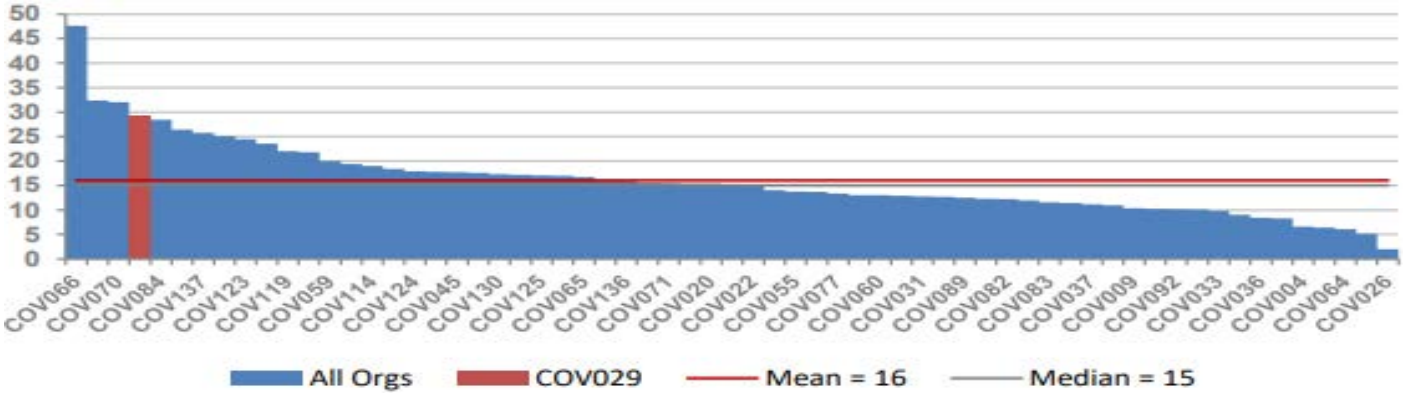


Chart 2.3b - National Mental Health Inpatient Admission Activity (Source: *National Mental Health Benchmarking Network – January 2021*)

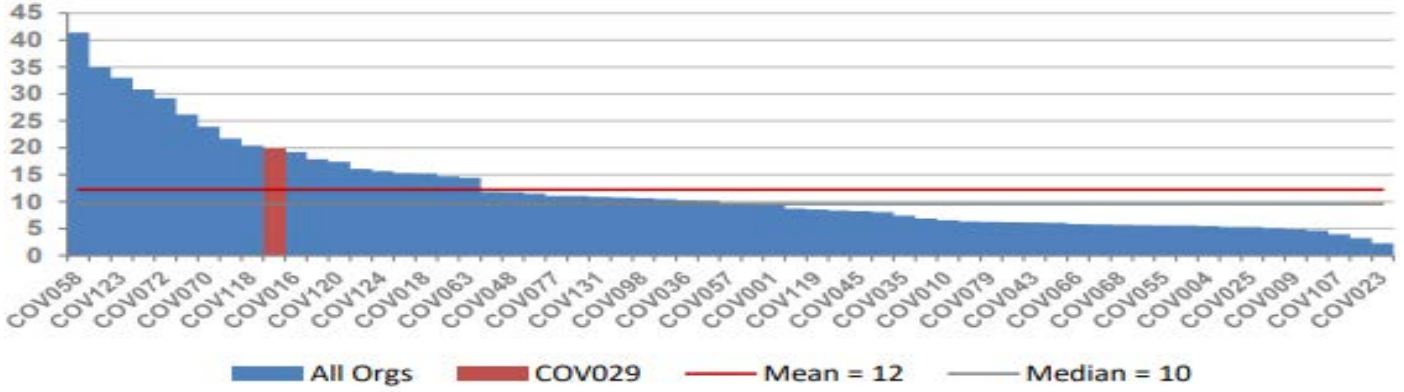
East London

Adult Acute admissions per 100,000 registered population during January 2021



	2019/20	Jan-21	Change
National average	18.2	16.1	-12%
COV029	37.8	29.1	-23%

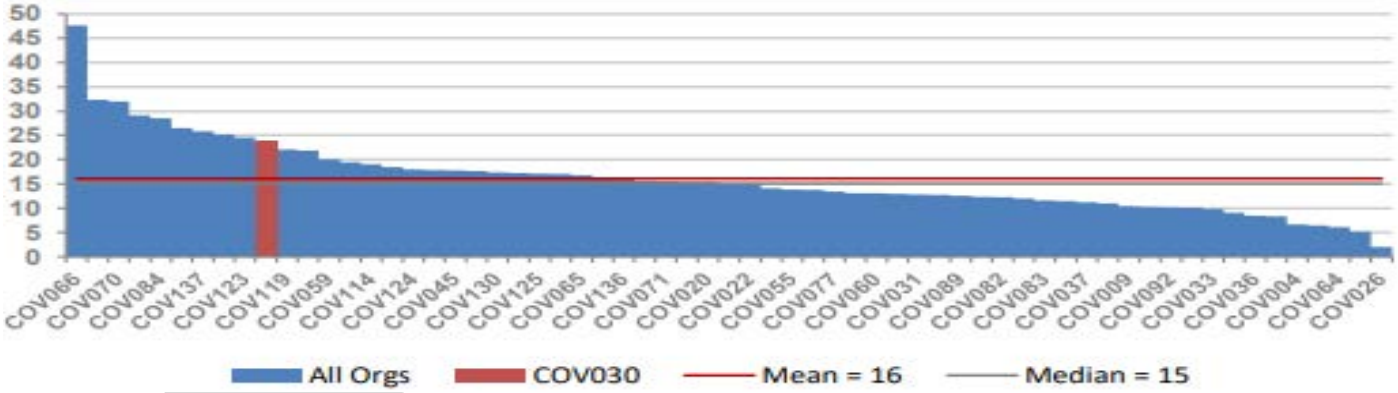
Older Adult Acute admissions per 100,000 registered population during January 2021



	2019/20	Jan-21	Change
National average	14.1	12.2	-13%
COV029	21.6	19.8	-8%

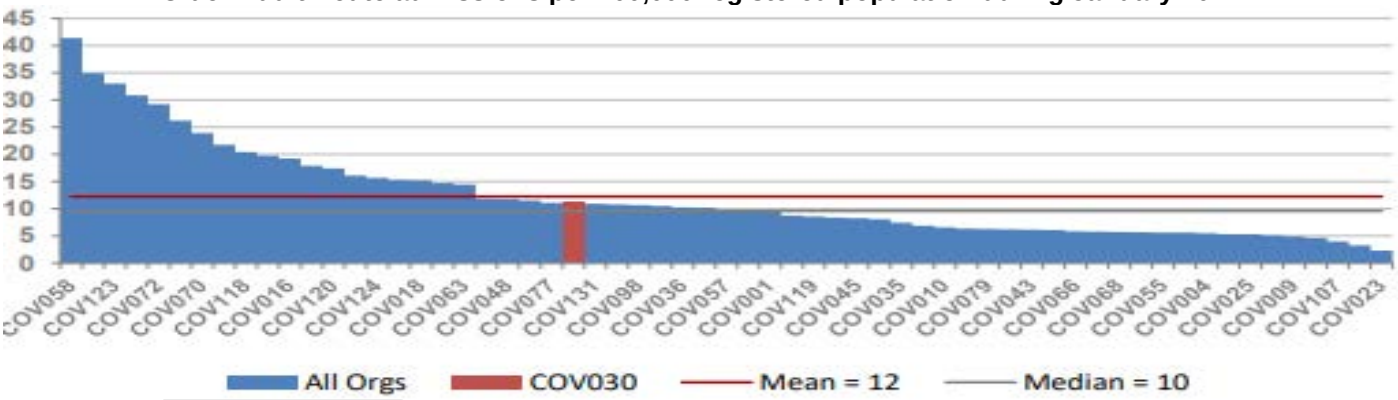
Bedfordshire and Luton

Adult Acute admissions per 100,000 registered population during January 2021



	2019/20	Jan-21	Change
National average	18.2	16.1	-12%
COV030	27.0	23.6	-13%

Older Adult Acute admissions per 100,000 registered population during January 2021



	2019/20	Jan-21	Change
National average	14.1	12.2	-13%
COV030	13.5	11.1	-18%

Chart 2.4a shows that referrals to Mental Health and Community Health Services have returned to pre-COVID levels and remain stable. Chart 2.4b highlights national comparative referral data for Mental Health and CAMHS community services. Referral activity across adult and older adult mental health is modestly higher in East London compared to the national average, but lower than previously reported decreasing from 459 to 373 referrals per 100,000 registered population. Bedfordshire and Luton continue to demonstrate higher referral activity compared to East London and the national average with 645 referrals per 100,000 registered population. CAMHS referrals are also higher than the national average in Luton and Bedfordshire and lower in East London.

A key factor that is believed to have contributed to reduced activity levels in East London adult and older adults Mental Health community services is related to the impact of the Community Transformation Programme, and redesign of community services and referral pathways. New models of care have been established across East London supporting service users to be seen more effectively within Primary Care Networks (PCNs) rather than secondary care community mental health services. Therefore, the activity which would have traditionally been reported under our community teams is no longer being captured in the usual way. Work is underway nationally to identify the best way to capture and report on our new models of care within PCNs.

Chart 2.4a Total number of referrals to community teams (Mental Health, CAMHS & Community Services – I chart)

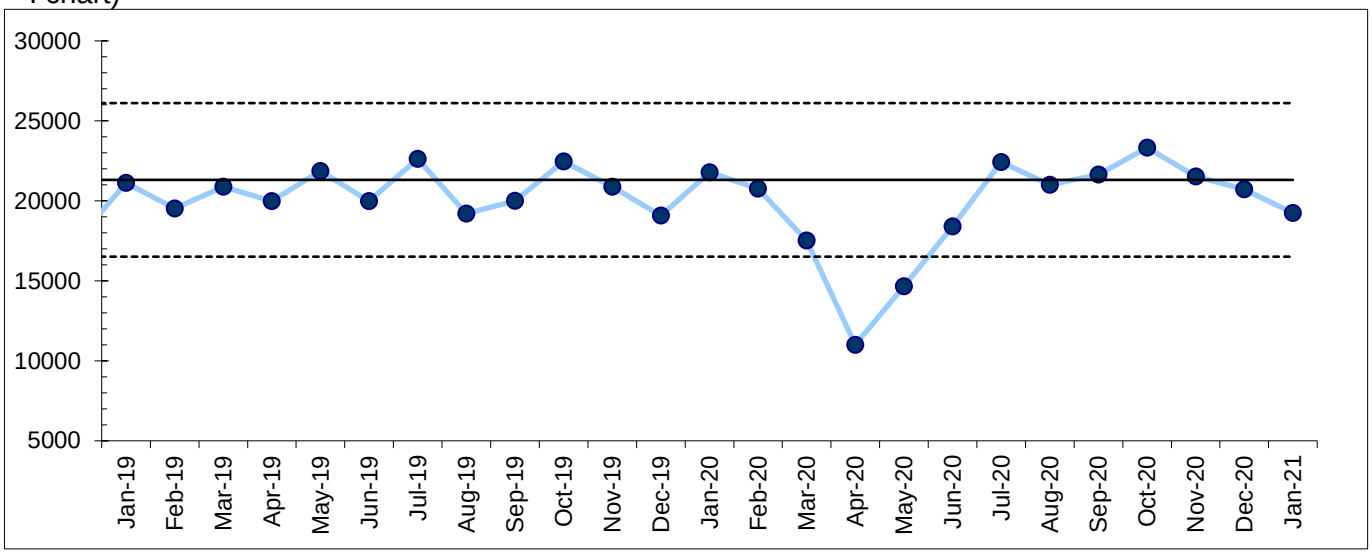
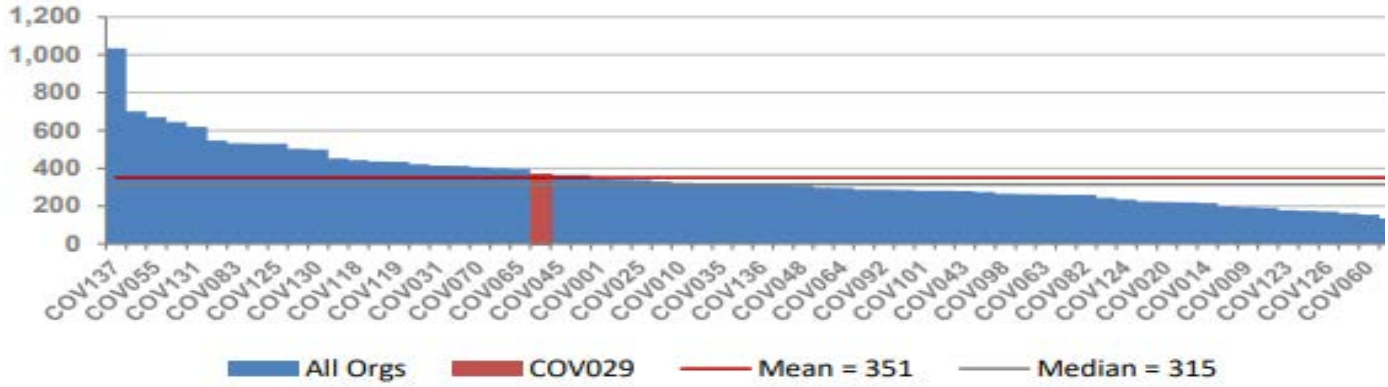


Chart 2.4b -Total referrals received by adult and older adult community mental health services and CAMHS (Source: *National Mental Health Benchmarking Network – January 2021*)

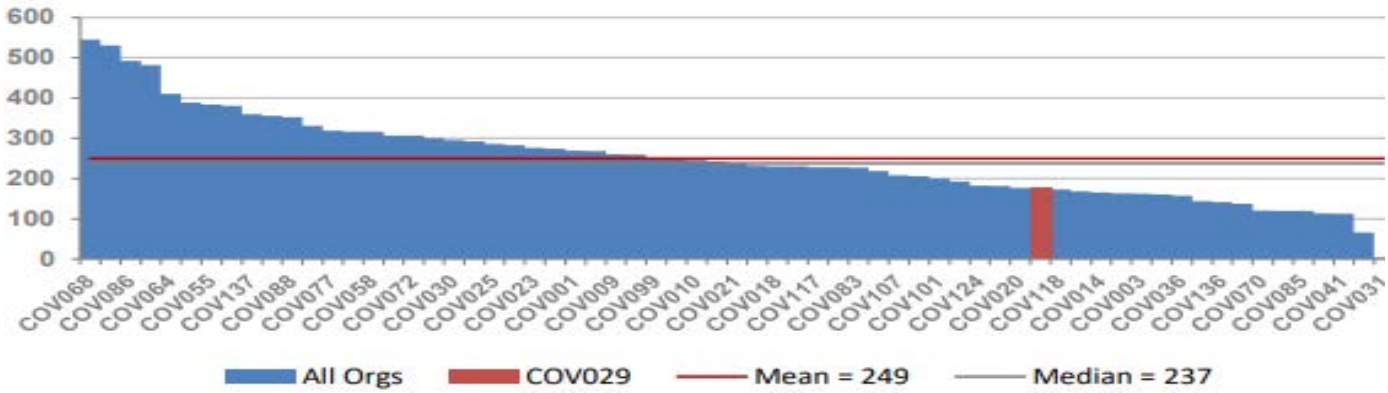
East London

Total referrals received by adult and older adult community mental health services during January 2021 per 100,000 registered population (all team types)



	2019/20	Jan-21	Change
National average	405	351	-13%
COV029	537	373	-31%

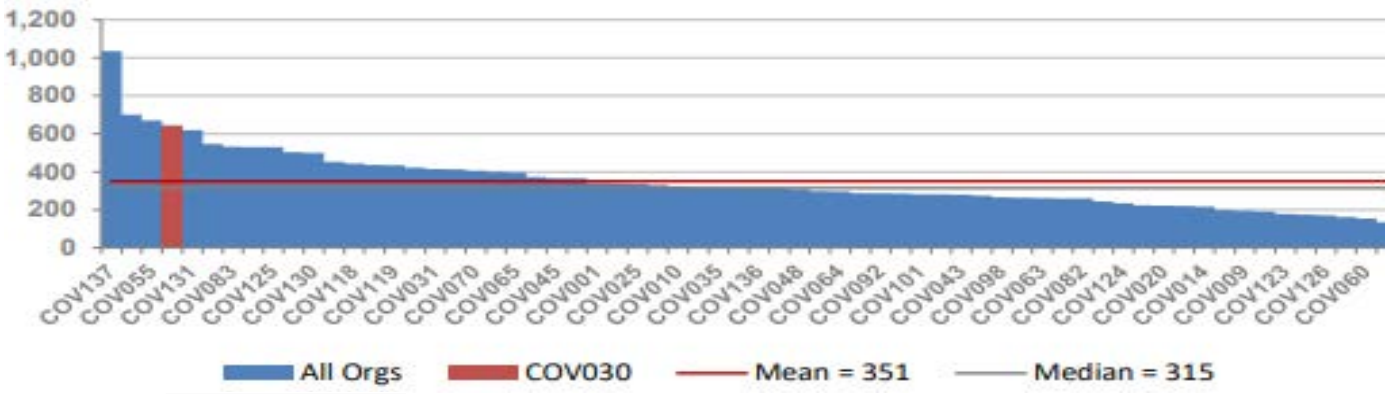
Total referrals received by CAMHS community teams during January 2021 per 100,000 registered population



	2019/20	Jan-21	Change
National average	328	249	-24%
COV029	228	174	-24%

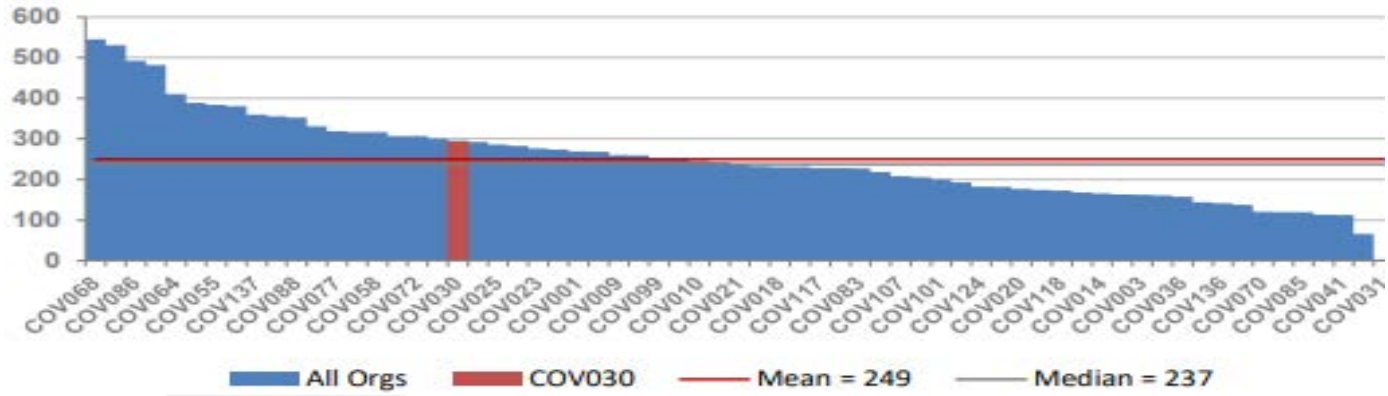
Bedfordshire and Luton

Total referrals received by adult and older adult community mental health services during January 2021 per 100,000 registered population (all team types)



	2019/20	Jan-21	Change
National average	405	351	-13%
COV030	484	645	33%

Total referrals received by CAMHS community teams during January 2021 per 100,000 registered population



	2019/20	Jan-21	Change
National average	328	249	-24%
COV030	266	296	11%

Mental Health Crisis pathway

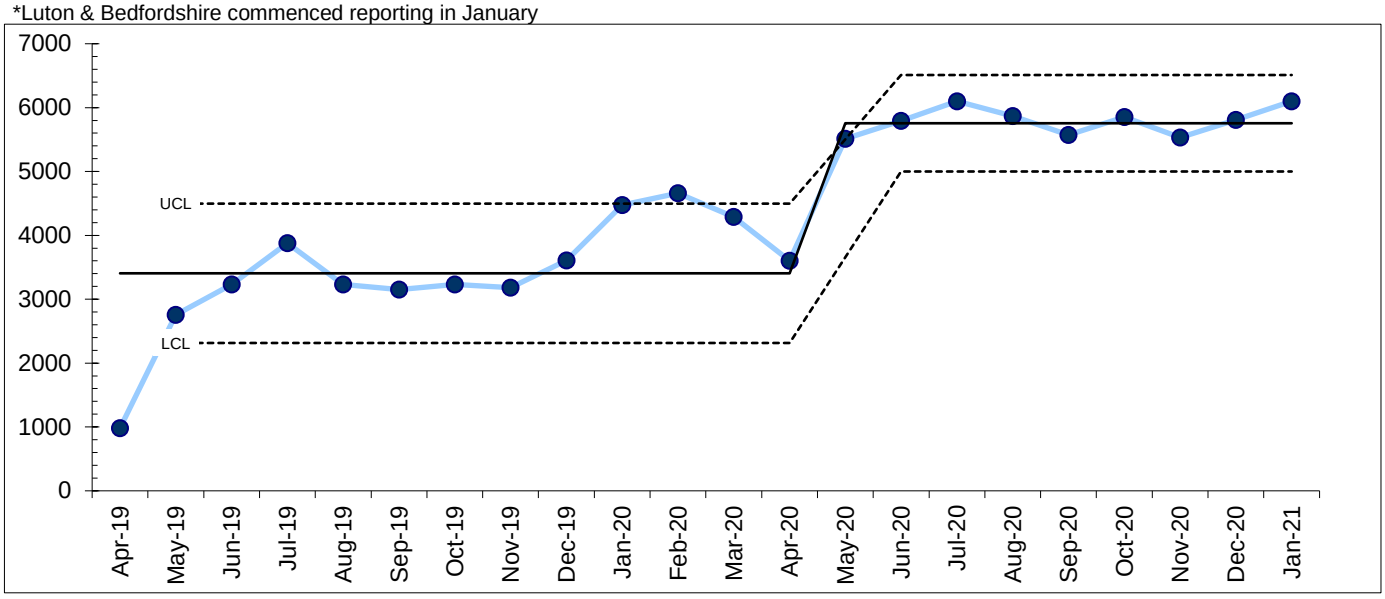
Chart 2.5 below highlights activity across our mental health crisis lines. During the past few months, the number of calls has remained stable. City & Hackney routinely has the highest activity with 2,537 calls in January followed by 1,744 calls in Newham, 967 calls in Tower Hamlets, and 852 calls in Bedfordshire and Luton. The largest increase was in City & Hackney (+10%) followed by Tower Hamlets (+5%), and a small decrease in Luton and Bedfordshire (-5%), and no change in Newham. The highest volume of calls continues to take place during working hours, although out-of-hours call activity is higher than previous levels. The main themes relate to general advice, anxiety, depression, drugs and alcohol issues, and suicidal thoughts.

All services have continued to offer a blend of face-to-face, telephone, and video contact to support service users in crisis. The main challenges services have faced relates to staffing capacity, particularly as a result of the re-introduction of national lockdown measures where many staff were identified as high risk and needed to shield themselves, As highlighted in previous reports, teams have put in place initiatives to manage the demand and staffing pressures including backfilling staff and also implementing remote working in the service. All services continue to report an increase in the number of calls from service users not known to the Trust presenting for the first time to mental health services. This reflects the wider impact of the pandemic and national

lockdown measures on the health and wellbeing of service users. Tower Hamlets are conducting a deep dive into service users who have frequently accessed services to establish the root cause of presentations, and to identify what is working and what is not, so that effective plans can be put in place to avoid future presentations. Learning from all new initiatives are shared between trust-wide crisis services to encourage adoption of best practices.

Chart 2.5 Number of calls to crisis line (Trustwide – I chart)

*Luton & Bedfordshire commenced reporting in January



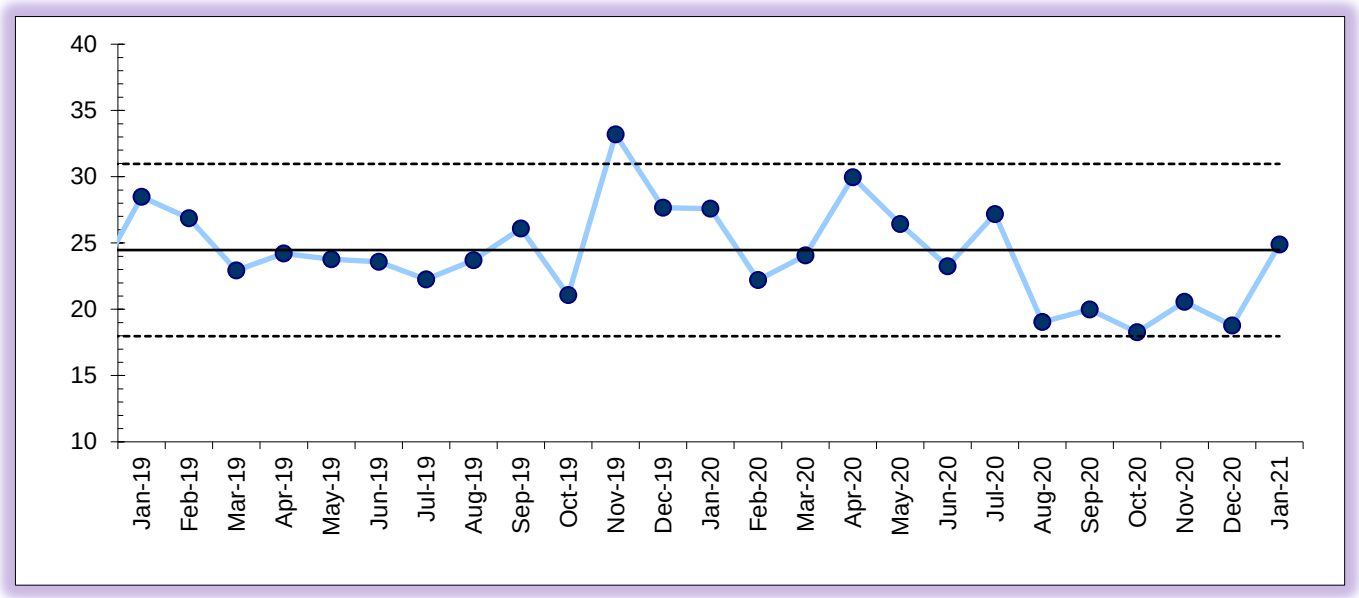
Access to Services

The average waiting time for assessment in CAMHS, Adult and Older Adult community Mental Health services has demonstrated an increase from 20.8 days to 24.9 days in January. The largest increases took place across CAMHS, City & Hackney, Newham, Tower Hamlets, and Luton Mental Health services. This reflects pressures that services have faced during the third wave of the pandemic, which caused an increase in COVID-19 related staff sickness and absences (including staff isolating) and therefore reduced capacity in teams to offer assessment and treatment. Chart 4.1b shows that trust-wide COVID-19 sickness levels increased during this period, particularly across these directorates where sickness levels almost doubled over the past two months. In some adult mental health services, community doctors were temporarily moved to cover inpatient wards' duties to maintain safety. This led to reduced clinic capacity and some clinic cancellations where there was no cover available, resulting in increased waiting times.

CAMHS services also experienced similar staffing challenges along with an increase in complex presentations and acuity levels. This meant that staff had to spend more time dealing with complex cases and therefore seeing fewer service users. There were also Local Authority social care related staffing issues which also adversely impacted service capacity because more intensive work was required to be provided to Children and Young People during this period. Additionally, the limited availability of CAMHS inpatient beds put further pressure on clinicians in the community to work with service users with higher than usual levels of complexity and needs to balance demand across the community and inpatient care pathways.

Most services have faced difficulties with recruitment and this may reflect the wider healthcare context of increased competition between providers to recruit staff nationally and deploy funding before the end of the financial year. Despite these challenges, services have continued to proactively manage risks by prioritising clinical activities based on clinical urgency, maintaining daily management huddles and remote working, and backfilling staff with bank and agency workers to maintain safe and effective services (where necessary and possible).

Chart 2.6 Average number of days from referral to assessment (CAMHS, adult and older adult Mental Health community teams – I chart)



District nursing services across the Trust have faced significant pressures over the past few months, particularly due to increased staff sickness related to COVID-19. Despite this, Bedfordshire and East London services have continued to remain responsive to urgent referrals. In East London, there was a small increase in waiting times during January due to data quality issues with logging referral correctly on the system, the service user was seen within appropriate timescales. Teams have been reminded of the importance of logging referrals correctly as data cannot be updated once logged.

Chart 2.7 Average waiting time in days for urgent referrals to district nursing / rapid response (CHS East London – I chart)

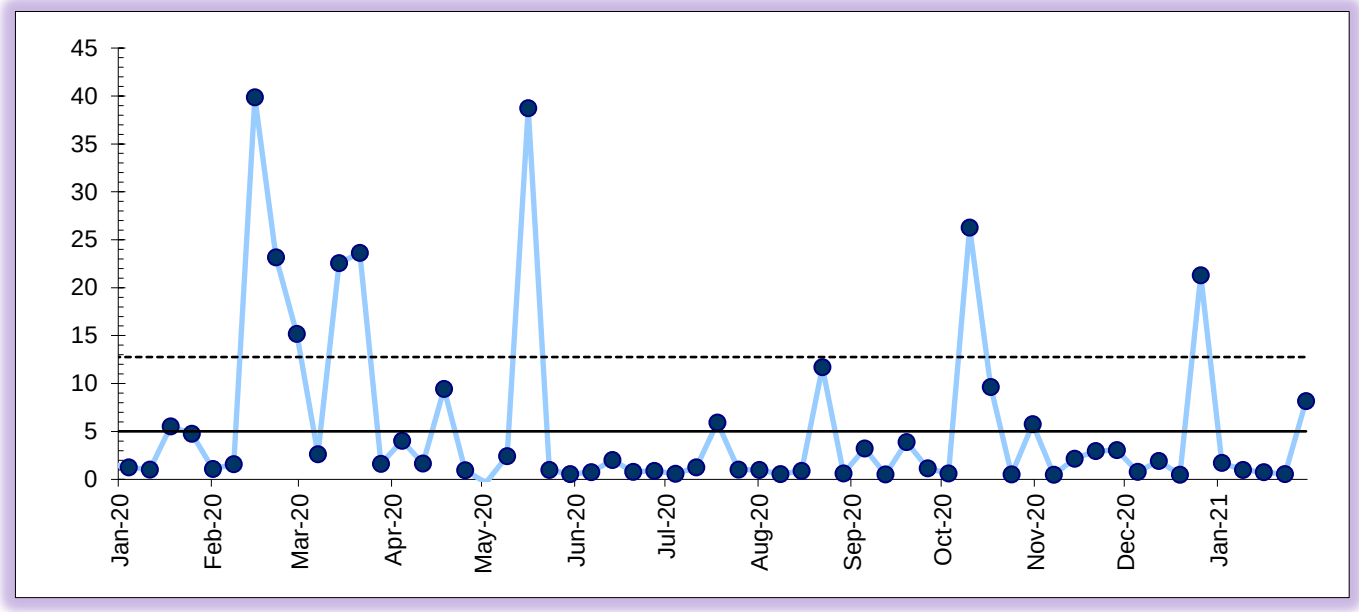
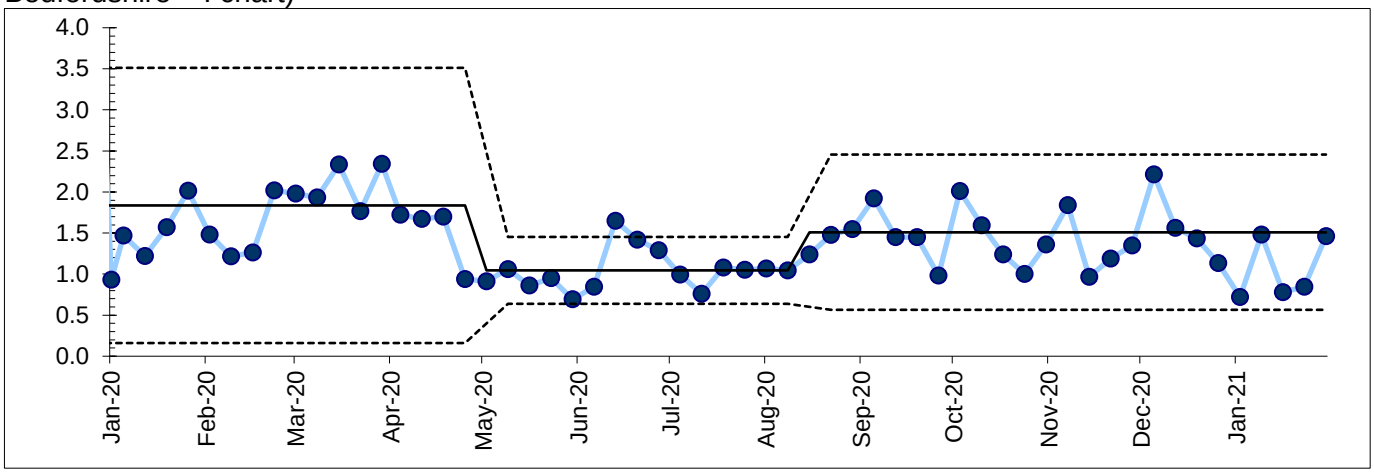


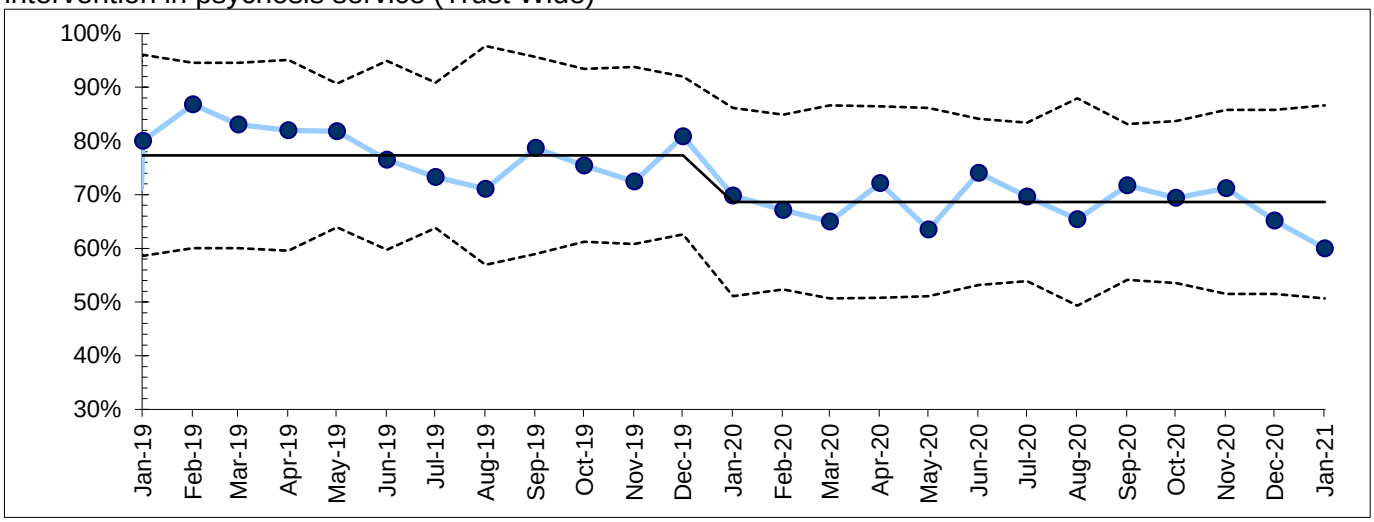
Chart 2.8 Average waiting times in days for referral to assessment to district nursing team (CHS Bedfordshire – I chart)



The percentage of service users receiving NICE-compliant treatment within two weeks of referral to Early Intervention Services (EIS) has continued to decrease during December and January from 71.2% to 60%. As highlighted in the previous report, this national indicator is based solely on face-to-face contacts, with virtual/telephone contacts not included in the figures. EIS services have a young population who are digitally able and most have been contacting services through a blend of face-to-face (32%), telephone (56%), and video contacts (12%) during the pandemic as highlighted in chart 2.18c. Staff sickness and absence presented challenges for the team during the past few months. However, teams have worked hard to mitigate risks proactively and have adapted to the challenges through implementing digital solutions and maintaining face-to-face contact where requested or clinically necessary.

Services have reported challenges with maintaining physical heath monitoring during this period because of lower levels of face-to-face contact and service user choice. Our staff have encouraged service users to access physical health monitoring through General Practice where possible, but many practices have struggled with capacity issues to do this consistently for all service users. Services have also reported that service users have struggled with social isolation and lockdown measures, and in some instances, it has increased levels of paranoia and anxiety causing some service users to deteriorate and even relapse. Employment support workers in the services have been working hard with service users to improve their job applications and interview skills to help them to enter/re-enter employment as part of their recovery journey. However, it has been difficult to secure employment due to reduced opportunities locally caused by the pandemic. Further work is underway through the trust-wide Employment Support Workstream to improve employment outcomes across the Trust.

Chart 2.9 Percent of service users receiving NICE Standard treatment within two weeks of referral to early intervention in psychosis service (Trust Wide)



Referral activity for Psychological Therapies Services (PTS) in East London has risen above the mean in October as a result of the re-opening of City & Hackney services and has continued to remain stable. Average waiting times for assessment have fallen and remain stable, and waiting times for treatment have continued to decrease. This reflects the positive impact of service redesign and new online treatment pathways that have started to take shape and become embedded across each borough.

Chart 2.10 East London Psychological Therapy Services (PTS) – Number of referrals to services (I chart)

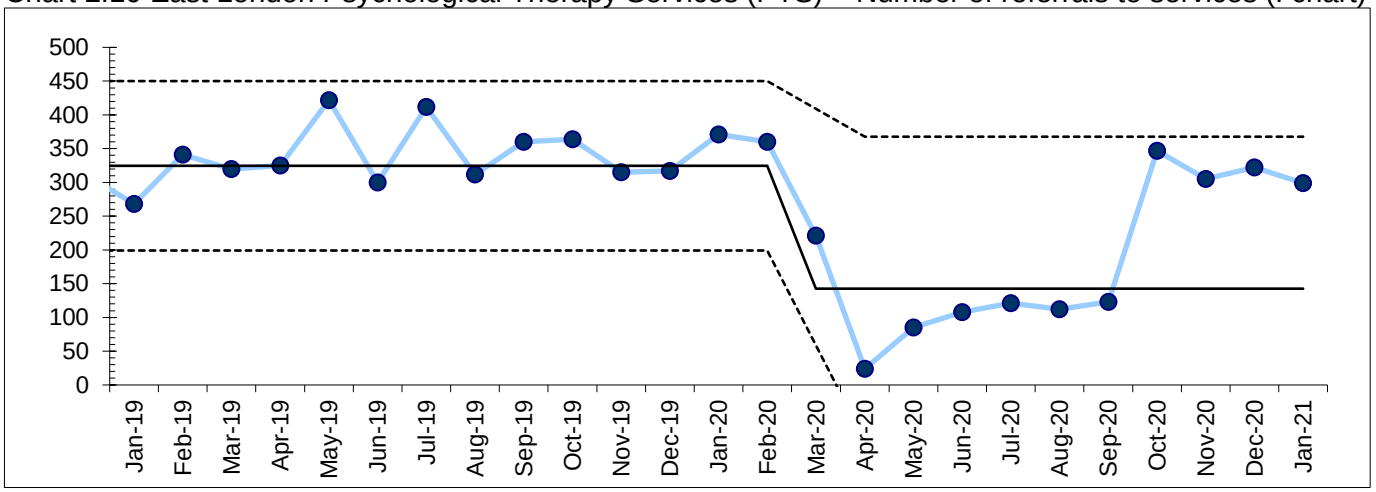


Chart 2.11 East London Psychological Therapy Services (PTS) - Average waiting (in days) from referral to assessment (telephone & face-to-face contacts – I chart)

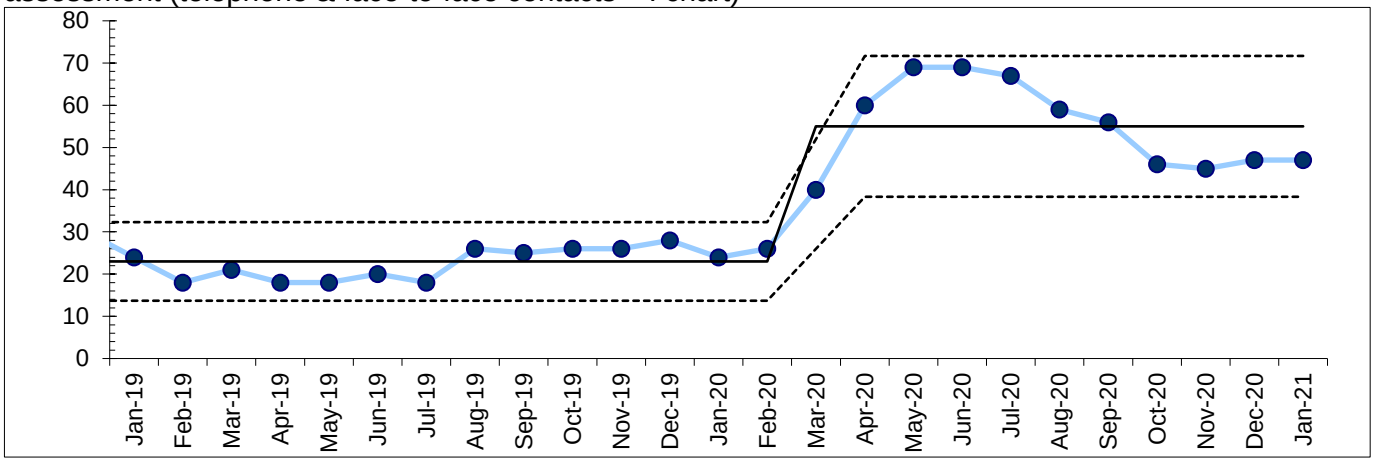


Chart 2.12 East London Psychological Therapy Services (PTS) - Average waiting time (in days) for treatment (telephone & face to face contacts – I chart)

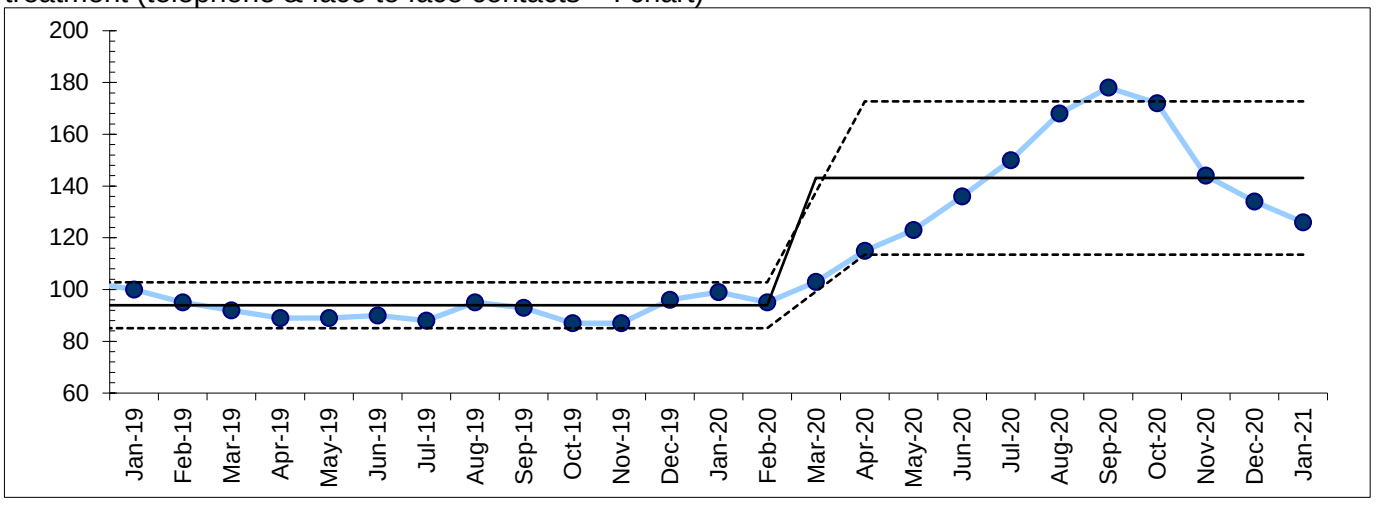


Chart 2.13 East London Psychological Therapy Services (PTS) - Number of service users waiting for assessment (telephone & face to face contacts – I charts)

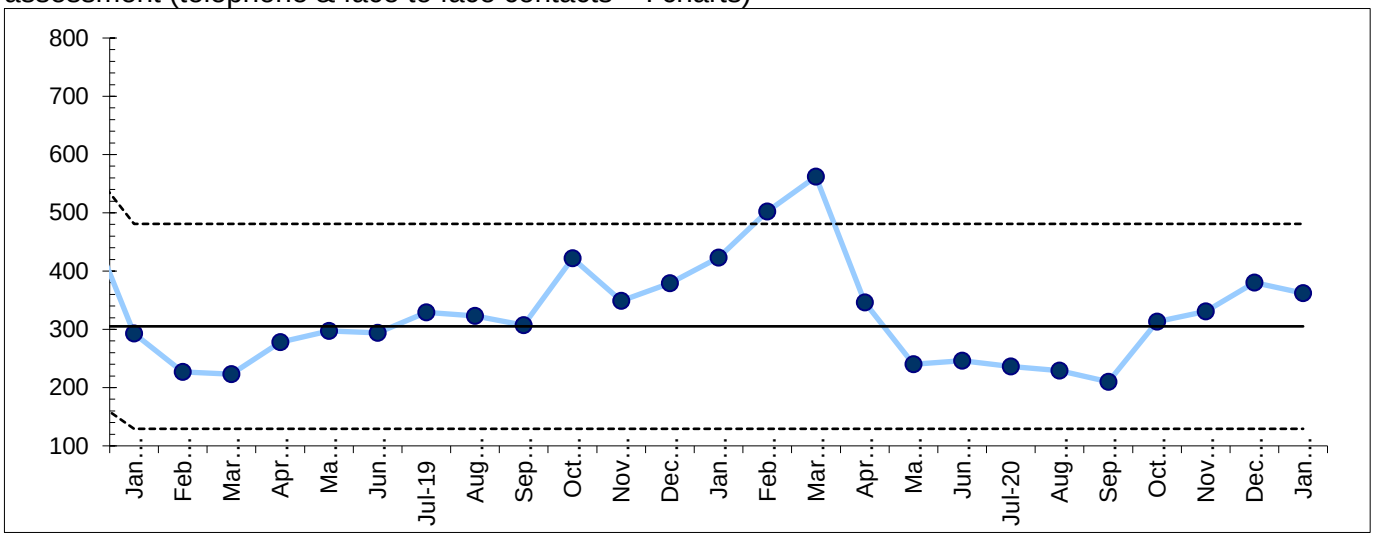
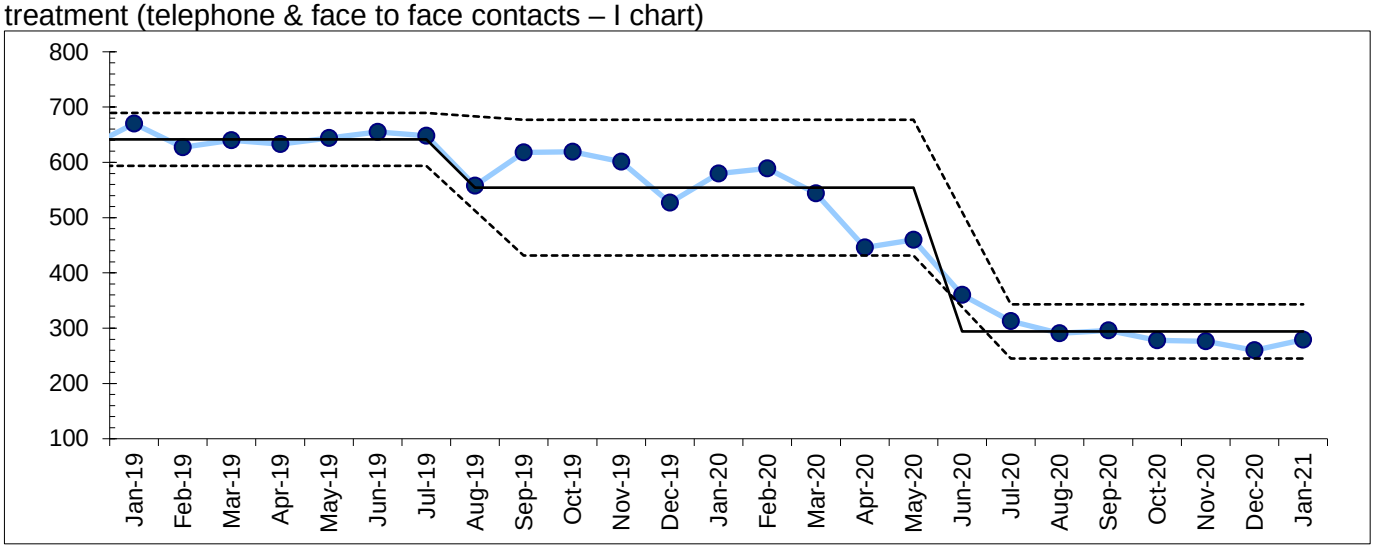


Chart 2.14 East London Psychological Therapy Services (PTS) - Number of service users waiting for treatment (telephone & face to face contacts – I chart)



As highlighted in previous reports, all PTS services have now moved to virtual delivery for pre-assessment, assessment, and treatment, and have continued to develop innovative and coproduced practices. There remain difficulties with recruitment, and loss of service capacity due to illness. All PTS services anticipate that there will be continued referral pressures in the coming months as the national lockdown measures are lifted. Services are developing demand and capacity modelling plans and redesigning psychological therapy offers within Primary Care Networks (PCNs), which will improve access. Following the high rate of referrals during the first month after reopening the City & Hackney service, the referral rate has settled to a normal expected range. Some of this is due to the presence of staff within the new PCN neighbourhood teams to provide consultation to assist with assessments and care planning. This whole system approach to managing demand will be further enhanced as PCN pathways and new models of care become fully established across the three boroughs.

Contacts with Service Users

The charts below highlight changes in our virtual (non-face-to-face) contacts with service users. Chart 2.15 shows the proportion of all contacts that took place virtually, increased from 40.1% during December to 45.3% in January. This reflects the impact of increased virtual contacts (telephone and video) which took place as a result of the national lockdown measures. There was a small dip below normal levels during December due to reduced contact activity caused by the third wave of the pandemic and increased sickness absence related to COVID-19 impacting

staffing capacity. Chart 2.16a shows that virtual clinic attendance remains stable with an average of 88.1% of service users attending telephone and video appointments.

Chart 2.15 Percentage of all contacts each week made via telephone or video-consultation (mental health & community health services – P' chart)

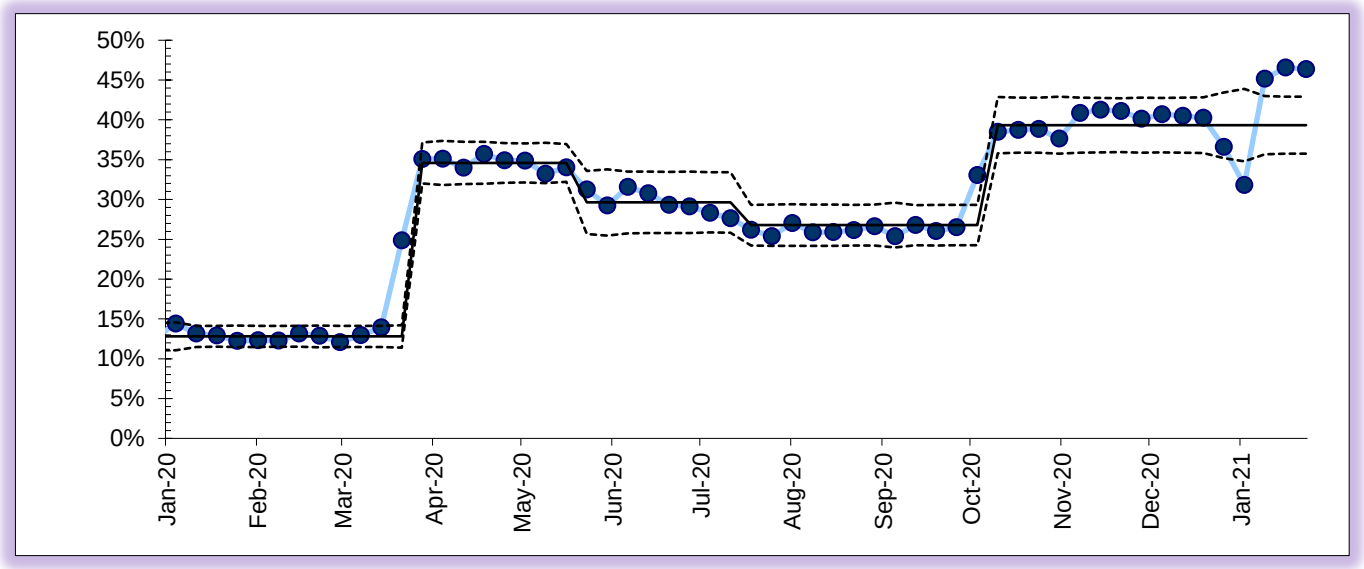
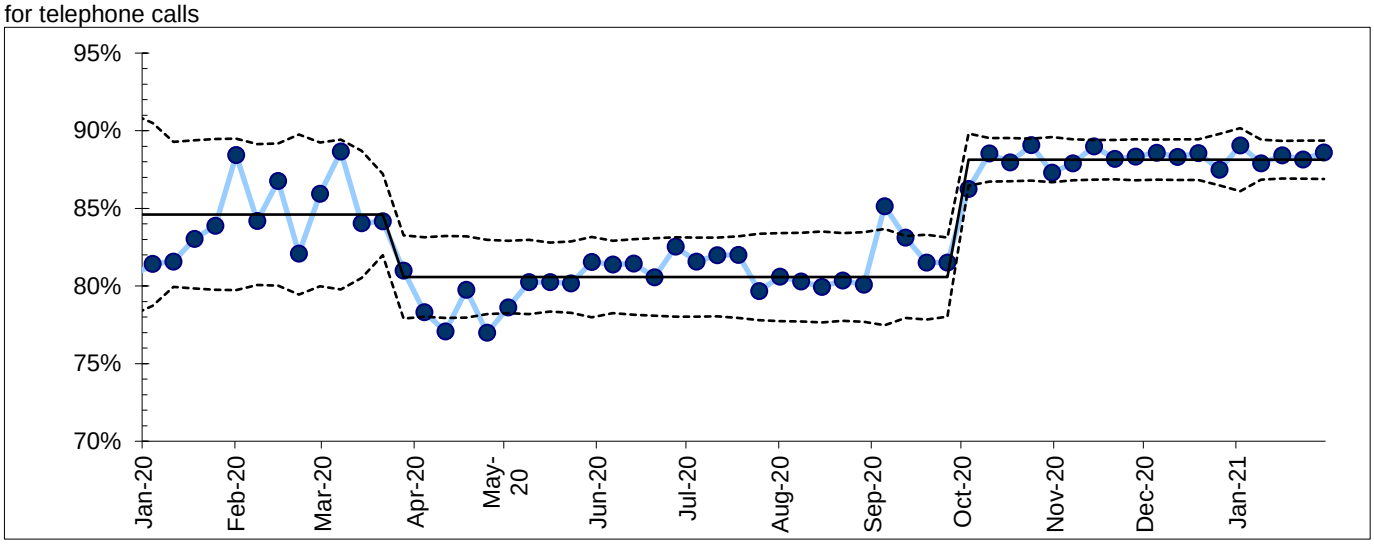


Chart 2.16a Weekly attendance for routine appointments provided by telephone/video (CAMHS and adult mental health – P chart) Note: East London Community Health Services excluded as they do not record non-attendance for telephone calls



The proportion of service users contacted specifically through video consultation is around 7% nationally for adult mental health services and 25% for CAMHS services during January as highlighted in chart 2.16b. Chart 2.16c provides a breakdown of the proportion of contacts that have taken place through face-to-face, telephone, and video contact across all ELFT services between November 2020 and January 2021. This highlights that during this period 45% of IAPT contacts were made through video contact, 29% in CAMHS, 28% across other mental health services, and 12% across Early Intervention Services. Community Mental Health Teams, Crisis and Home Treatment Teams, and Community Health Services have a far lower proportion of video contacts. A weekly breakdown of contact types by service area has also been provided below to show variation over time.

Chart 2.16b. National average: proportion of contacts delivered using digital technologies.
Source: *National Mental Health Benchmarking Network – January 2021*)

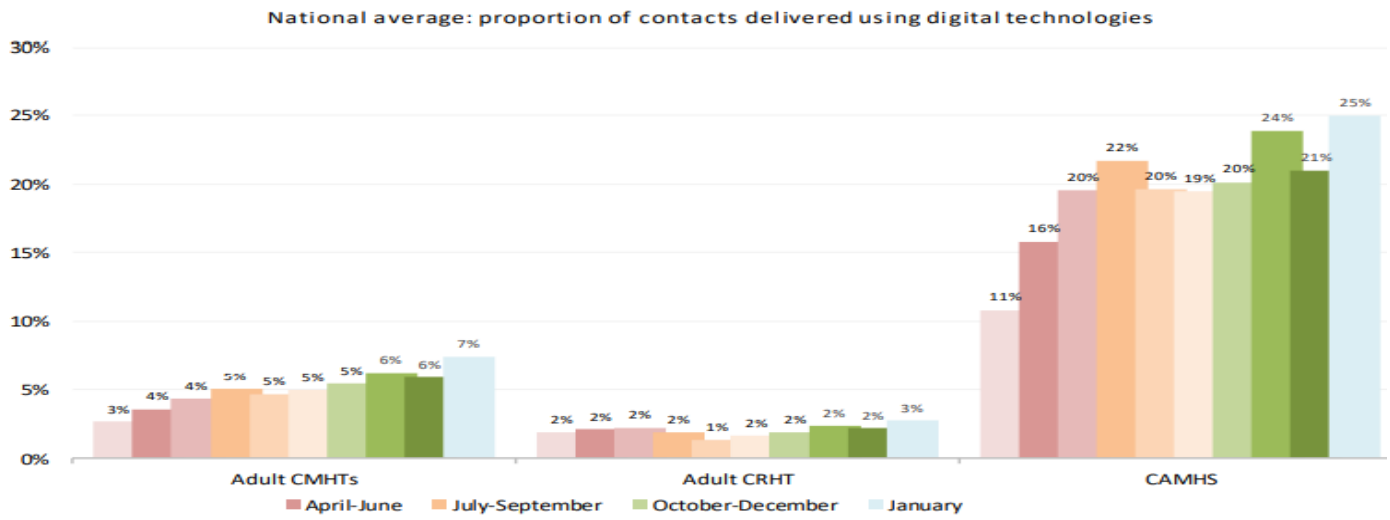
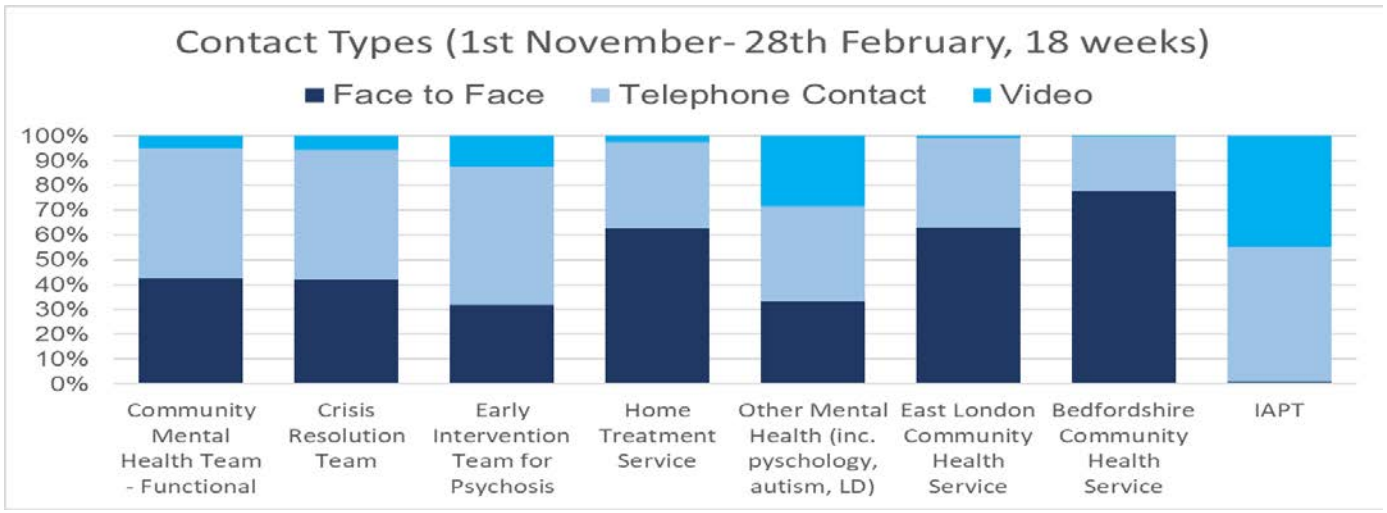
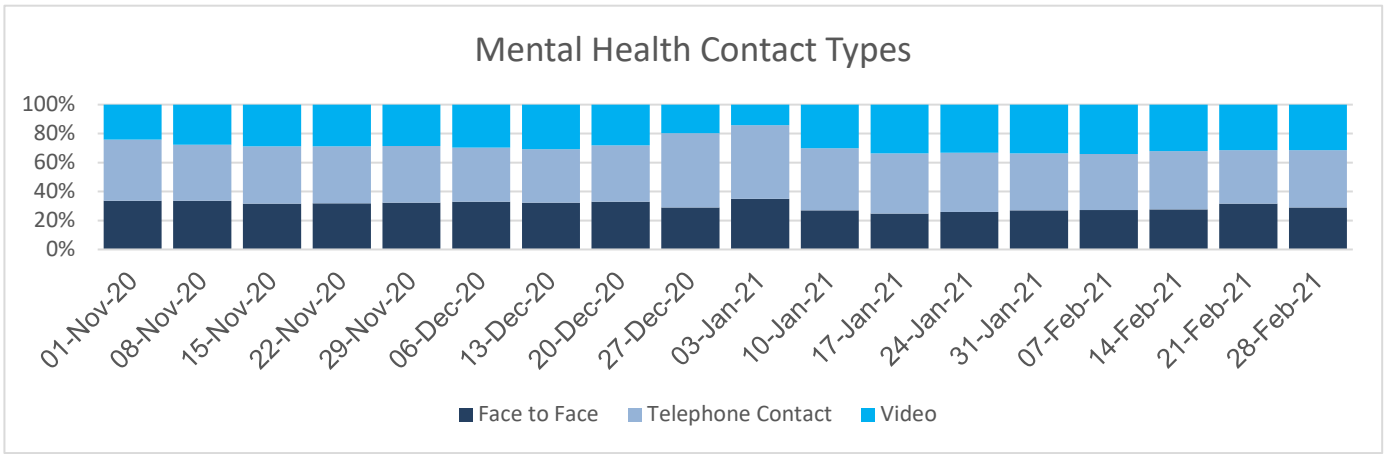
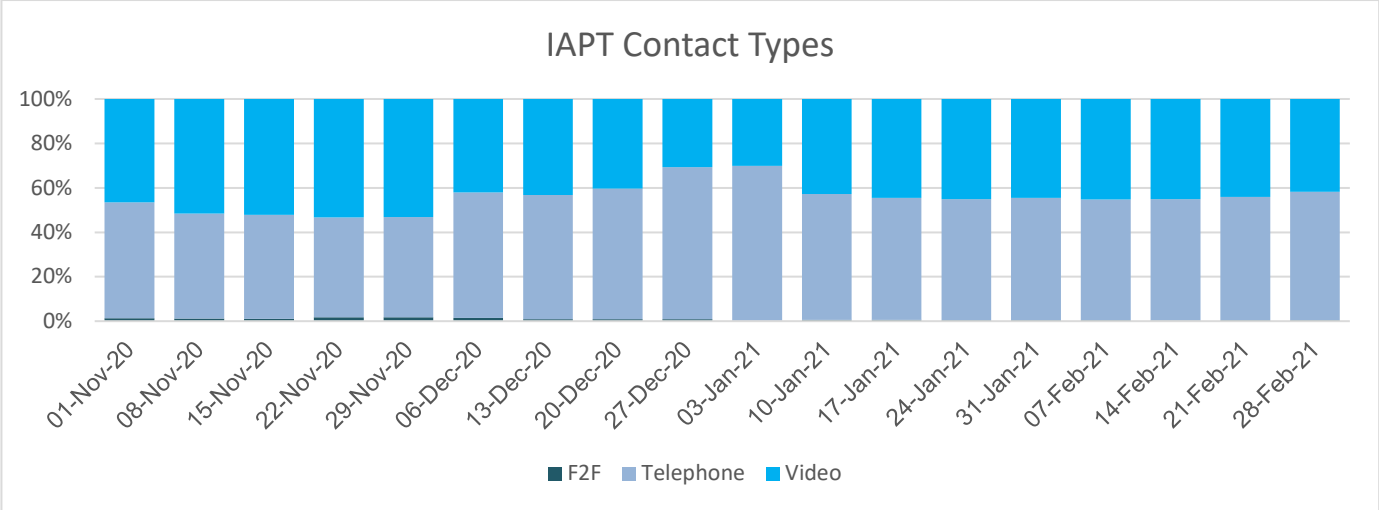


Chart 2.16c. ELFT Data: Weekly attendance for routine appointments provided by face to face/telephone/video Note: Reporting period 1st November 2020 to 28th February 2021







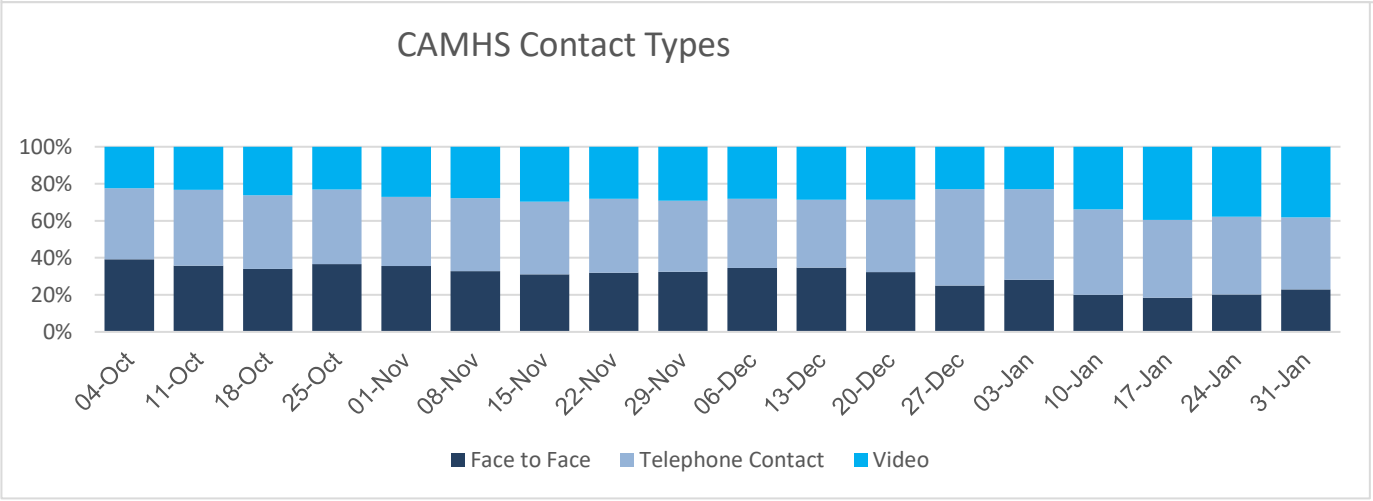


Chart 2.17 Percent of service users on CPA contacted each month – telephone/video and face to face (mental health – P chart)

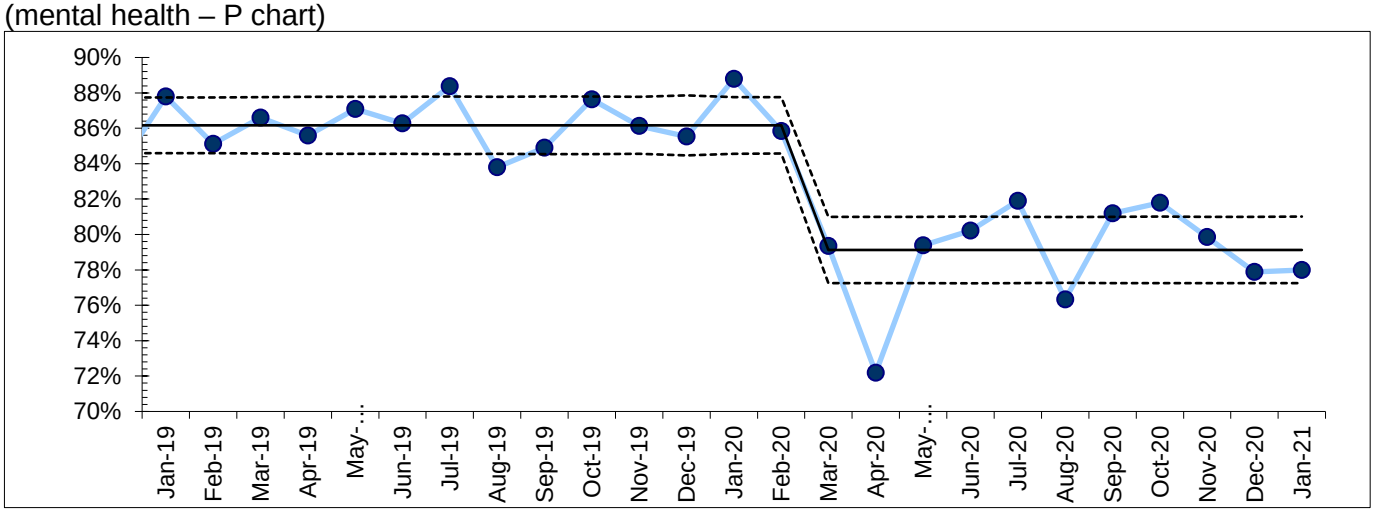


Chart 2.17 shows that monthly contact activity with service users who are care-coordinated by community mental health services has reduced from 78.7% to 77.2% of service users contacted successfully. This continues to be below pre-COVID levels. Services have faced significant staffing pressures over the past two months because of sickness from COVID-19 and cross cover arrangements were put in place to manage gaps across inpatient and community services. Some community staff were temporarily moved to support inpatient wards during this period. Community services have continued to manage caseload contacts based on clinical urgency and risks to ensure that limited resources are utilised most effectively. Teams regularly monitor engagement and continue to offer a blended approach of virtual and face-to-face contact as clinically

appropriate, but recent lockdown measures have made it more challenging to engage with all service users.

Improving Access to Psychological Therapies (IAPT) Services

The charts below demonstrate our performance against national IAPT indicators. Both referrals and treatment start for IAPT saw the usual seasonal drop in December due to low demand (referrals often drop during school holidays) combined with reduced capacity due to bank holidays and annual leave. Both indicators returned to normal in January although there was a modest drop in referrals for a few weeks during this period following the announcement of new national lockdown measures. Waiting times for first appointment remain short and have been very stable since summer 2020.

IAPT services in East London compare favourably to the national average referral activity, achieving 2750 referrals during January compared to the national average which increased from 1,638 to 1,712. However, Bedfordshire IAPT service continues to fall below the national average with 1150 referrals in the same period, as highlighted in chart 2.18b.

The progress made in reducing treatment waiting times continues to be maintained across the majority of services. Waiting times for second appointments have risen slightly as services have been promoting the service to encourage referrals and meet new access targets. However, capacity has not yet fully expanded to match demand in all services due to delays in finance being signed off by commissioners (particularly in Bedfordshire and Richmond). Importantly, second appointment waiting times remain significantly shorter than before the pandemic, and recovery rates have been maintained at a high level following an upwards shift in 2020. The improved percentage of people achieving recovery suggests a relationship between shorter waits and better outcomes.

As highlighted previously, all services have maintained performance by rapidly implementing and refining digital platforms to offer assessment and treatment remotely, which has been successfully utilised by service users. Services are now planning to continue significant amounts of online/remote work after restrictions are lifted because of the lessons they have learned during the pandemic. Online webinars were launched as a tool for engagement with service users and there are early signs that this approach is working well, for example, the Bedfordshire webinar programme has been offering online outreach sessions and running successfully.

There are also plans to include face-to-face outreach sessions to engage with service users who may be digitally disadvantaged. The digital approach across our services is also providing greater appointment flexibility for service users and less pressure on room bookings (especially relevant for Bedfordshire), which has led to reduced travel time and accommodation expenses, especially satellite sites (e.g. GP surgeries). It has also led to reduced localised bottlenecks in waiting lists. There are also opportunities to draw on a much larger pool of candidates across the whole of the UK if they don’t need to travel to the office regularly. Most staff are happy to continue working from home part of the time and we the service has only identified a small cohort of digitally excluded service users who will continue to receive care on-site. There are also further developments that IAPT services are still exploring such as the automation of key functions including referral management processes and making our websites and online resources more interactive.

Chart 2.18a Number of referrals to IAPT services (Trustwide – I chart)

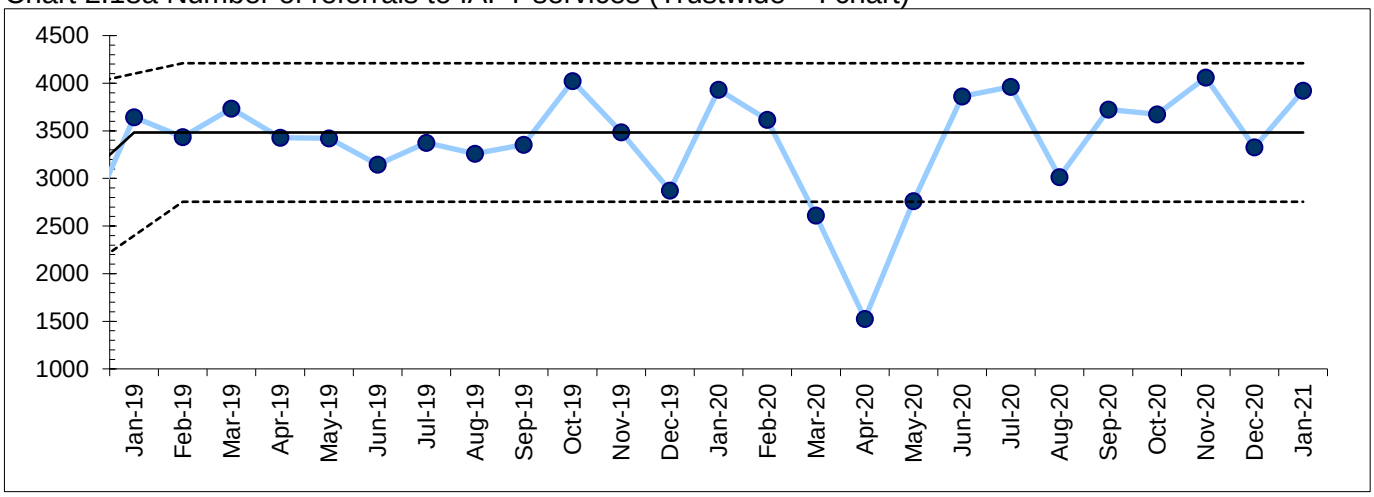
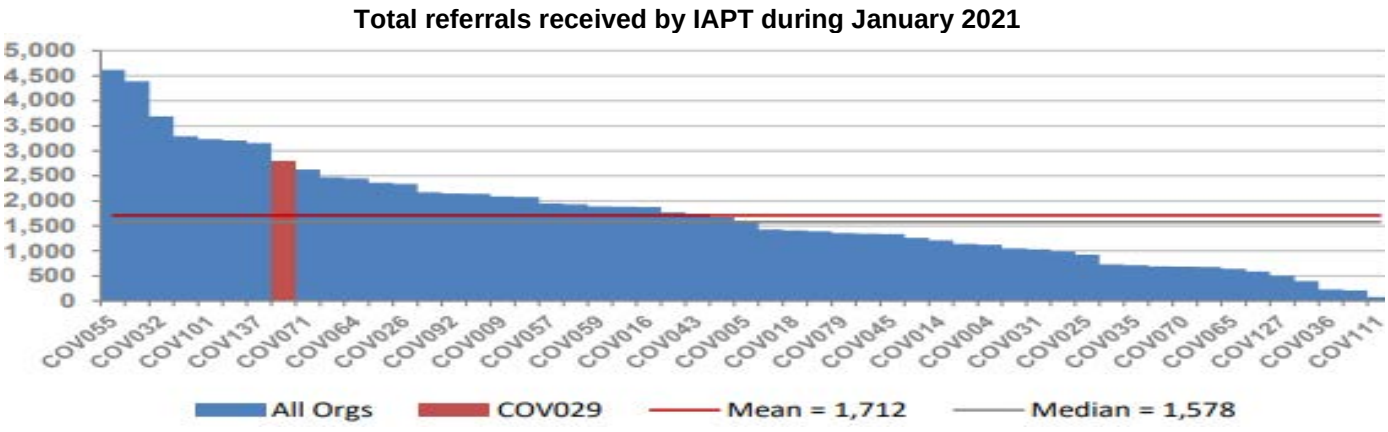


Chart 2.18b IAPT – Referrals received (Source: *National Mental Health Benchmarking Network – January 2021*)

East London



Bedfordshire and Luton

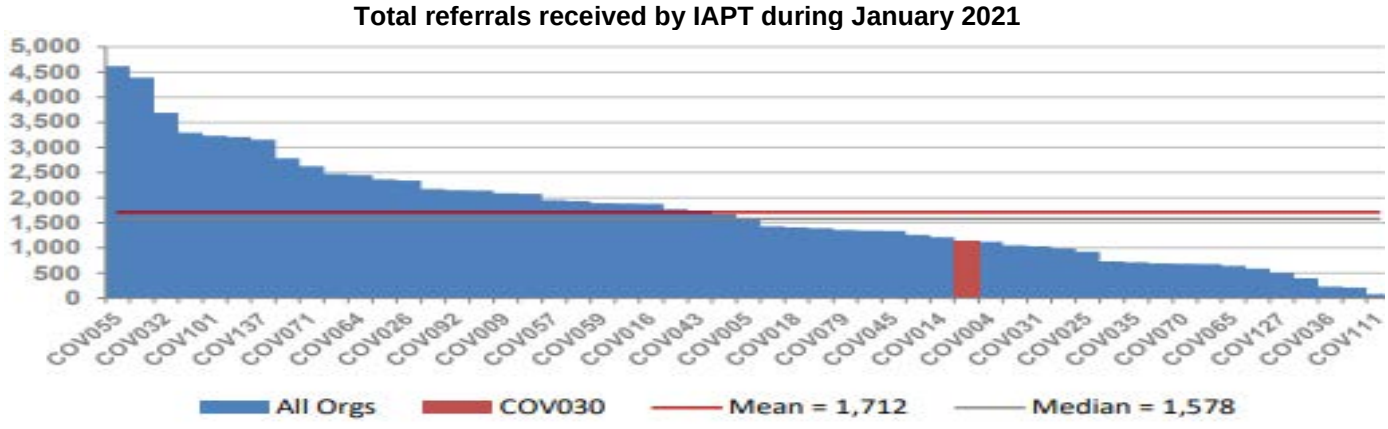


Chart 2.19 Number of service users starting treatment – first contact (Trustwide – I chart)

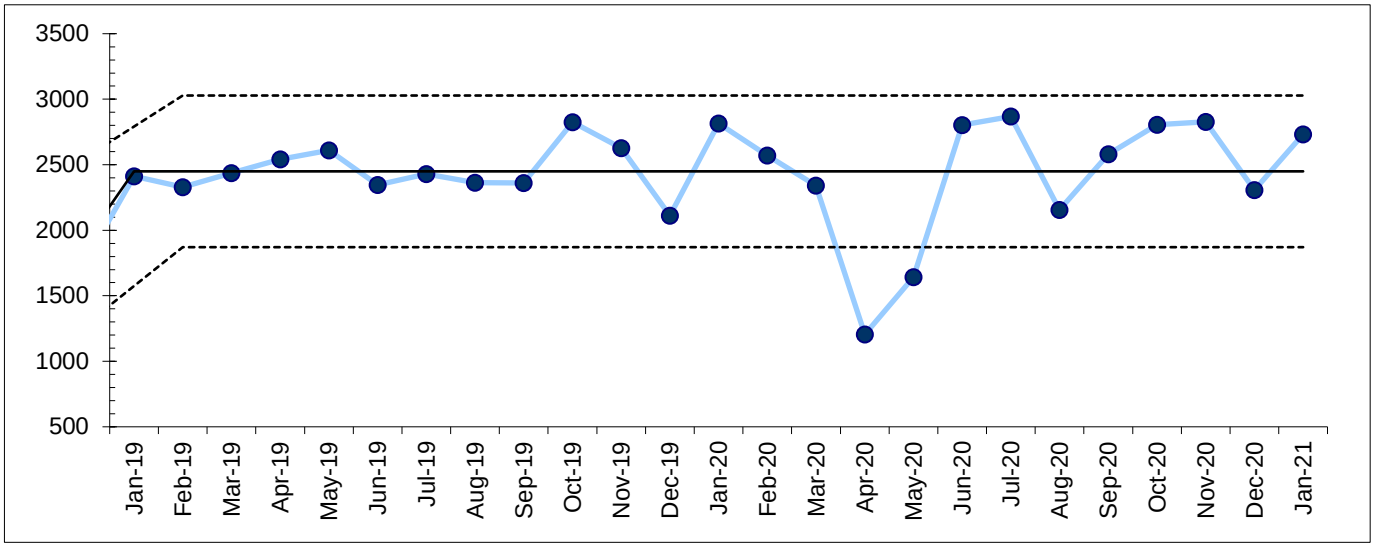


Chart 2.20 Percentage of service users starting treatment within six weeks of referral (Trustwide – P' chart)

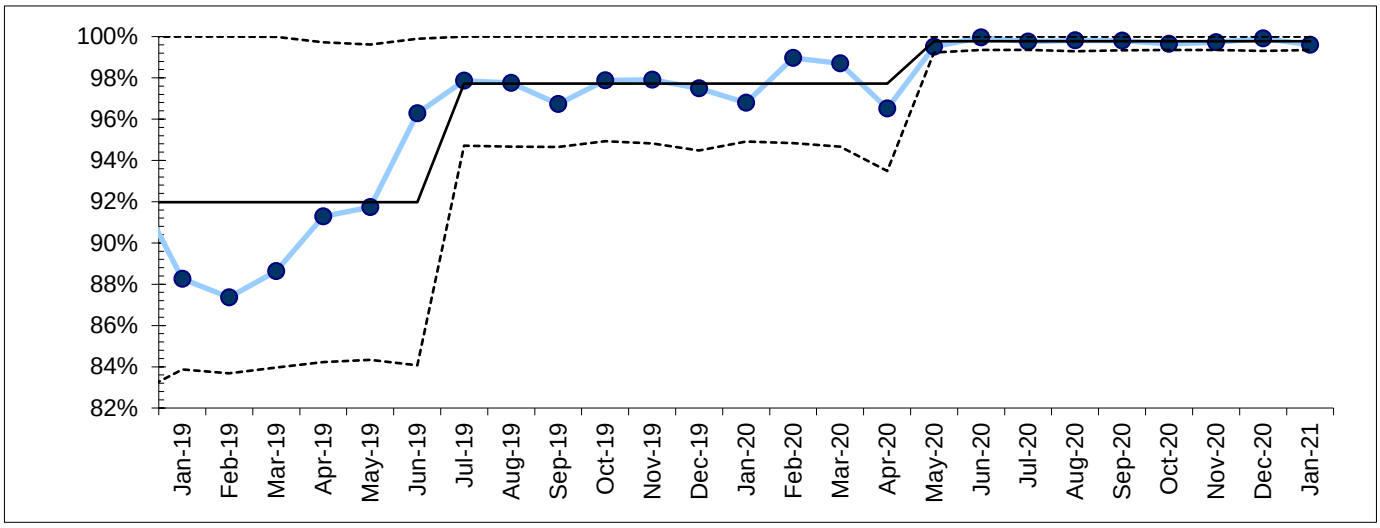


Chart 2.21 Percentage of service users starting treatment within 18 weeks of referral (Trustwide – P chart)

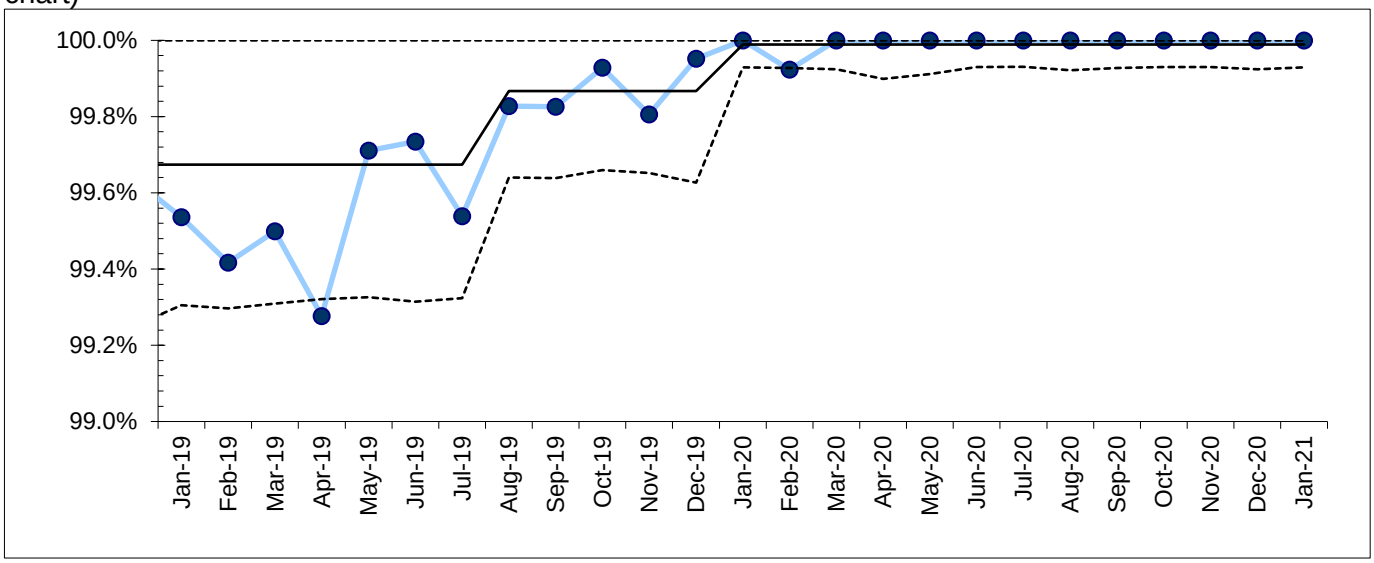


Chart 2.22 Average wait (days) to first appointment (Trustwide – I charts)

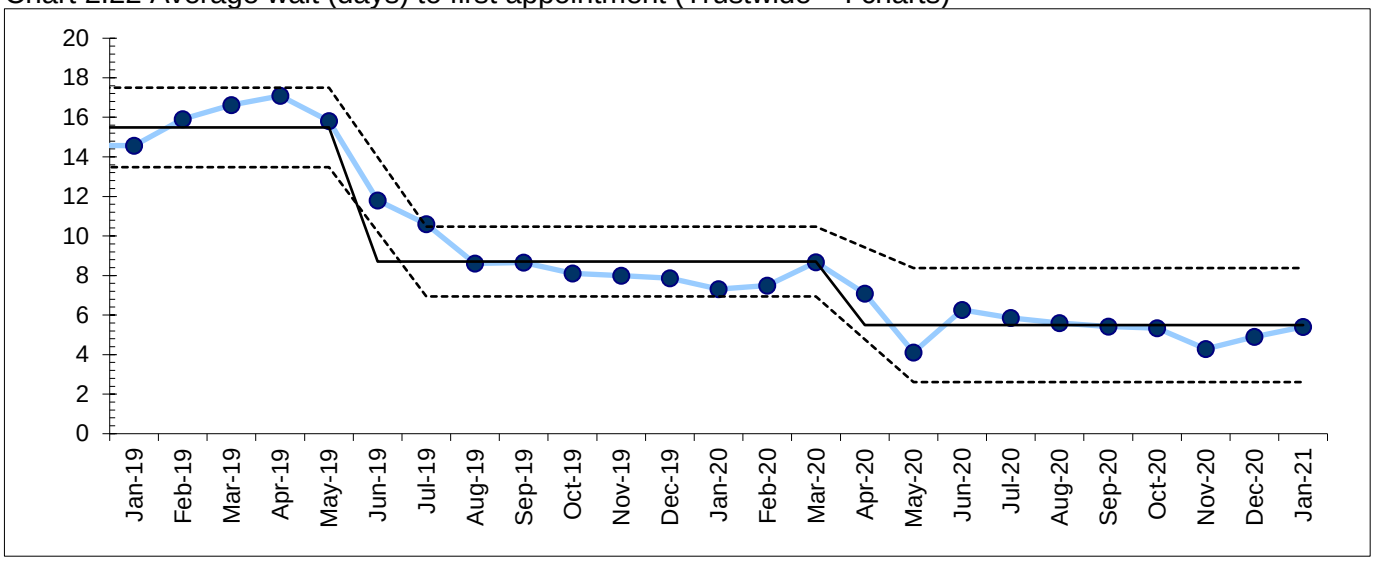


Chart 2.23 Average wait (days) to second appointment (Trustwide – I chart)

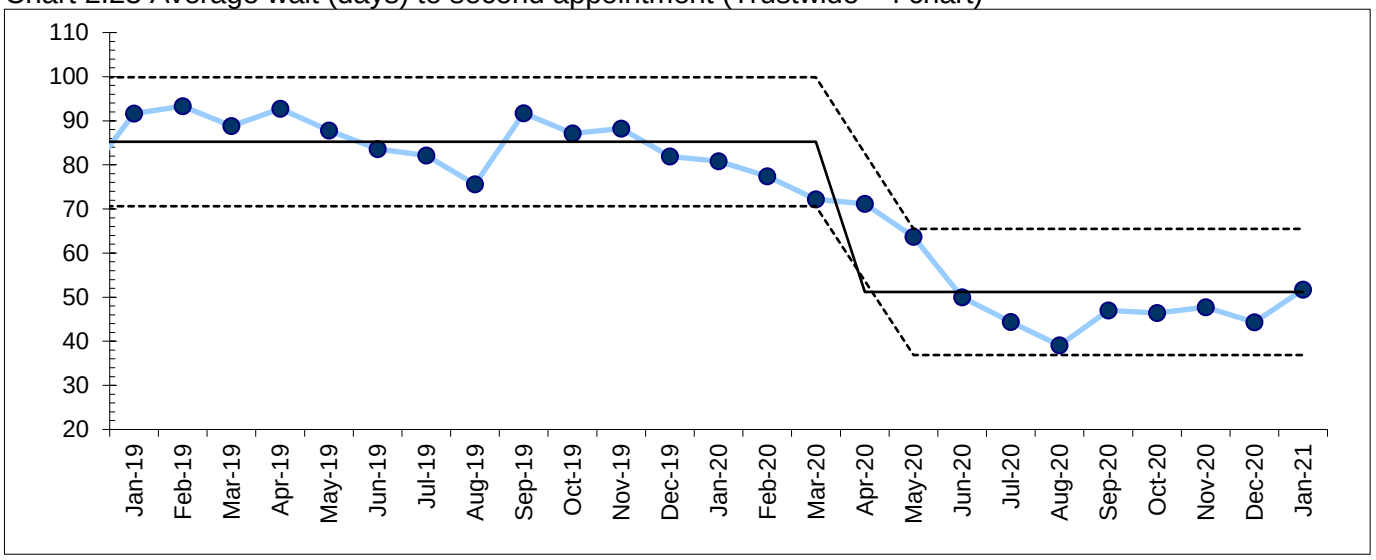
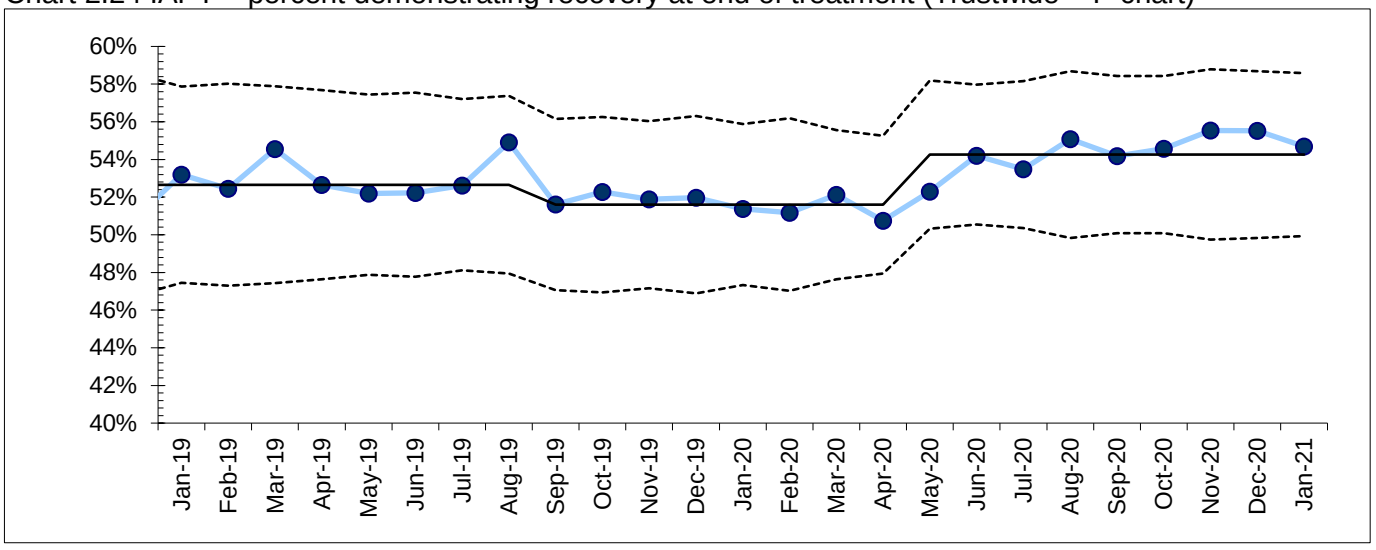


Chart 2.24 IAPT – percent demonstrating recovery at end of treatment (Trustwide – P chart)

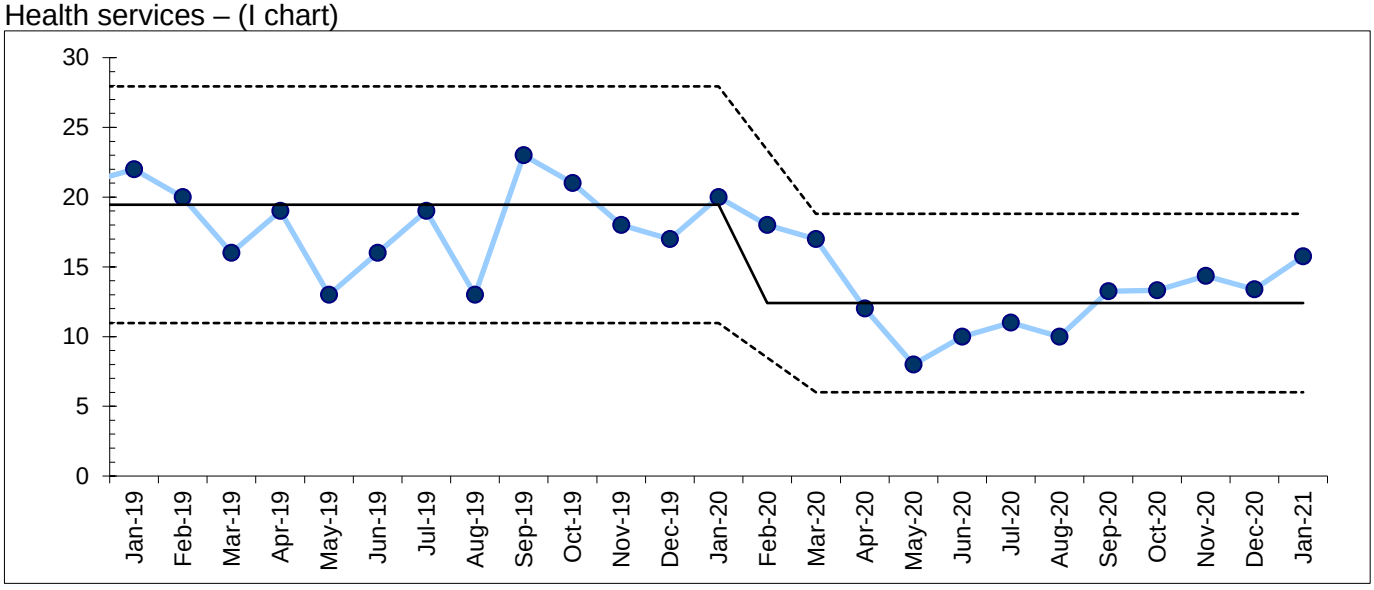


Perinatal Services

Chart 2.25 below shows that average waiting times for perinatal services remain below pre-COVID levels and broadly stable. However, during January there was a small increase in average waiting times from 13.9 days to 15.7 days. As highlighted above, all community mental services were

affected by the national lockdown measures and increased staff sickness due to COVID-19. This reduced the capacity in the team during this period which impacted waiting times. All services continue to report an increase in anxiety and depression-related presentations which is largely related to the impact of the pandemic on health and well-being. Teams are in the process of reviewing service models to meet national access targets and improve service offer in each borough.

Chart 2.25 Average waiting times for referrals not yet seen for assessment to Trustwide Perinatal Mental Health services – (I chart)



3. Experience and Outcomes

The charts below provide assurance across a range of service user experience and outcome indicators. The number of PALs enquires have decreased from a mean of 21 to 15 enquiries per week. However, the number of complaints has continued to increase above normal levels during December before decreasing to usual levels in January. The small increase during December was due to Bedfordshire mental health services, Tower Hamlets mental health services, Forensic services, and Specialist and CHN Children services. The main complaint themes related to communication, attitude of staff, access to services, and medications. The Risk and Governance team is working with local directorates to review processes and practices to ensure learning and best practice is adopted across the Trust.

Chart 3.1 Number of Complaints (Trustwide – I chart)

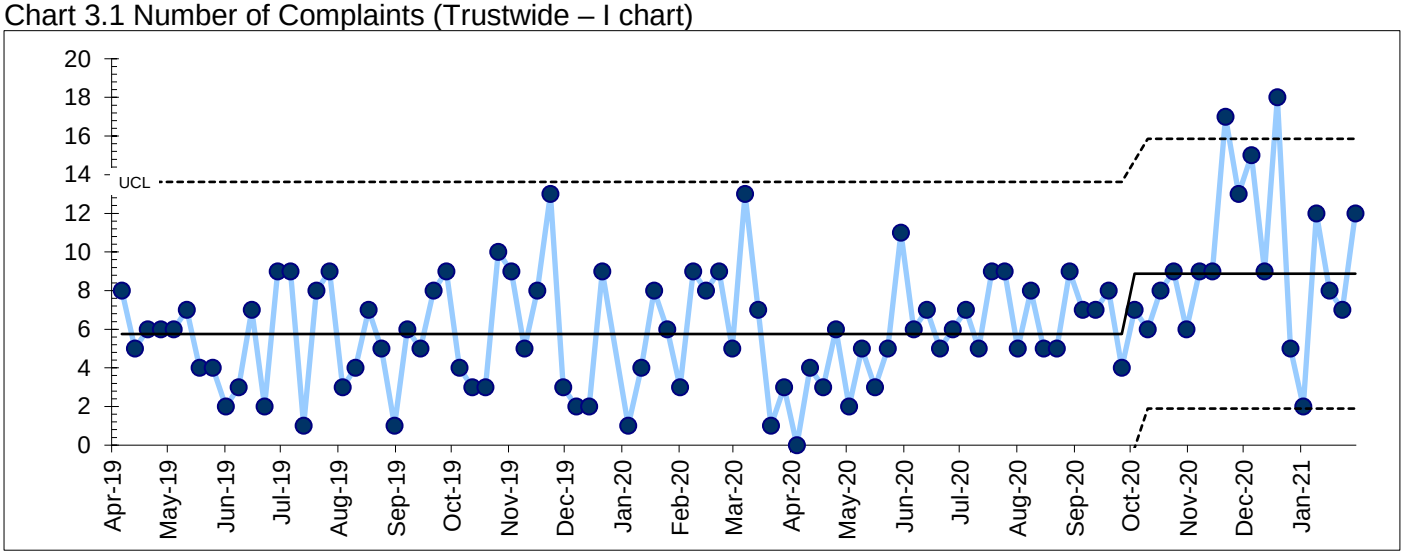


Chart 3.2 Number of PALs enquiries (Trustwide – I chart)

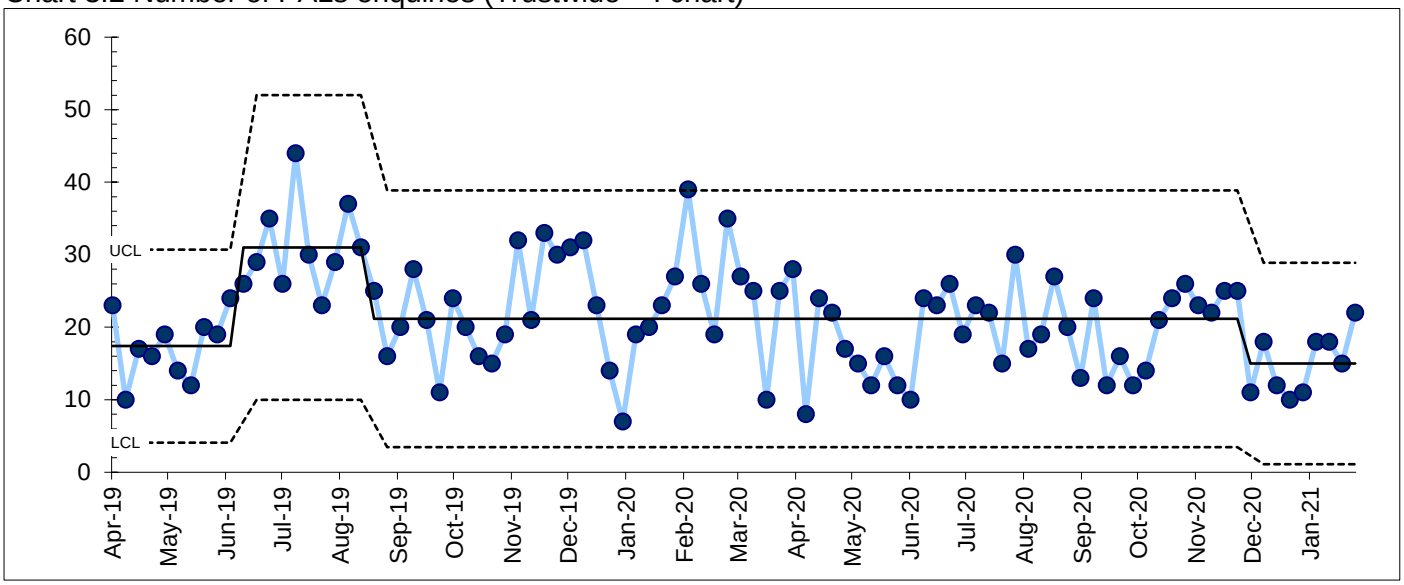


Chart 3.3a has been amended to show the data from the new Friends and Family Test (FFT) survey that was relaunched in November as highlighted in the previous report. The chart shows that 92.2% of respondents reported a positive experience of services. Chart 3.3b and 3.3c show that the overall number of respondents, as well as the number of teams re-establishing patient-reported experience measures is increasing to levels before the pandemic. Some new services have begun implementing the survey for the first time, such as our Primary Care Services in Bedfordshire. This demonstrates the commitment of teams to collect service user feedback and also the success of new innovative methods deployed to capture feedback such as apps, links on staff mobiles to complete the survey on devices (using infection control precautions), sharing QR codes via posters or correspondence, enlisting the befriending service to call service users to complete the survey over the phone, and other local methods. The new patient-reported experience survey will allow teams to collect more meaningful information from service users through capturing qualitative information about their care and experience. This will allow teams to better understand the needs of service users and allow services to make the necessary improvements to our services.

Chart 3.3a Percent of service users rating their experience as positive – good or very good (Trustwide – P' chart) *Data based on new FFT survey questions from November onwards.

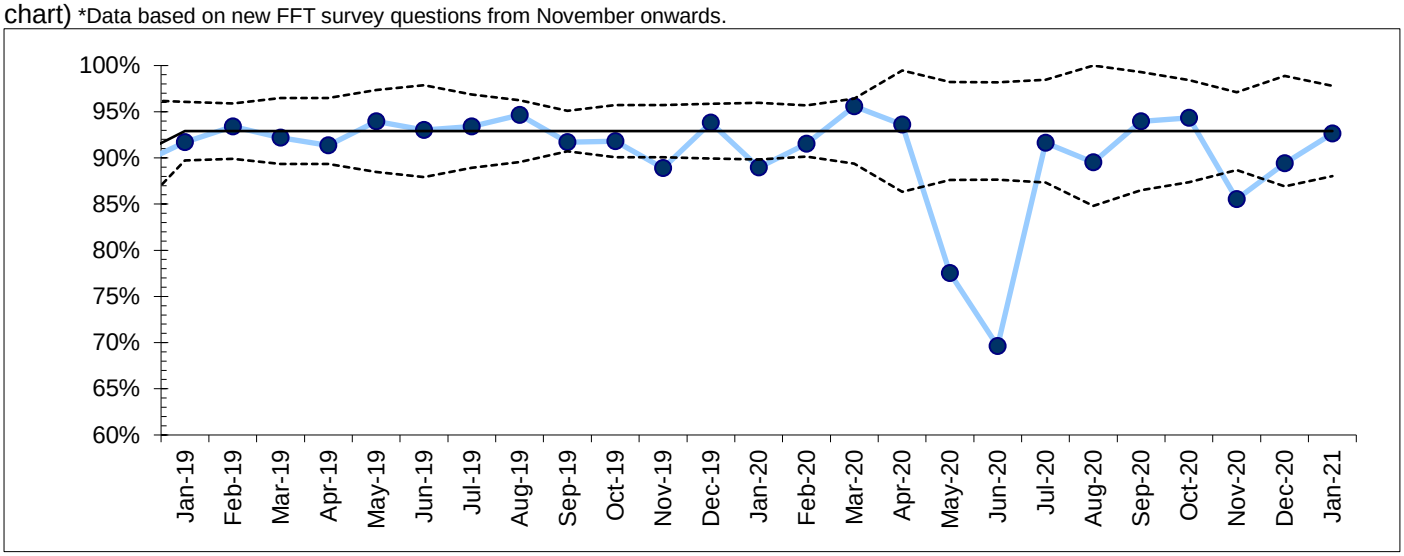


Chart 3.3b Total number of Friends & Family (FFT) responses collected per month (Trustwide– C chart)

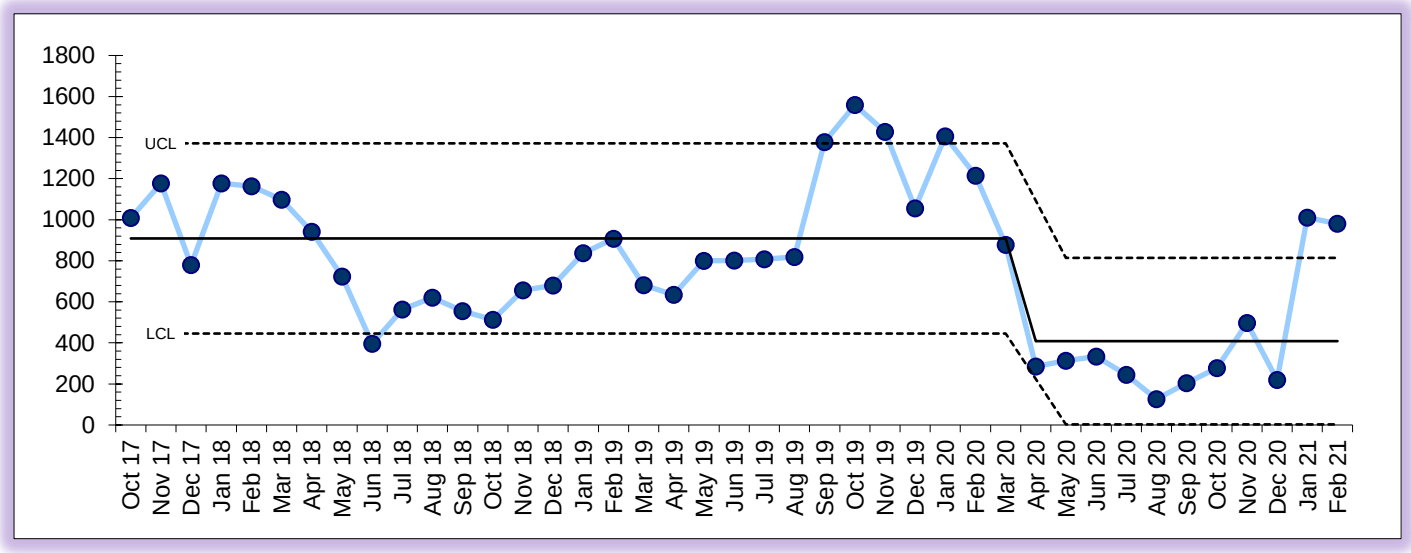


Chart 3.3c Total number of Teams collecting FFT responses per month (Trustwide– C chart)

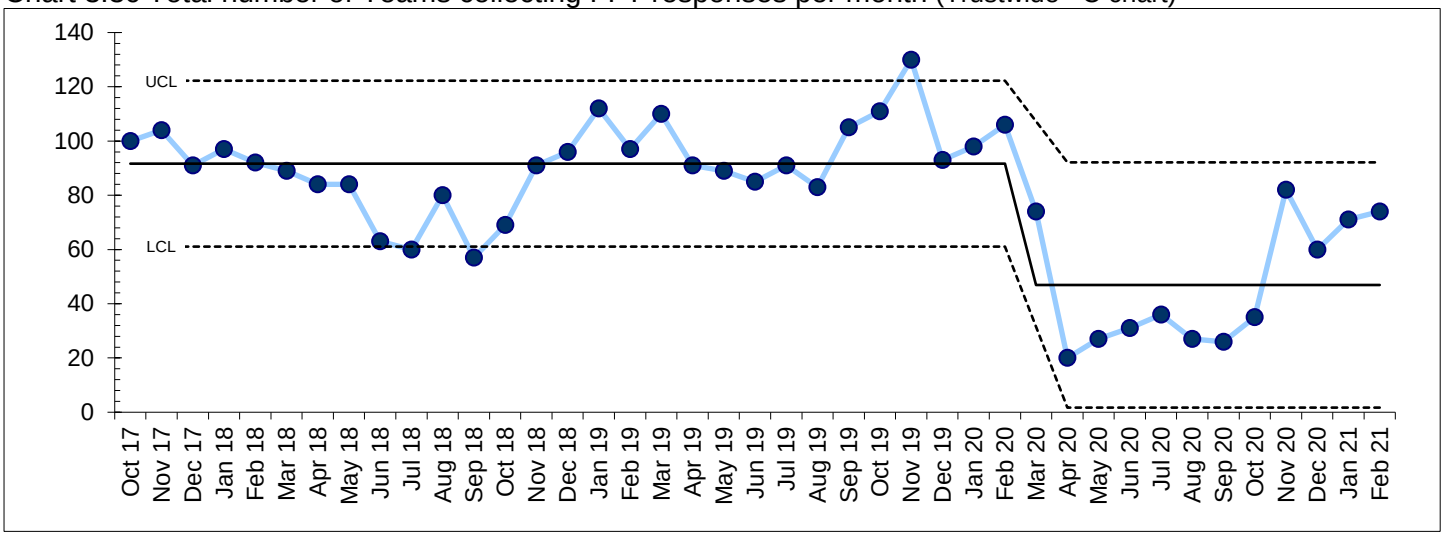
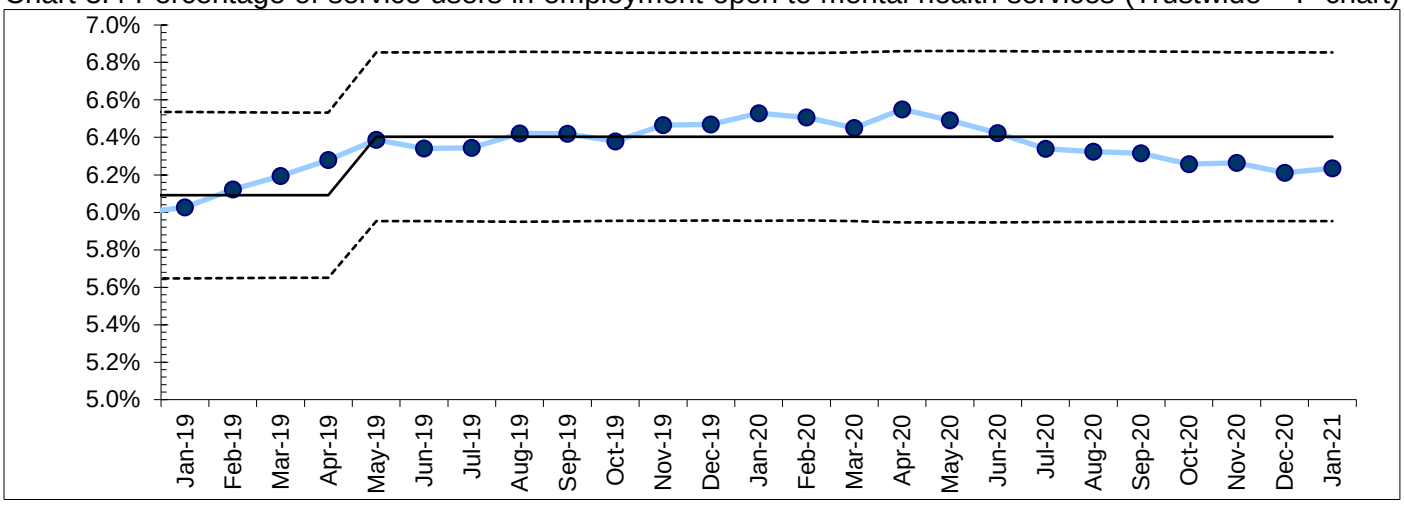


Chart 3.4 below highlights the percentage of service users open to Mental Health services who are in employment. There continues to be reduction from 6.6% in April to 6.2% in January. The Employment Support Workstream is working with teams across the Trust identify the issues and develop plans with the involvement and participation of service users.

Chart 3.4 Percentage of service users in employment open to mental health services (Trustwide – P chart)



4. Staffing

The charts below describe a range of people indicators, to accompany the more detailed People report. Chart 4.1a illustrates that staff sickness absence remains stable. Chart 4.1b shows COVID-19 sickness absence in the Trust has increased across all services, particularly Mental Health and Community Health services which have almost doubled during the period. Vacancies within the establishment have continued to decrease over the last two months. There continue to be increased recruitment levels to support the workforce required for the Trust contribution to the COVID-19 mass vaccination programme and these posts are not included within vacancy data. The rollout of staff vaccinations continues to progress well and this helping support staff and services to maintain a safe and healthy workforce and deliver high quality care. The Trust continues to use streamlined recruitment processes devised during the COVID-19 pandemic and has also successfully taken part in new virtual recruitment and careers events. Staff turnover levels have remained stable between October 2020 and November 2020 and below the Trust target of 16%.

The number of staff compliant with Disclosure and Barring (DBS) checks remains consistently high. The Trust is following the national Guidance to fast-track DBS checks and the DBS recheck period changed from 3 years to 4 years. There is a robust process in place to monitor and ensure DBS compliance. Reports are in place to support the monitoring and management of DBS checks, which are circulated on weekly basis and reviewed by our Recruitment Team and local People and Culture Business Partners. Where cases are identified as having expired or are about to expire, Business Partners are involved in contacting relevant members of staff and respective managers to ensure that DBS checks are completed in a timely manner.

Chart 4.1a Sickness excluding COVID-19 related cases (Trustwide – I chart)

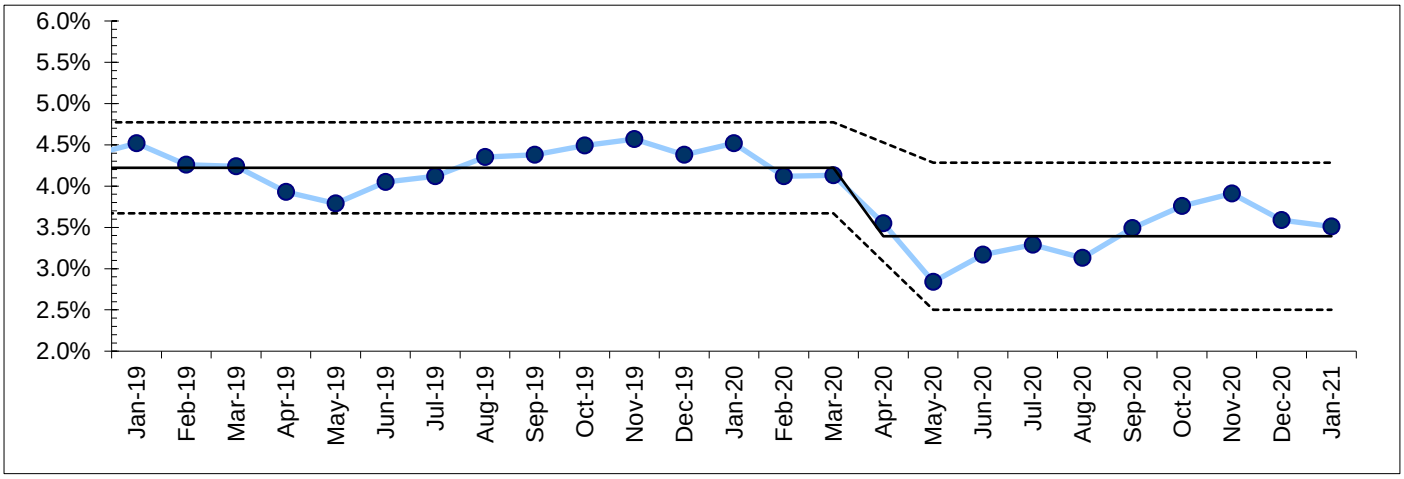


Chart 4.1b Staff COVID-19 related sickness (Trustwide – P chart)

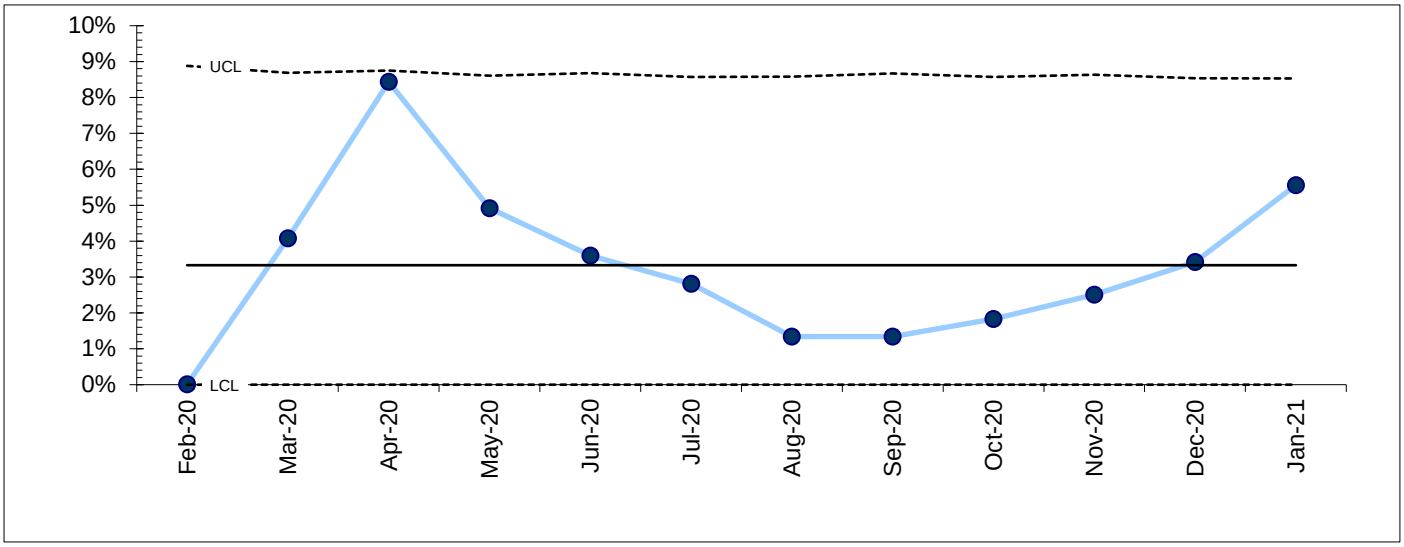


Chart 4.2 Percentage of posts vacant (Trustwide – I chart)

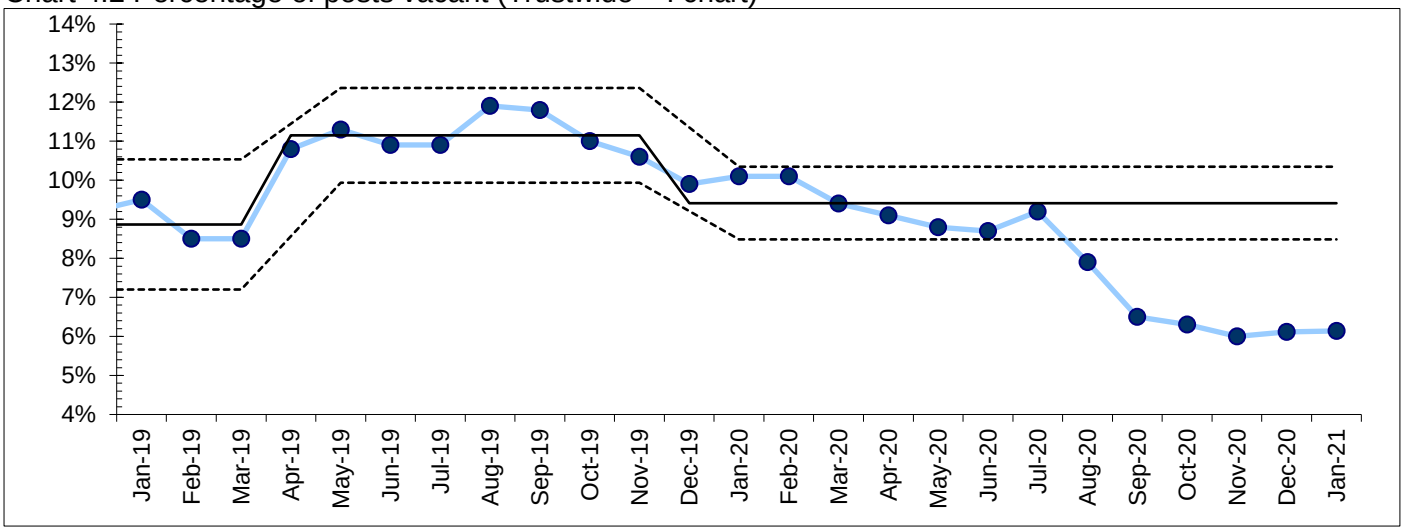


Chart 4.3 Turnover (Trustwide – I chart)

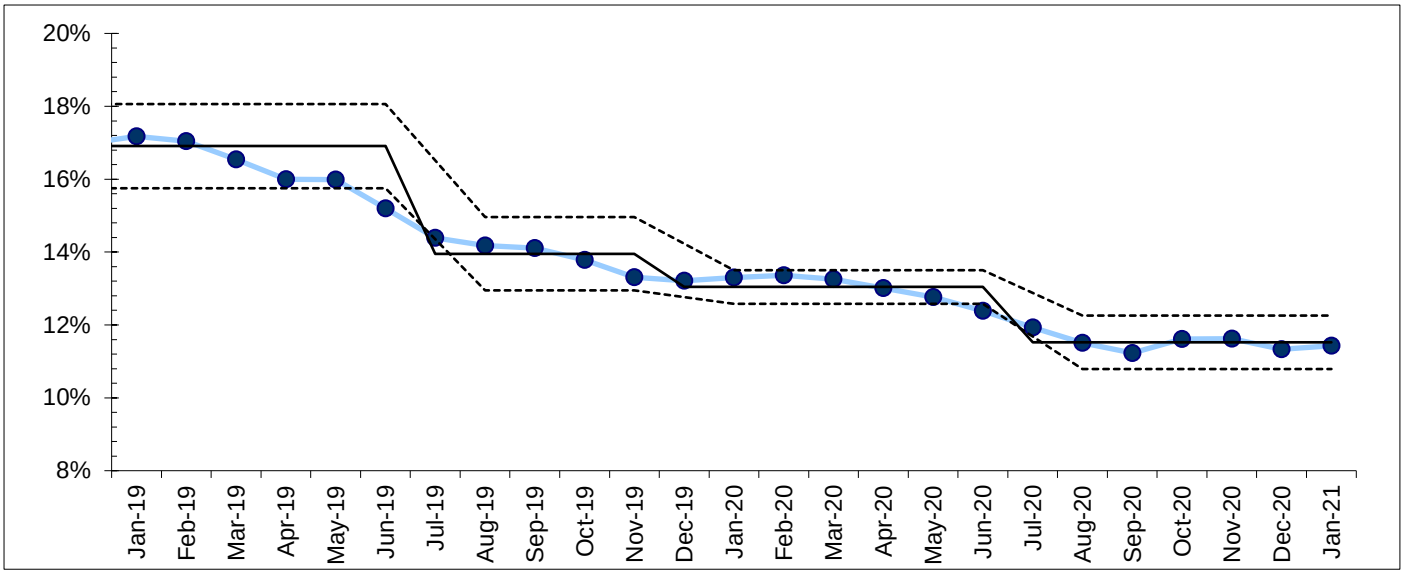
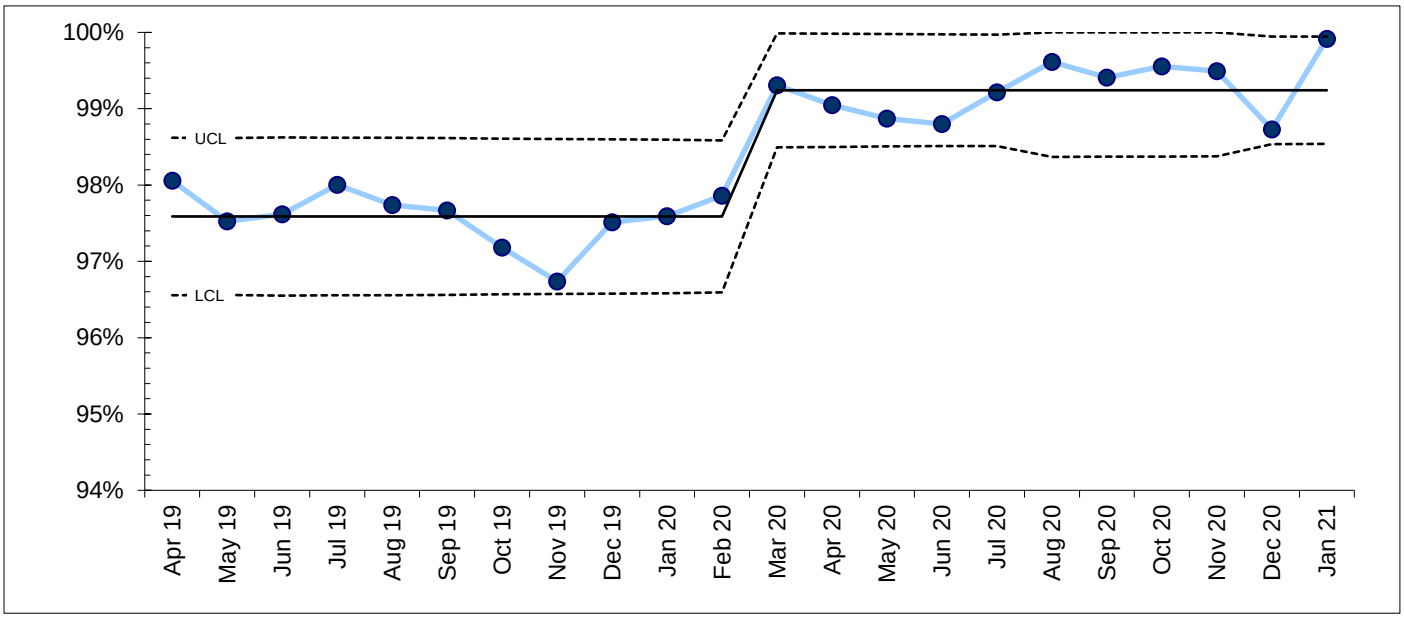


Chart 4.4 DBS clearance (Trustwide – P' chart)



5. Finance Performance

1 Purpose of Report

1.1 This paper highlights financial performance for the period ended 31st January 2021.

2 Executive Summary

2.1 Key conclusions are:

- Operating surplus (EBITDA) to end of January 2021 of £11,012k compared to planned operating surplus of £10,768k before accounting for the impact of adjustments.
- Net surplus of £5,132k (1.3%) compared to planned net deficit of £2,774k (-0.7%).
- Year to date net surplus better than plan by £7,906k after accounting for the impact of adjustments.
- NHS Improvement (NHSI) risk rating is not currently being reported.
- Cash balance of £160.3m as at the end of January 2021.

3 Financial Framework

3.1 Trust and STP Phase 3 plans were submitted to NHS Improvement (NHSI), setting out intended funding, investment and expenditure for the remainder of financial year 2020/21.

The Trust now has a £5,311k deficit plan, and this has been reflected in the Month 10 financial position.

3.2 From 1st October, elements of the NHS England (NHSE) Specialist Commissioning contract have been devolved to local Trusts. This Trust is the lead provider organisation for Child and Adolescent Mental Health services (CAMHS), and Barnet, Enfield and Haringey Mental Health Trust (BEH) are the lead provider organisation for Forensic Services.

Income budgets have been adjusted to reflect full income for the CAMHS commissioning function being received, offset by expenditure budgets for planned payments to other Trusts in the collaborative. There is a further adjustment to reflect Forensic income being received via BEH rather than NHSE.

NHSE have not yet provided a breakdown of the block payments being made. This has been escalated via a number of routes and presents a risk to delivery of the forecast position since the value of payments being made is currently less than expected.

3.3 The Trust has assumed payments from other commissioners (e.g. local authority contracts) continues as per 2019/20. The Commercial Development Department (CDD) has written to local authority commissioners to request uplifts to 2019/20 contracts. This to allow for;

(a) the 2019/20 pay award, the funding for which has been passed to local authorities in 2020/21, having been paid centrally to the Trust in 2019/20.

(b) an uplift for 2020/21 pay and prices inflation.

The responses so far, where they have been received, suggest local authorities in general are not prepared to fund additional uplift. The national guidance issued does not indicate a clear responsibility in this regard.

In order to be prudent, these uplifts had not been assumed in opening budgets, and income assumptions will be amended if and when revised contract values are agreed.

3 Summary of Performance to 31st January 2021

3.1 The financial performance is summarised in the table below:

	YTD Jan-21			Temporary Annual	YTD Dec-20	Change
	Budget	Actual	Variance	Budget	Variance	+/-
	£000	£000	£000	£000	£000	£000
Operating Income	400,524	401,641	1,117	486,475	1,709	(593)
Operating Spend	389,756	390,629	(873)	475,535	(261)	(612)
Operating Surplus (EBITDA)	**10,768**	**11,012**	**244**	**10,939**	**1,448**	**(1,204)**
Interest Receivable	250	13	(237)	300	(212)	(25)
Interest Payable	(1,691)	(1,691)	0	(2,029)	0	0
Depreciation	(8,293)	(8,295)	(1)	(9,952)	(1)	0
Public Dividend Capital	(3,808)	(3,807)	1	(4,569)	1	0
Underlying Net Surplus / (Deficit)	**(2,774)**	**(2,768)**	**6**	**(5,311)**	**1,236**	**(1,229)**
Balance Sheet Review Adjustment	0	7,900	7,900		3,700	4,200
Net Surplus / (Deficit)	**(2,774)**	**5,132**	**7,906**	**(5,311)**	**4,936**	**2,971**

3.2 A review is being undertaken of the expenditure accruals balance, in preparation for the final accounts process. As a result of this, an adjustment £7,900k has been released non-recurrently into the 2020/21 position as at Month 10. The impact of this can be seen above.

The charts below provide assurance across a range of finance indicators.Chart 5.1 Surplus (£000) (Trustwide – I chart)

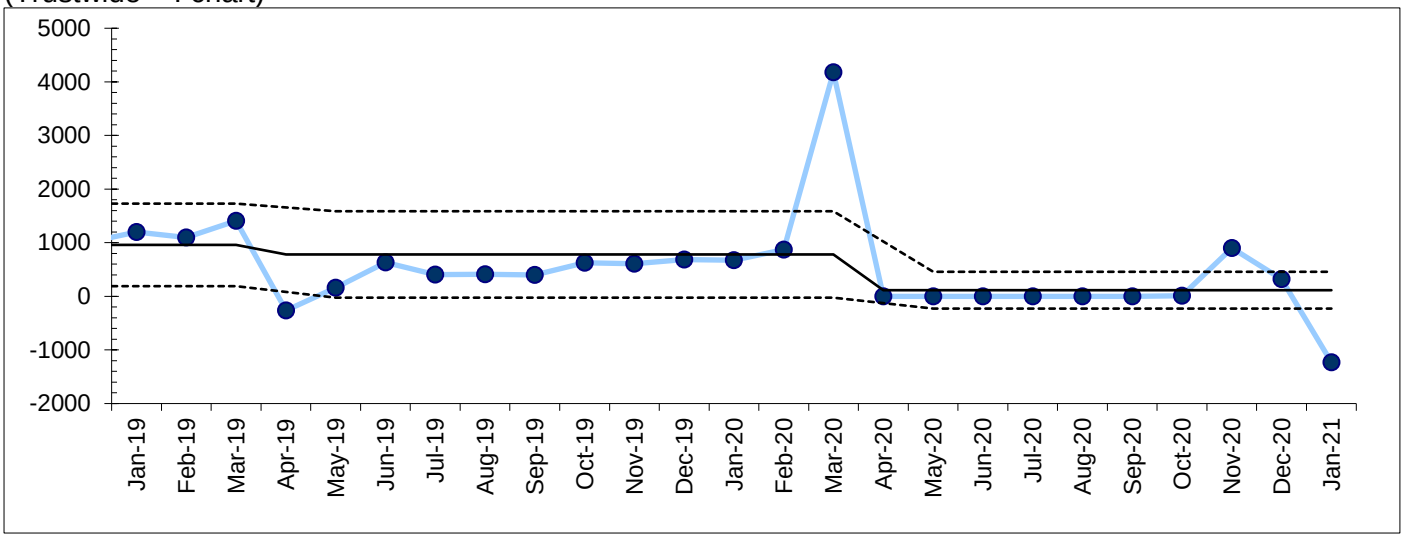


Chart 5.2 Cash Balance (Trustwide – I chart)

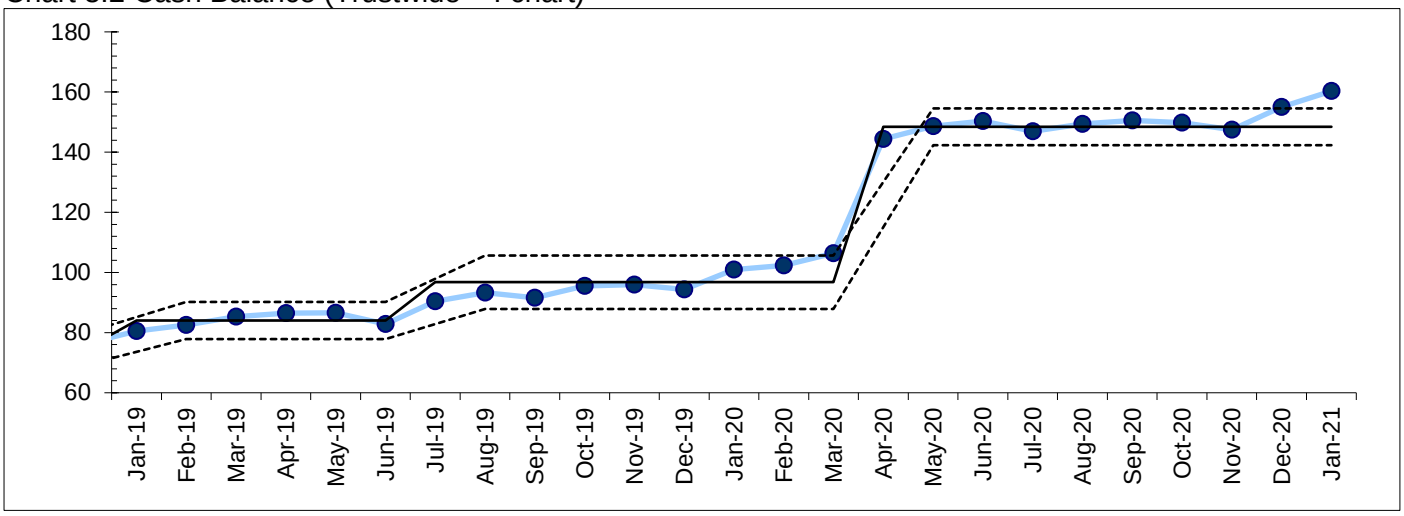


Chart 5.3 Agency vs ceiling (£000) (Trustwide – I chart)

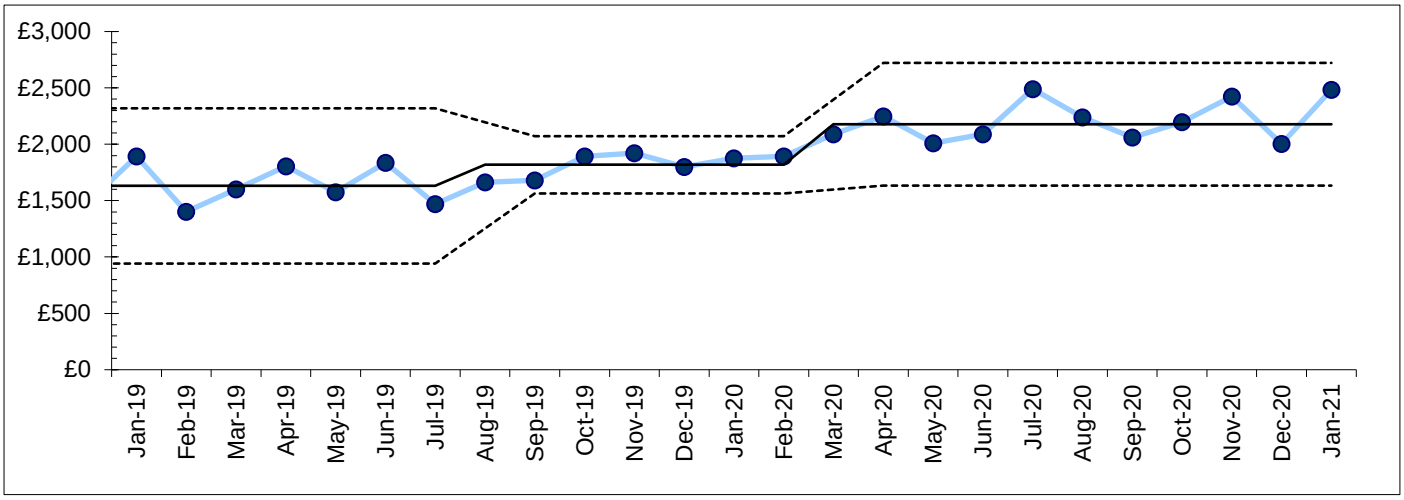
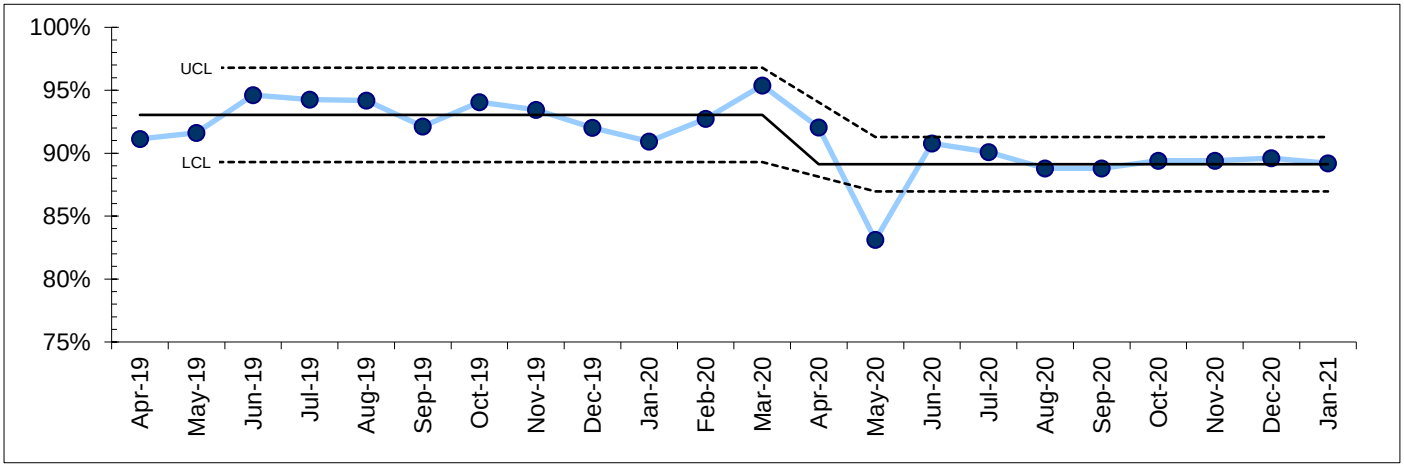


Chart 5.4 The value of invoices paid within 30 days, as a percentage (I chart)



7. Regulatory Compliance

NHS Improvement Single Oversight Framework

Trusts are segmented under the Single Oversight Framework (SOF) based on the level of support each provider needs which is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. NHS Trusts are placed on 1 of 4 "segments", with 1 being the lowest risk, and 4 being the highest risk. The Framework is divided into 5 themes. See table below for the Trust's current rating against each theme.

Theme	Current Rating	
Quality of Care		No Concerns
Finance and Use of Resources		NHS Improvement (NHSI) risk rating is not currently being reported.
SOF Operational Performance Indicators:		There are some specific areas that have been impacted. Plans are in place to address challenges as highlighted in the report
• CQC rating		
• Complaints rate		
• Friend and Family Test scores		

• Patient safety alerts		
• Incidents of harm/Never events		
• % of service users followed-up on discharged from mental health ward		
• % of service users in settled accommodation		
• % of service users in employment		
• Admissions to adult facilities of services users under 16 years old		
• % of users with first episode of psychosis commencing treatment within two weeks of referral (60% target)		
• IAPT services access times and recovery rates		
• Data Quality Maturity index		
• Staffing indicators – sickness, turnover, staff survey results		
• Finance sustainability indicators		
• Out of Area Placements		
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

8. Recommendations and Action Being Requested

8.1 The Board is asked to **RECEIVE** and **DISCUSS** the report.