NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD: PRIVATE
20 May 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 percentage of incidents resulting in harm and safeguarding referrals, unexpected deaths, IT-related incidents, and post-discharge follow-up care remain stable.

Our access measures highlight that our Mental Health and CAMHS services waiting times remain stable, 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 remain stable and waiting times remain below pre-COVID levels. Crisis services remained busy with further increases in activity, supporting service users in crisis and avoiding unnecessary admissions. Our experience measures highlight a reduction in PALs enquiries as well as improvements in patient satisfaction levels. Our staffing indicators highlight reductions in overall sickness and COVID-related absences.

The main lessons highlighted by teams relate to the way teams have adapted to increases in demand and maintaining access to inpatient and community services. Our staff have been working flexibly, offering a blend of face-to-face, telephone, and video contact to maintain contact where possible. Mental Health teams have started to prioritise face-to-face contact with service users, and this has led to improvements in monthly contacts with service users on Care Programme Approach (CPA) caseload. Despite facing substantial community referral pressures, CAMHS services have managed to maintain stable waiting times. Teams have continued to successfully restart the collection of feedback from service users, with responses reaching pre-COVID levels once again. The collection of this information is vital for teams to continuously learn and develop effective services.

What has not gone well and what are we doing about it?
Our safety measures highlight several areas where further work is underway to deliver improvement in care such as incidents, pressure ulcers, and violence and aggression incidents across inpatient services. Our access indicators highlight that waiting times across EIS services were adversely impacted and across most community services there has been a substantial increase in referrals which has the potential to lead to longer waiting times if this trend continues. Inpatient admissions and occupancy levels have also started to increase with more acutely unwell service user presentations. This highlights that the underlying mental and physical health needs of our population have deteriorated during lock-down, particularly where services have reported an increase in brand new presentations not previously known to services.

However, our staff have drawn on the lessons and experience from previous waves of the pandemic and lifting of lock-down measures by taking steps to manage these challenges. This includes working with partners such as local authorities, third sector, primary care, and acute providers to strengthen pathways and joint working to maximise resources available to deliver effective care.

New integrated forums formed during the pandemic continue to support with escalating issues to avoid delays in delivering care to service users. Most services are proactively prioritising face-to-face contacts with service users so that greater support can be provided in the community and combat social isolation, particularly for those that haven't benefited from digital methods of communication. In addition, service innovations such as the pioneer Primary Care Network (PCNs) have started to be introduced across Mental Health services and this will provide new ways of delivering care to meet the needs of our populations. Additional support is being provided to services to learn how to manage increased demand and monitor flow through their pathways using best practice improvement principles, and standardised approaches to recovery planning across the Trust.

Are there any other important issues to highlight?
There are a few areas that remain challenging for teams, including estates challenges. This means that not everyone can return to the office because of limited space and social distancing rules in the office. Rotas are in place to allow staff to work flexibly. Wider discussions are underway to clarify new ways of working once lock-down measures are fully lifted. The digital infrastructure in the Trust has also struggled with the volume of video-calls taking place on our network. Urgent upgrades are already underway. The additional level of complexity in presentations and referrals has put greater pressure on our workforce to manage caseloads. This is having an impact on staff morale and not all teams have been able to recuperate fully before having to deal with increases in referrals. Managers have been supporting staff by encouraging them to take annual leave but that has not always been possible. Where staff have not used enough of their leave, they are being encouraged to use them flexibly. This may have some short-term impact on service capacity, but is vital for maintaining a healthy workforce and the safety of services.

Regarding financial performance, the operating surplus (EBITDA) to the end of March 2021 is £20,063k compared to a planned operating surplus of £10,940k. The overall net surplus position amounts to £3,523k (0.7%) compared to a planned net deficit of £5,311k (-1.1%) before accounting adjustments. The year-to-date net surplus better than plan, by £8,834k. the cash balance of £143.1m as at the end of March 2021.

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.

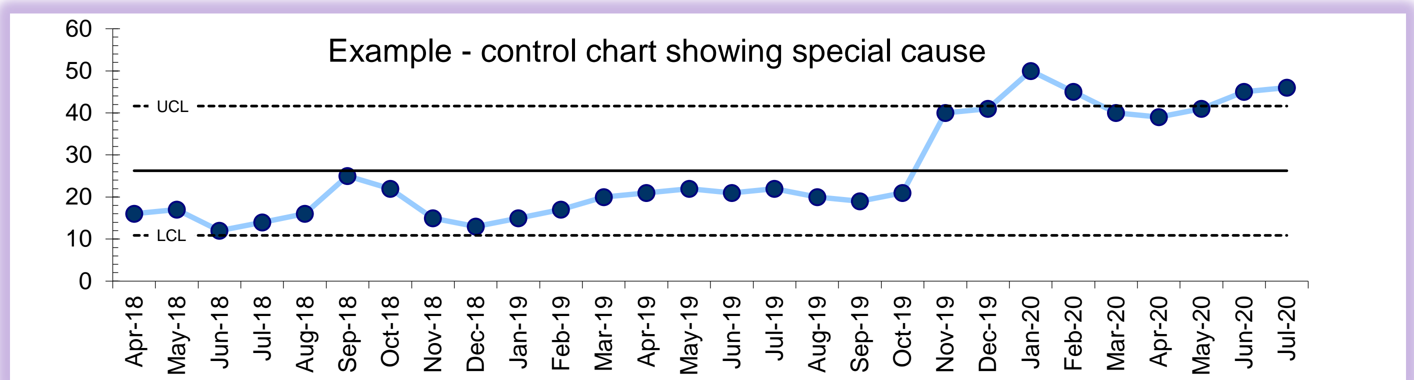
Impact	Update/detail
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of March 2021 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national 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:

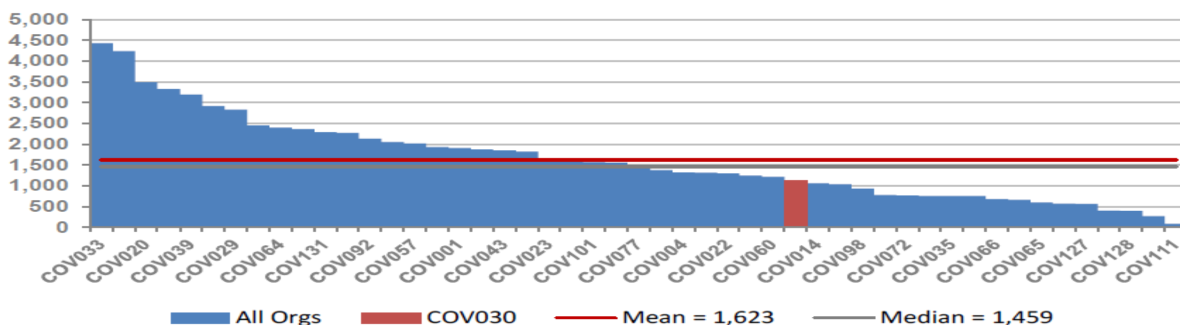
- Charts demonstrating instability (based on signals of special cause on the chart) since the last Board report are highlighted with a purple glow effect, as shown below. Statistical process control charts, such as control charts, are used to study how a system or process changes over time. It allows 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 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.

  The national comparative data available during Covid uses registered populations (the number of people registered to GP practices) as a way to develop rates that allow comparison. It is worth noting that registered populations purely account for size of population, without reference to demographics or other factors that may influence health needs. Weighted population metrics are available in our annual comparative reports, but not the monthly data available.

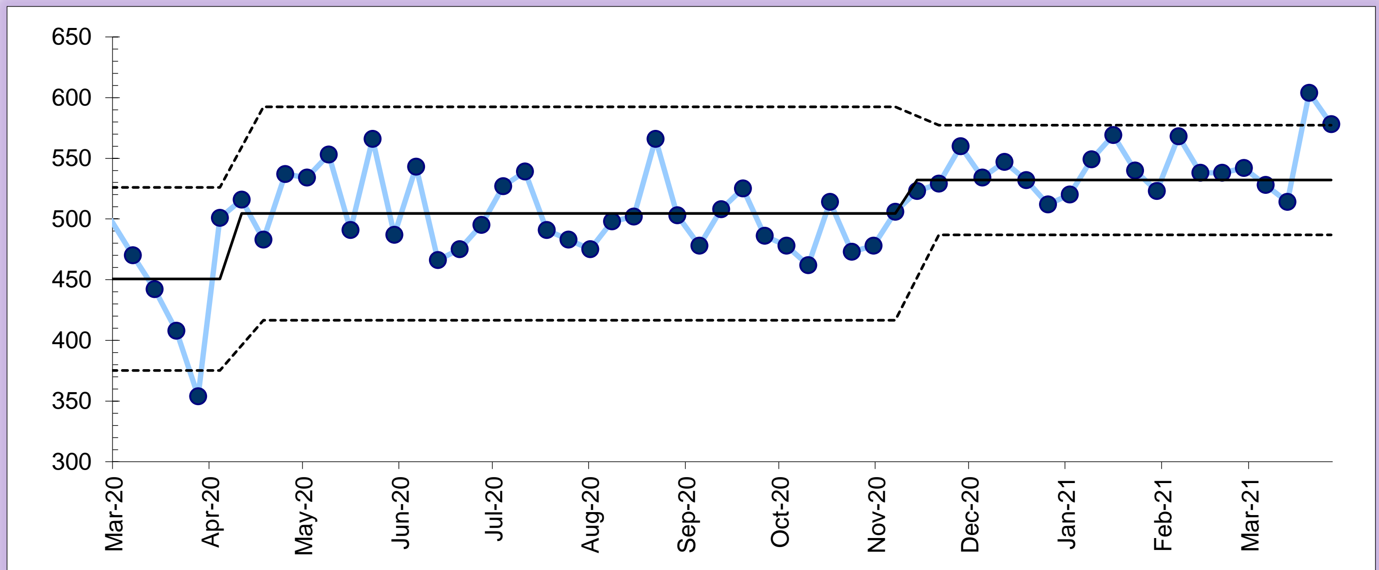
Example of comparative data from NHS Benchmarking Network



1. Safety

The charts below demonstrate variation across a range of key safety measures. The number of incidents resulting in harm, post-discharge follow-up care, unexpected deaths, and IT incidents remains stable. However, the number of reported safety incidents, violence and aggression, and pressure ulcers have shown signs of increase during March.

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



The number of safety incidents increased during March due to an increase in the number of reported deaths (expected), care and treatment incidents related to pressure ulcers in Community Health Services, and violence and aggression incidents across most inpatient Mental Health Services. The pareto chart below shows the distribution of incidents by category during the last two weeks of March. This highlights that 47% of all reported incidents related to care and treatment and 32% related to violence and aggression.

Chart 1.1a Categories of service user safety incidents reported in the last two weeks of March 2021 (Pareto chart)

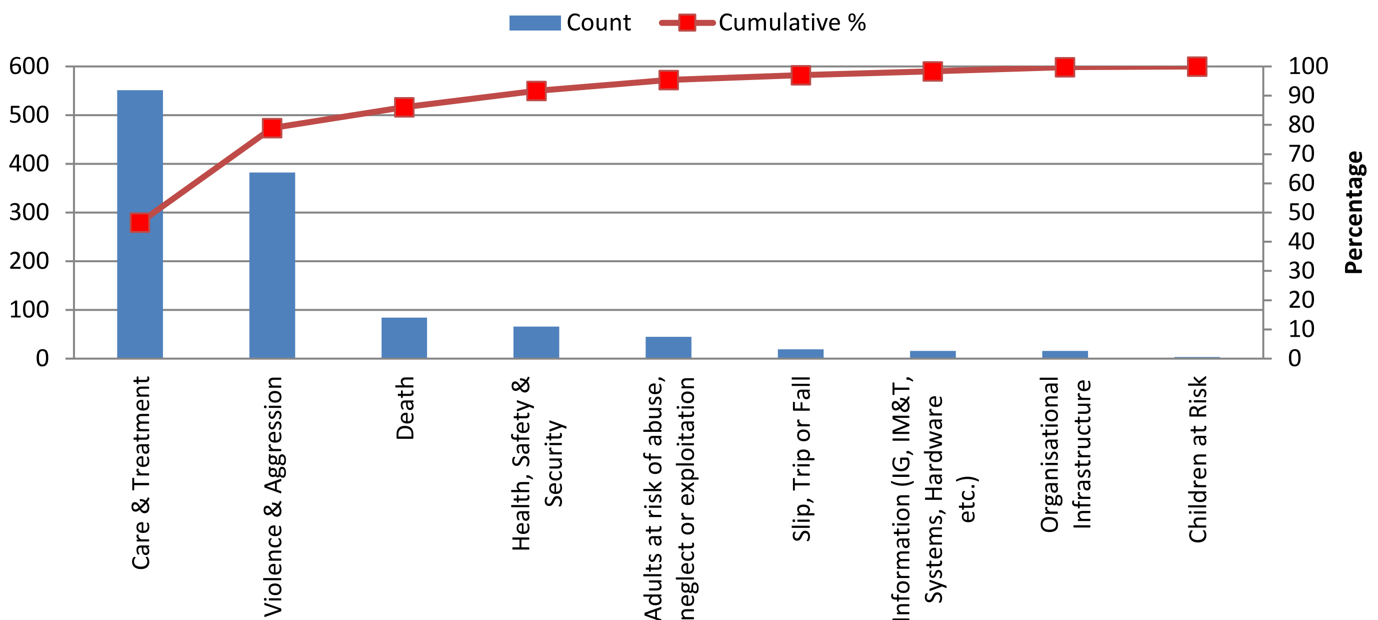


Chart 1.2 Percent of incidents resulting in harm (Trustwide – P chart)

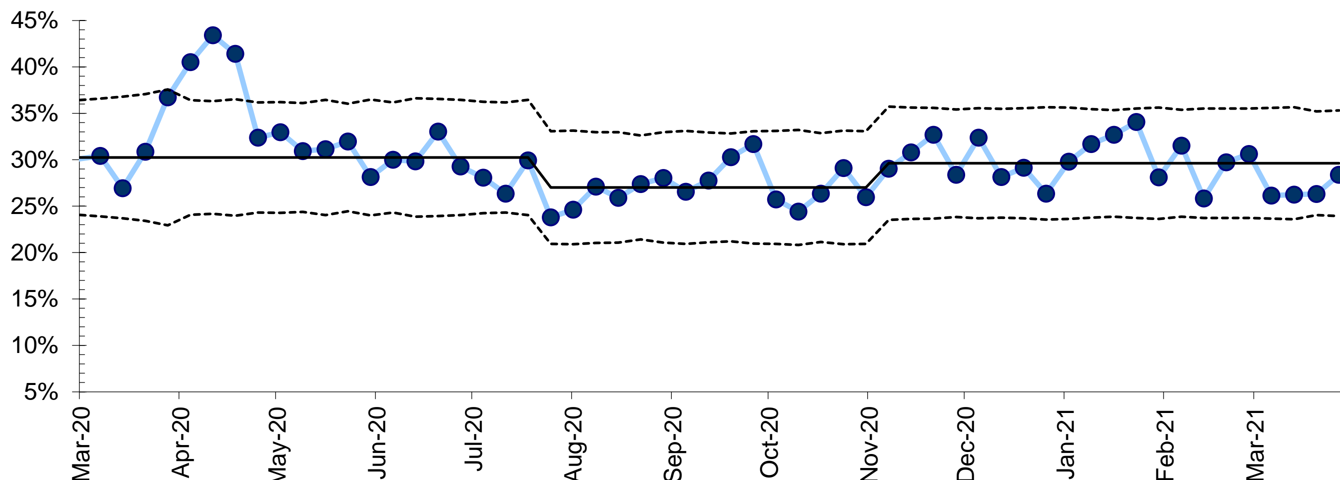


Chart 1.3 highlights that the rate of violence and aggression across our inpatient services remains unstable. This relates to an increase across Bedfordshire & Luton, City & Hackney, Tower Hamlets Mental Health services, and CAMHS inpatient wards. This was due an increase in the number of acutely unwell service users with complex presentations (autism and attention deficit hyperactivity disorders) requiring admission. There was a small increase in incidents related to a few service users receiving a change in medications to support their care plans, including restarting clozapine to manage treatment-resistant schizophrenia. Most incidents occurred on our psychiatric intensive wards and triage wards where acuity levels are the highest.

All our ward management teams have processes in place to actively manage acutely unwell patients such as daily safety and management huddles to review risk and presentation. Ward teams also seek to actively reduce risks posed by some service users by looking at splitting complex groups across wards where there is a clear link between certain groupings and incidents. Services have also been working closely with colleagues from the learning disability and autism services for advice and support in managing these complex cases.

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

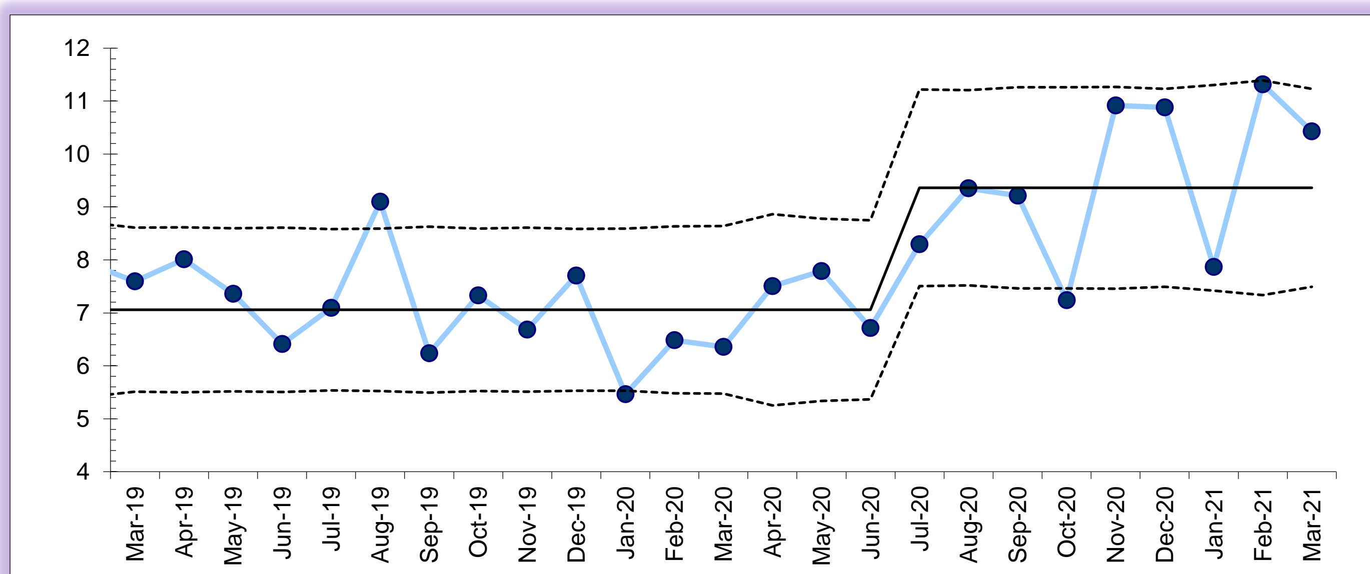
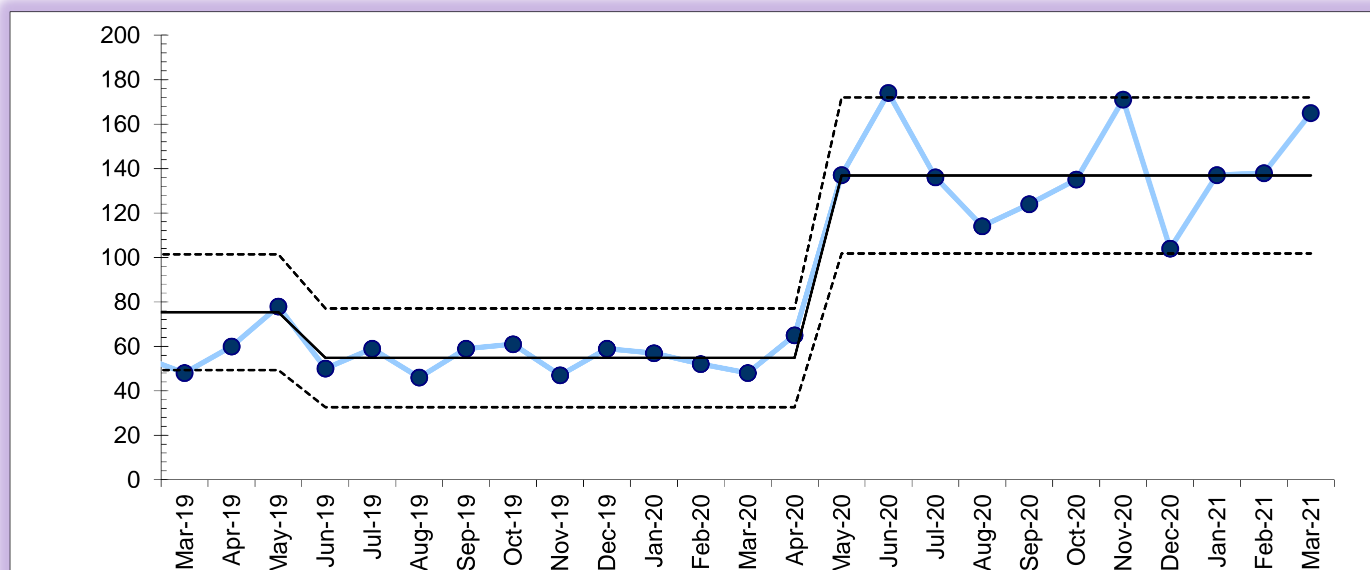


Chart 1.4 Number of Grade 2, 3 or 4 pressure ulcers (Trustwide - C chart)



The number of reported pressure ulcers remains unstable. This reflects an increase across Newham and Tower Hamlets Enhanced Primary Care Teams (EPCT). Newham EPCT experienced an increase in category 3 pressure ulcers due to a small number of service users developing multiple ulcers. An audit was conducted to review these cases and identify learning opportunities. The main findings highlighted factors relating to delays in upgrading equipment and escalating faulty equipment, staff not always completing skin bundle assessments correctly, poor wound care assessments, and a lack of escalation when patient and carers were not following recommended advice. The team with the highest incidents has had one pressure ulcer improvement facilitator on long-term sick leave and this may have also had an impact. To support improvement, the Lead Tissue Viability Nurse is attending local meetings where cases are monitored and reviewed to help staff address issues in real-time. The Infection Control Team is also going to be offering further training to all the teams on the importance of the SSKIN bundle. In addition, four training sessions on wound assessment and wound photography have been delivered over the last four weeks. This is being followed by four sessions on choosing the correct dressings at the right time. The clinical leads are discussing quality of supervision with team leaders and carrying out spot checks of documentation on our clinical record system to ensure standards are being met.

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

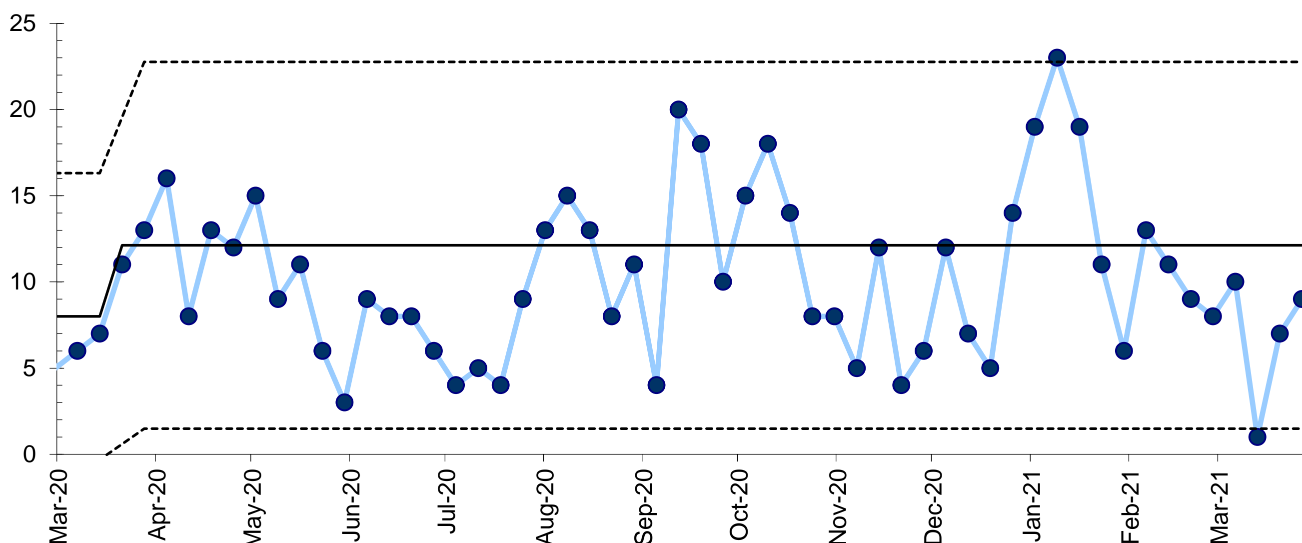


Chart 1.6 and 1.7 show post-discharge follow-up care from inpatient mental health services. Over 80% of service users were seen within 72 hours during February and March, thereby achieving the

target (80%) for the first time during the pandemic. This reflects the ongoing efforts of the Trustwide project group established to deliver improvements in this quality standard through running training and awareness sessions and embedding practices, utilising new inpatient dashboards to help improve monitoring, and redesigning recording processes to meet national expectations. Follow-up within 7 days was 86.9% in March, which remains below the current national target (95%).

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

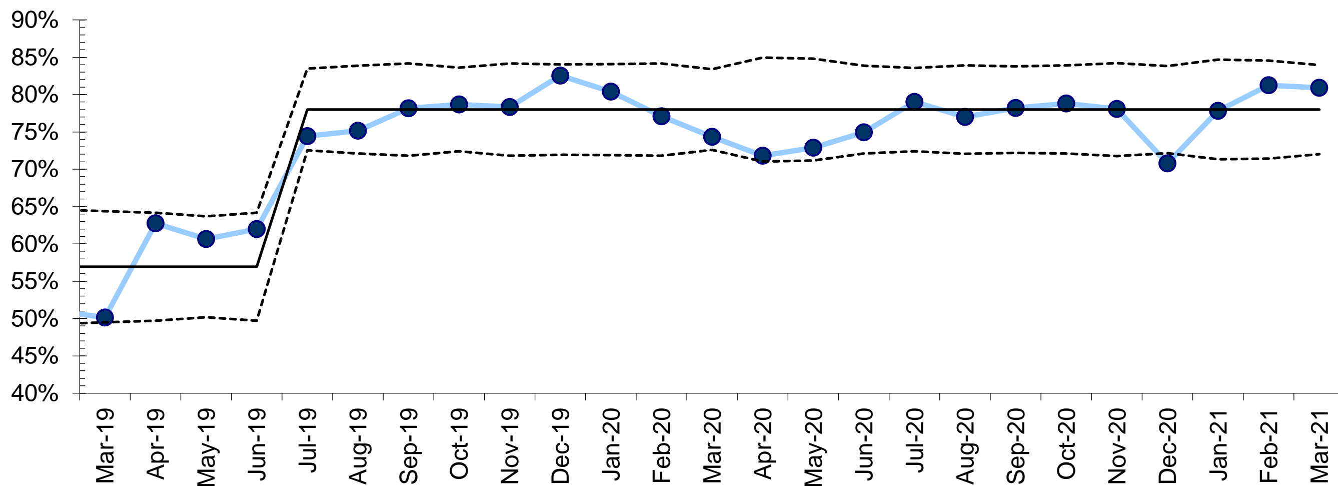


Chart 1.7 Percent of service users followed up within 7 days of discharge from ward (Trustwide - P chart)

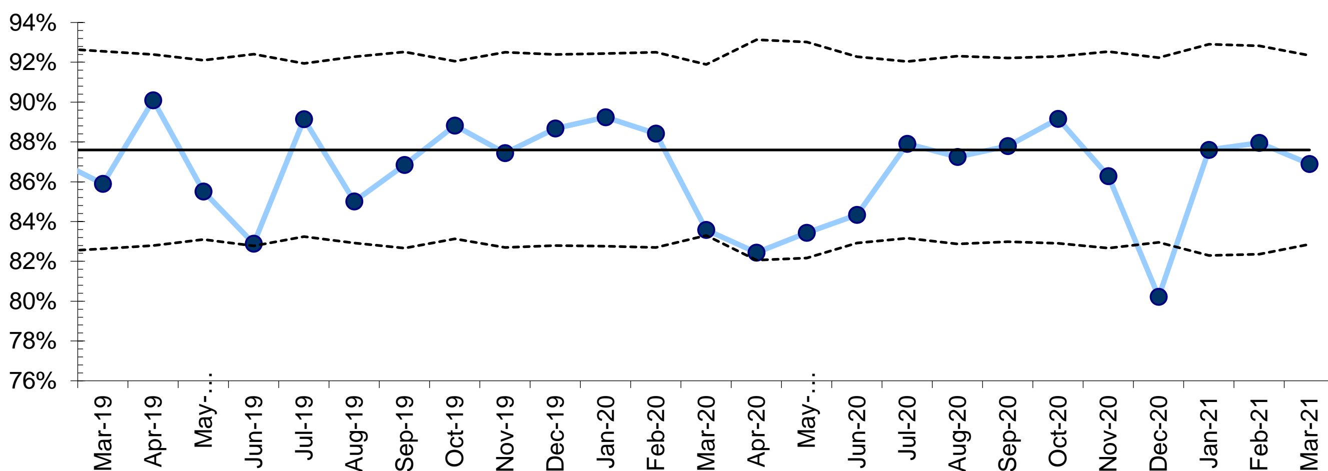


Chart 1.8 Number of reported IT or System access incidents (Trustwide –I chart)

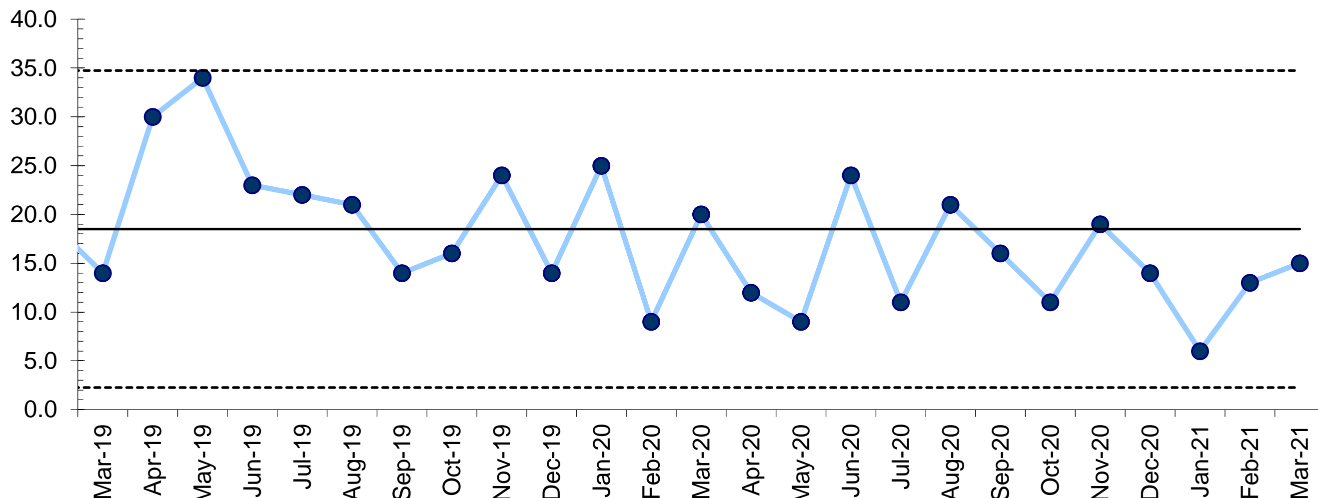
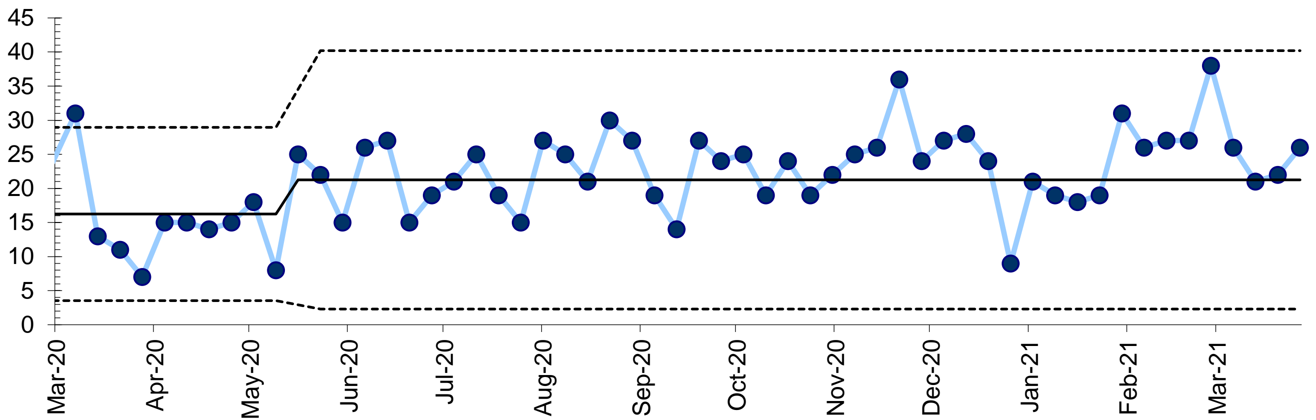


Chart 1.9 Number of safeguarding concerns referrals (Trustwide – I chart)



2. Access and Demand

The charts and narrative below provide assurance across a range of demand and access indicators. During February and March, attendances to A&E Liaison Services returned to pre-COVID levels and inpatient activity has also increased. This reflects the overall increase in referrals and mental health presentations evident across all services during this period, particularly Luton and Bedfordshire, Newham, and Tower Hamlets services. It is believed that this is partly related to the gradual lifting of national lock-down measures but also due to the impact of suppressed demand during the pandemic which has adversely impacted the mental well-being of our populations, particularly vulnerable groups.

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

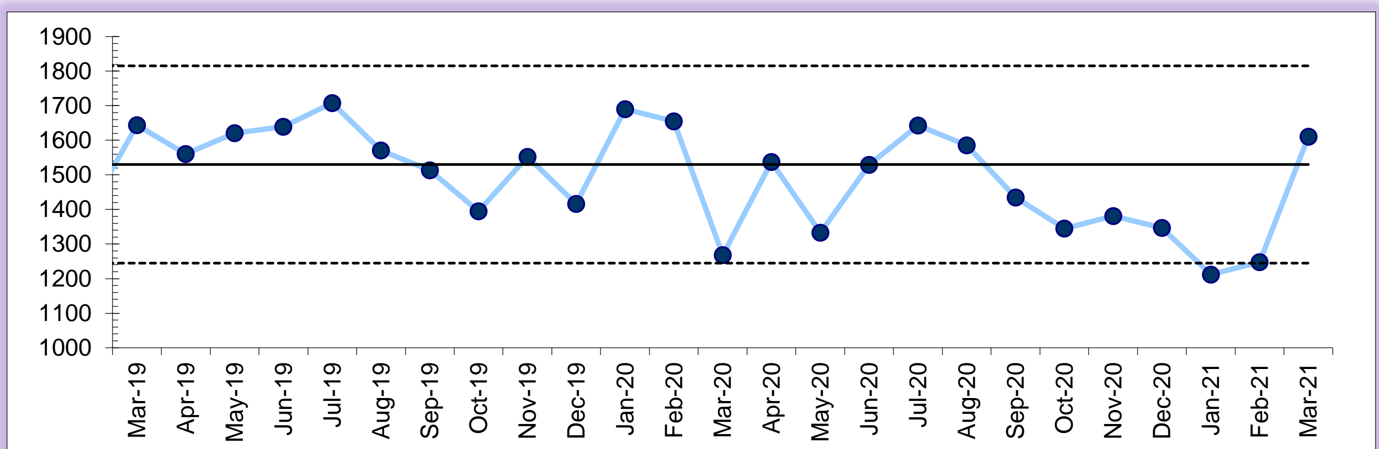


Chart 2.2a Bed occupancy (Mental Health & Community Health – P' chart)

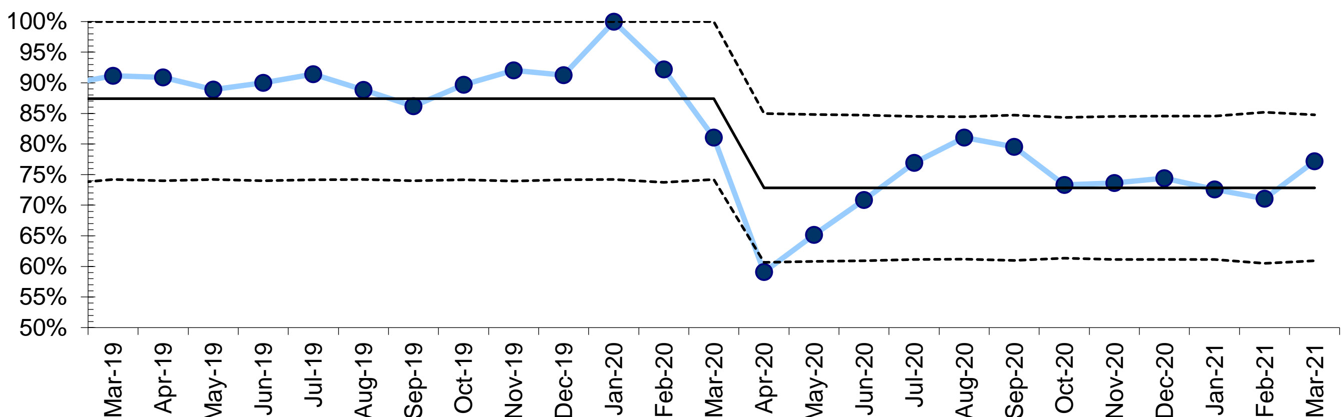
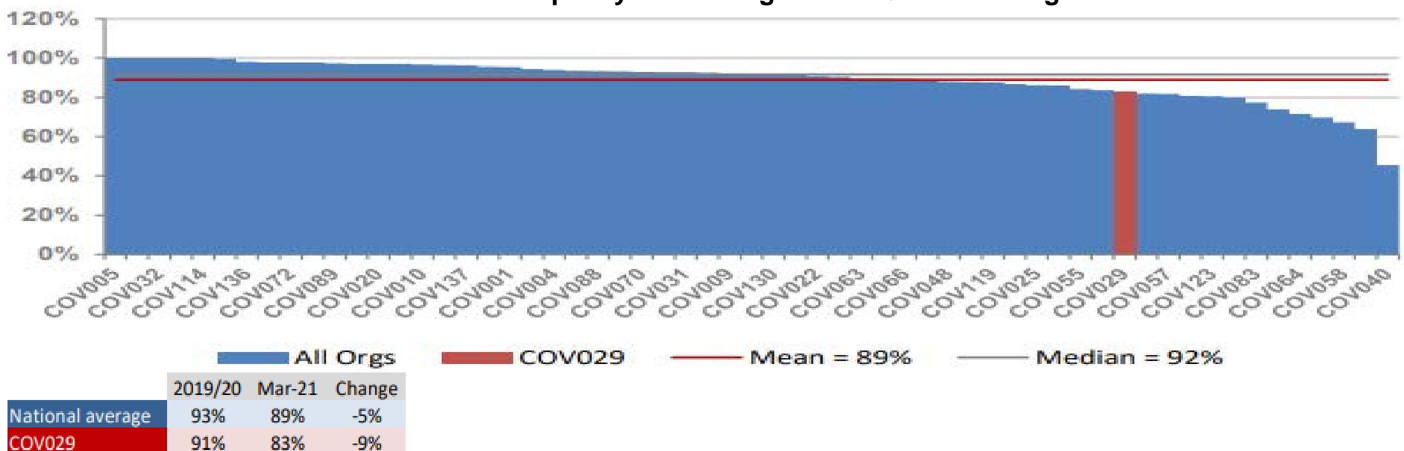
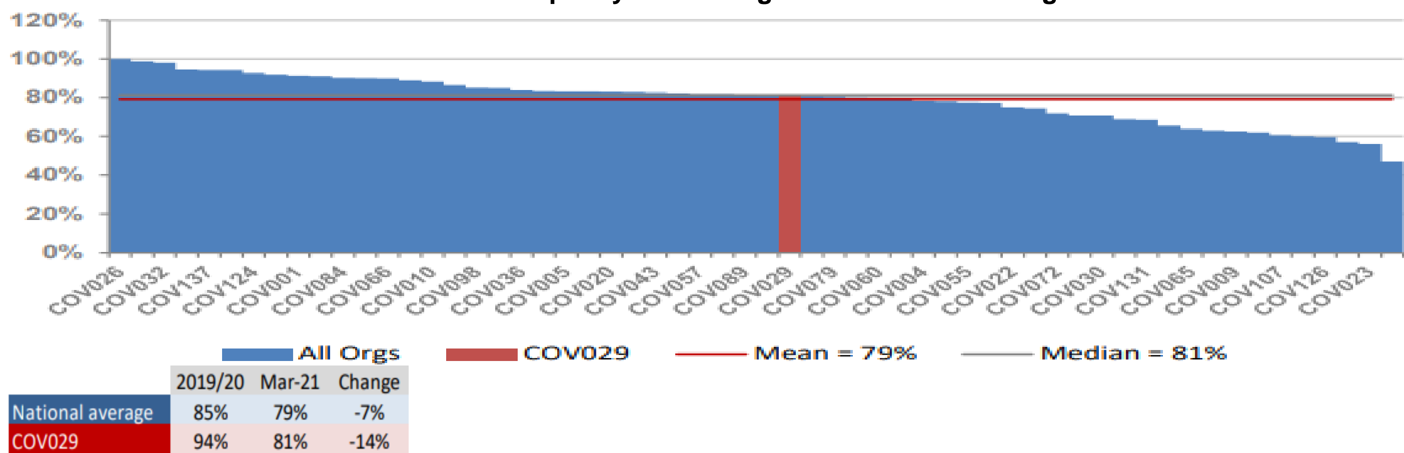


Chart 2.2b - National Mental Health Inpatient Occupancy (Source: *National Mental Health Benchmarking Network – March 2021*)

East London

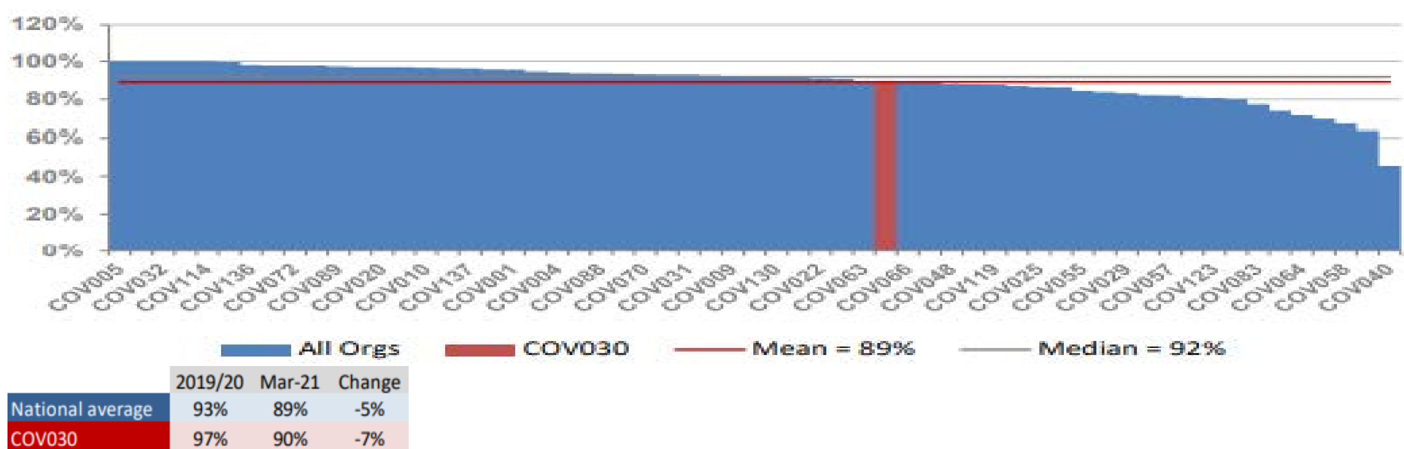


	2019/20	Mar-21	Change
National average	93%	89%	-5%
COV029	91%	83%	-9%



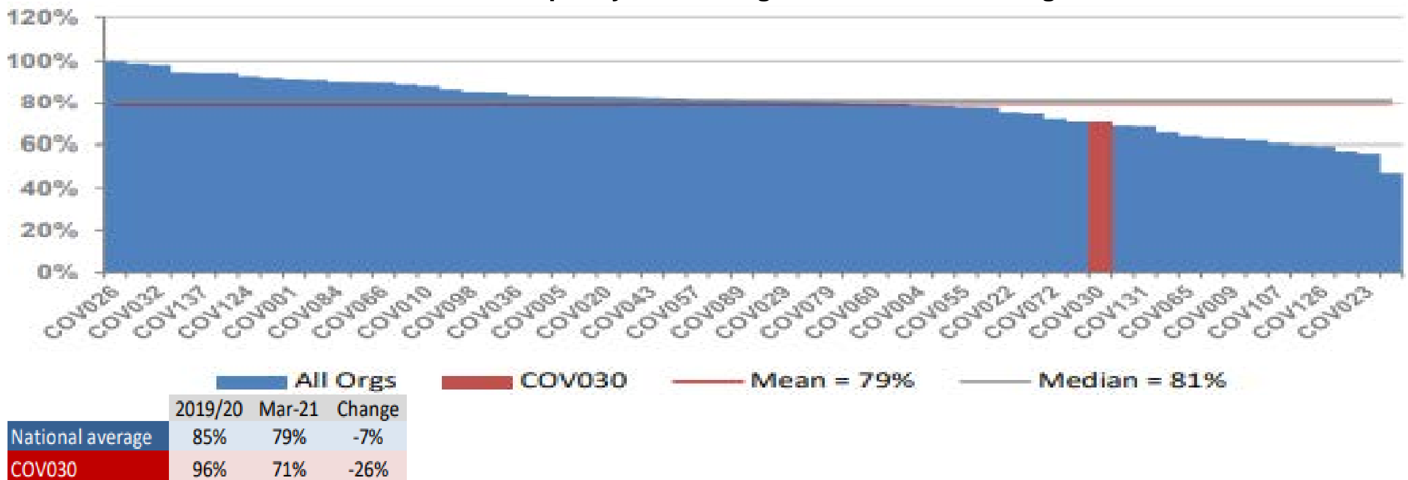
	2019/20	Mar-21	Change
National average	85%	79%	-7%
COV029	94%	81%	-14%

Bedfordshire and Luton



	2019/20	Mar-21	Change
National average	93%	89%	-5%
COV030	97%	90%	-7%

Older Adult bed occupancy rate during March 2021 excluding leave



	2019/20	Mar-21	Change
National average	85%	79%	-7%
COV030	96%	71%	-26%

Inpatient admissions and bed occupancy have increased to 77% during March. This reflects previous patterns following the easing of national lockdown measures that caused activity across inpatient and community services to increase. All inpatient services have reported an increase in acutely unwell service user admissions. There have also been more new presentations of service users not known to services. It is believed this is related to the impact of lockdown measures and increased isolation experienced by service users leading to a deterioration in mental health. Services have also reported an increase in out-of-area admissions which reflects the wider bed pressures across the system as highlighted by national increase in bed occupancy.

Chart 2.2b above shows that occupancy levels for adult mental health wards in East London continue to compare favourably to the national average which increased from 86% to 89% occupancy in the latest March report. 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. The charts above, also show that older adult mental health occupancy has increased above the national average in East London for the first time and remains below the national average across Bedfordshire & Luton.

Chart 2.3a and 2.3b below highlight that East London and Luton and Bedfordshire have higher admission rates than the national average, which is 17.2 per 100,000 registered population in March. In addition, inpatient services experienced higher levels of formal admissions compared to the national average.

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

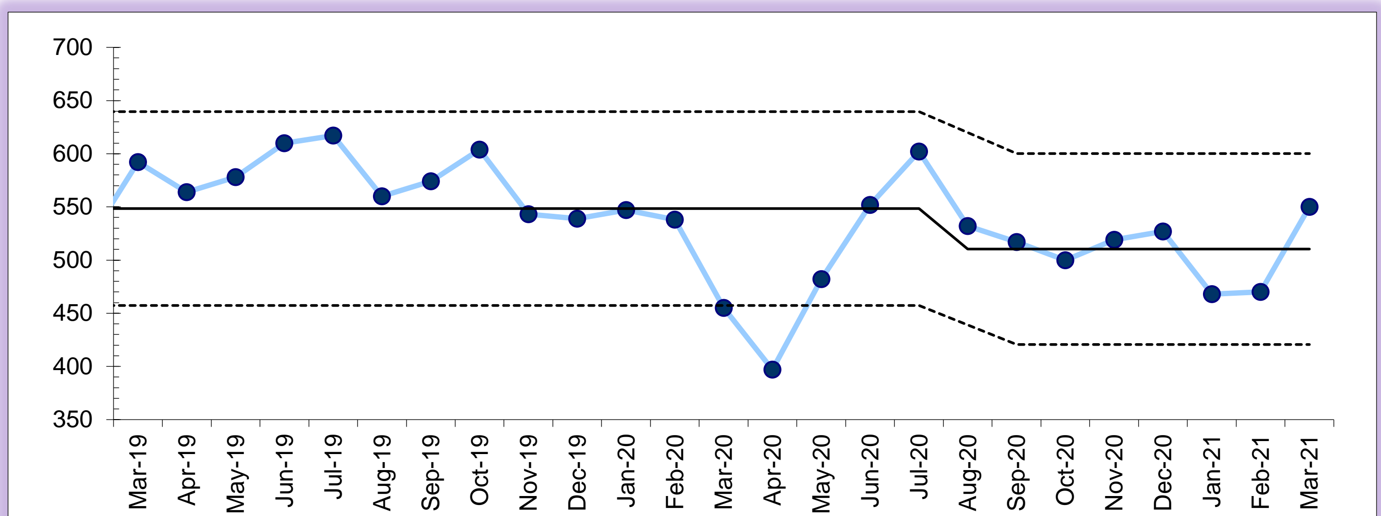
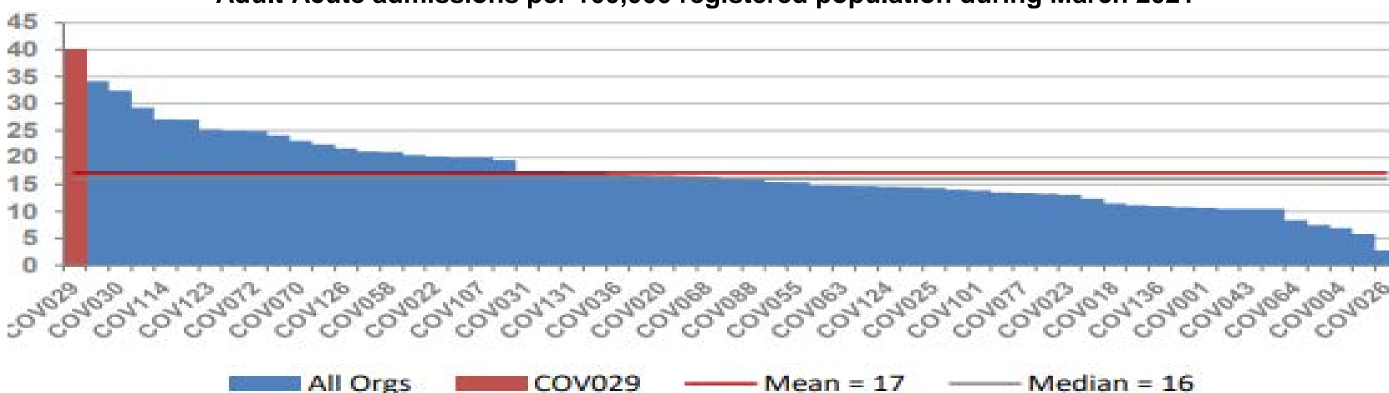


Chart 2.3b - National Mental Health Inpatient Admission Activity (Source: *National Mental Health Benchmarking Network – March 2021*)

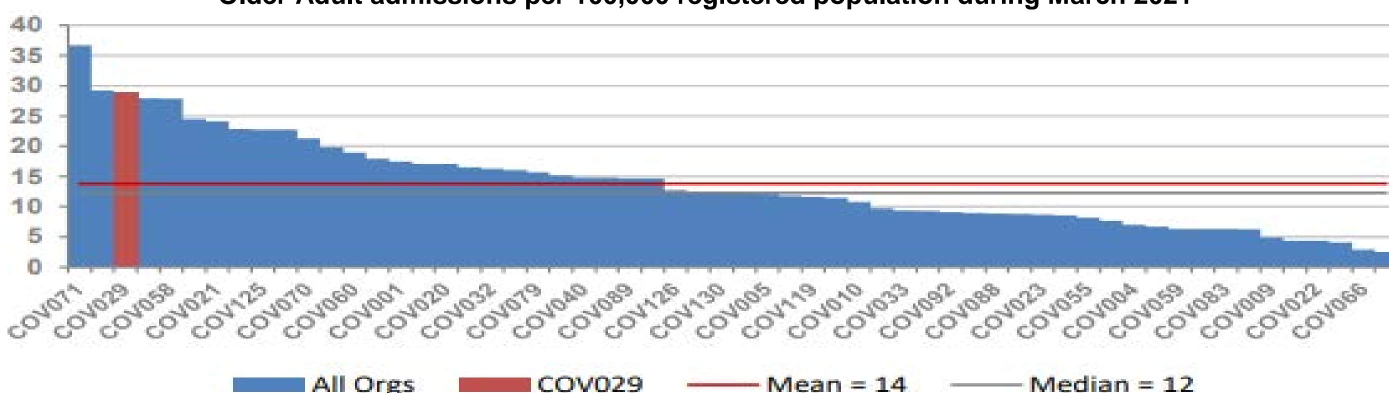
East London

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



	2019/20	Mar-21	Change
National average	18.2	17.2	-6%
COV029	37.8	40.1	6%

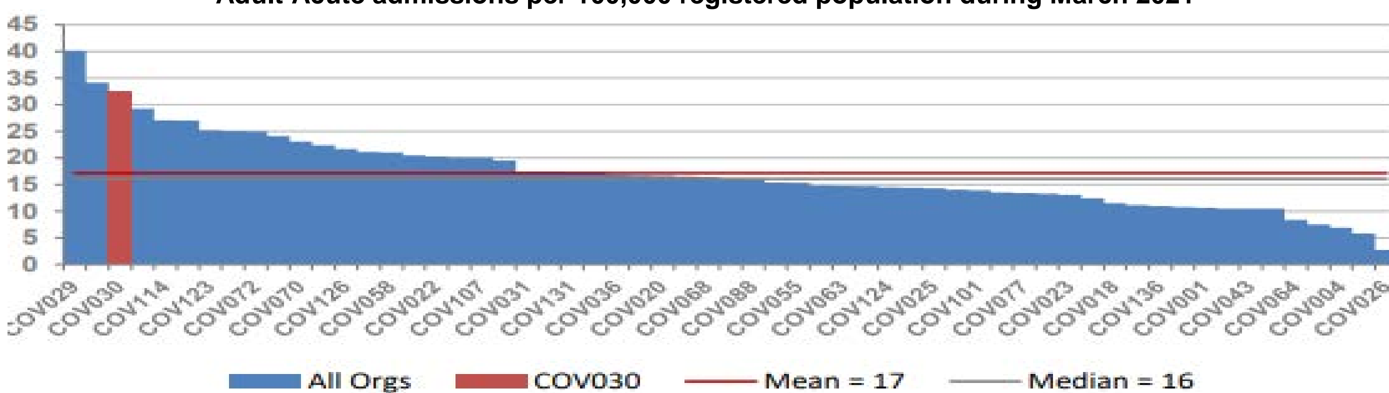
Older Adult admissions per 100,000 registered population during March 2021



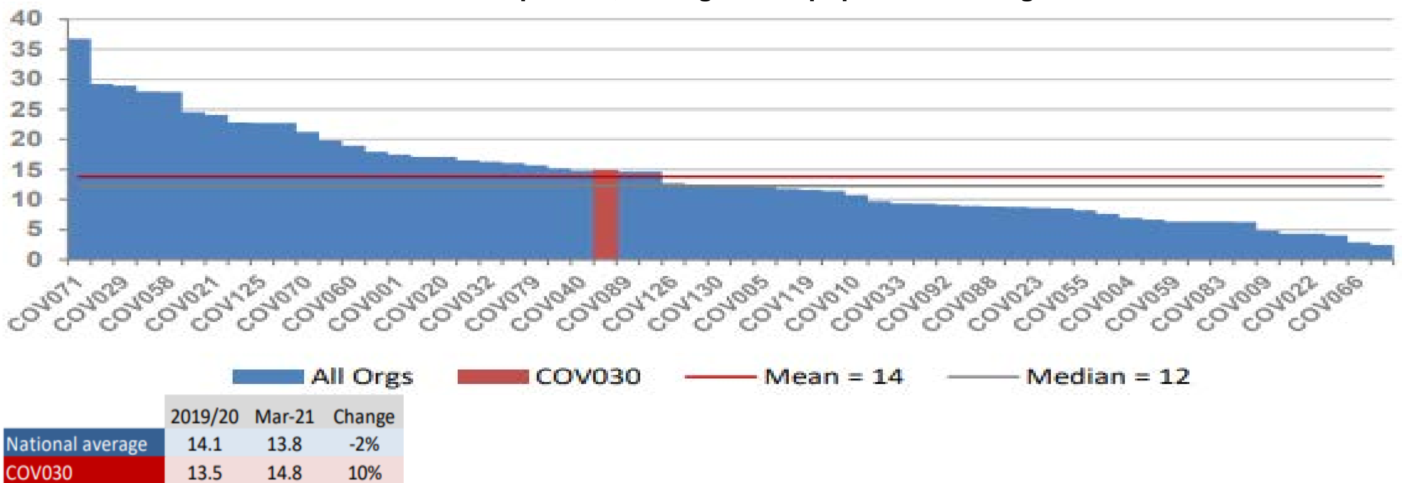
	2019/20	Mar-21	Change
National average	14.1	13.8	-2%
COV029	21.6	28.9	34%

Bedfordshire and Luton

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



	2019/20	Mar-21	Change
National average	18.2	17.2	-6%
COV030	27.0	32.4	20%



	2019/20	Mar-21	Change
National average	14.1	13.8	-2%
COV030	13.5	14.8	10%

Chart 2.4a shows that referrals to Mental Health, CAMHS, and Community Health Services have started to exceed pre-COVID levels. This increase is reflected nationally, and our services are anticipating a further increase in demand in the coming months as lockdown measures ease further. Mental Health services have started to go live with several pioneer Primary Care Networks in each borough, and teams will be establishing a new primary care offer within the blended primary care community teams in the coming months. It is believed that this is partly contributing to the increase in activity across community mental health services.

Chart 2.4b highlights national comparative referral data for Mental Health and CAMHS community services. It highlights that adult and older adult mental health service referral activity is modestly higher in East London compared to the national average with 502 referrals per 100,000 registered population. Bedfordshire and Luton continue to demonstrate higher referral activity compared to East London and national average with 823 referrals per 100,000 registered population. CAMHS referrals are also higher than the national average in Luton and Bedfordshire and lower in East London.

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

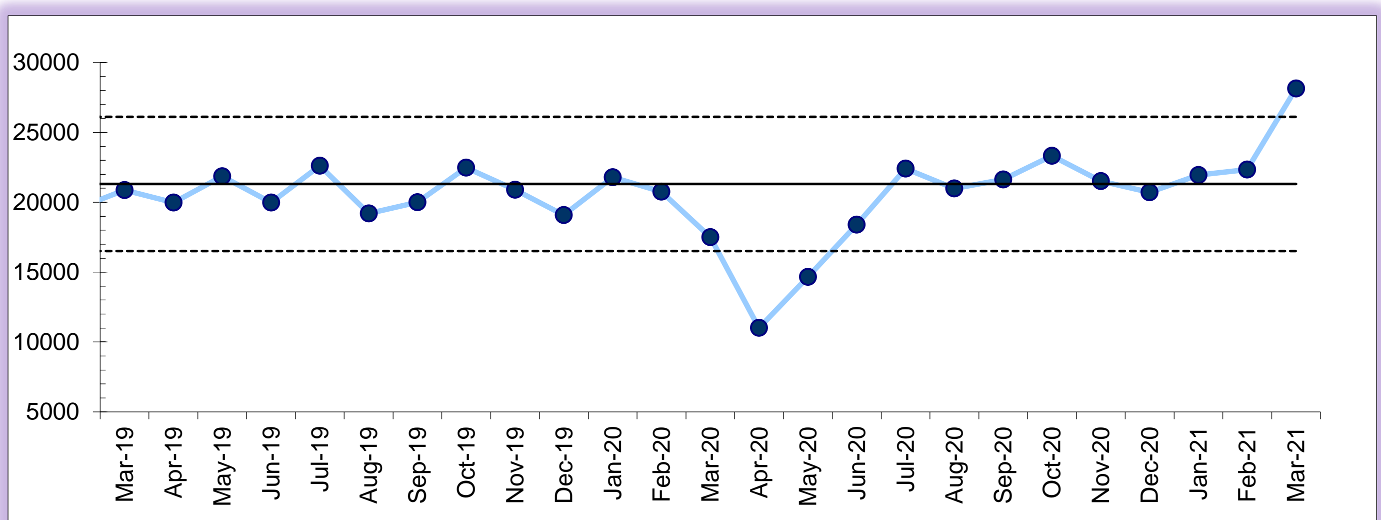
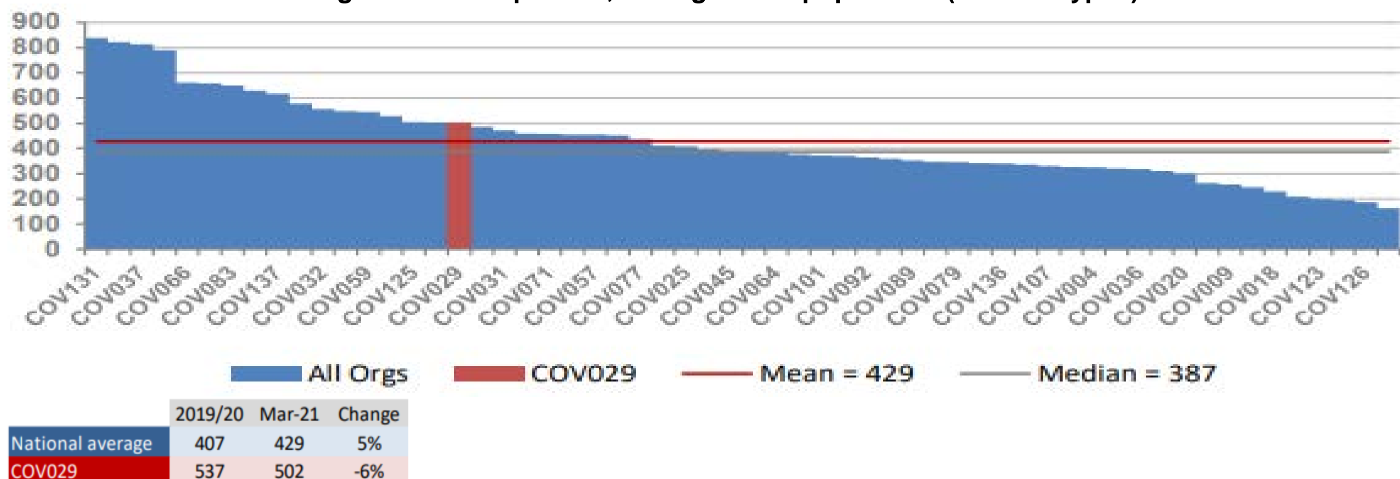


Chart 2.4b -Total referrals received by adult and older adult community mental health services and CAMHS (Source: *National Mental Health Benchmarking Network – March 2021*)

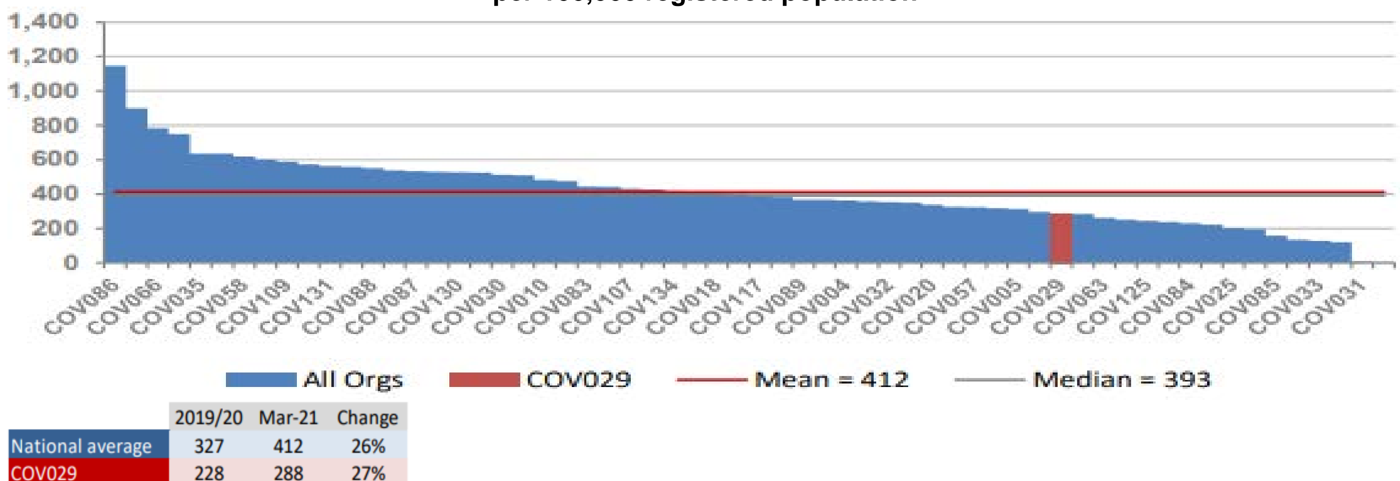
East London

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



	2019/20	Mar-21	Change
National average	407	429	5%
COV029	537	502	-6%

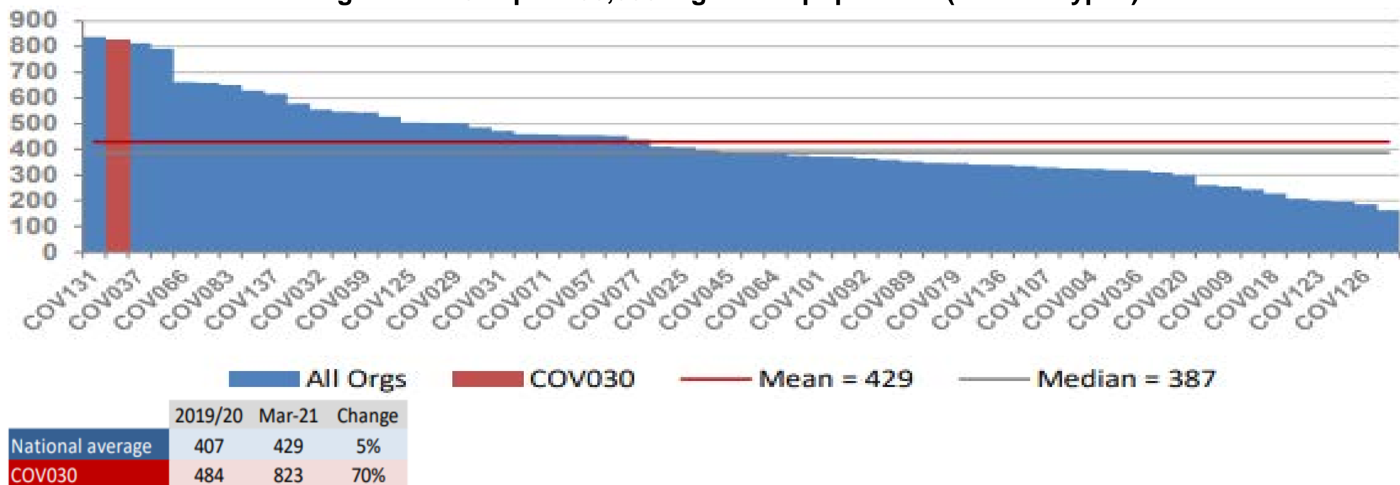
Total referrals received by CAMHS community teams during March 2021 per 100,000 registered population



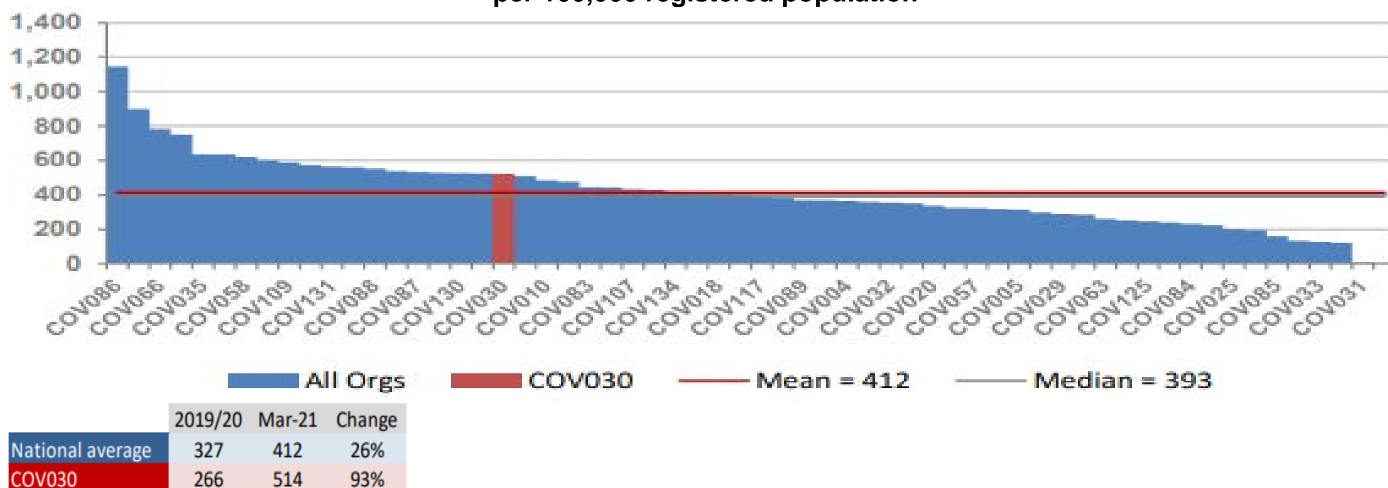
	2019/20	Mar-21	Change
National average	327	412	26%
COV029	228	288	27%

Bedfordshire and Luton

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



	2019/20	Mar-21	Change
National average	407	429	5%
COV030	484	823	70%



	2019/20	Mar-21	Change
National average	327	412	26%
COV030	266	514	93%

Mental Health Crisis pathway

Chart 2.5 below highlights activity across our mental health crisis lines. This shows that during March there was an increase in calls to our crisis lines. City & Hackney routinely has the highest activity with 2,394 calls in March followed by 2,343 calls in Newham, 1361 calls in Tower Hamlets, and 1126 calls in Bedfordshire and Luton. The largest increase compared to the previous month was in Bedfordshire & Luton (+40%) followed by Tower Hamlets (+30%), Newham (26%), and City and Hackney (23%). The highest volume of calls continues to take place during working hours, although out of hours call activity is higher than previous levels.

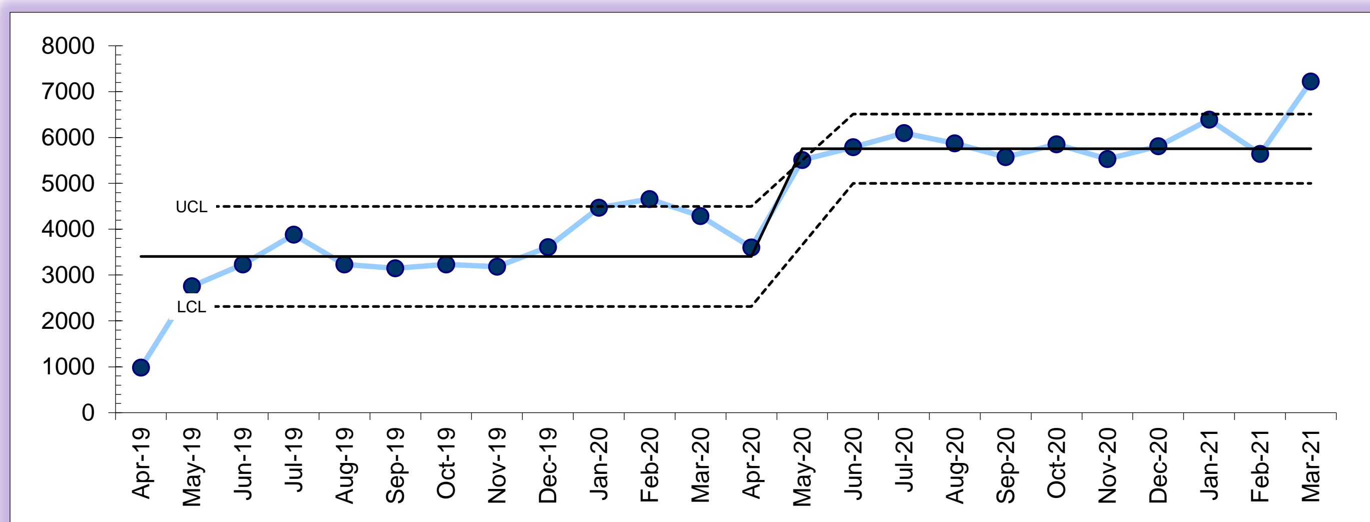
The main themes continue to relate to general advice, self-harm, low mood & depression, relationship breakdown, social care needs, bereavement, along with increases in anxiety-related to COVID-19 and returning to normal, domestic violence, drug and alcohol issues, suicidal thoughts, and psychosis presentations.

The overall increase in crisis line activity is believed to have been caused by factors including people returning to work; schools re-opening; the negative impact of lockdown measures on the mental well-being of our populations; increased public awareness of crisis lines; and reduced opportunities for community mental teams to engage face to face with all service users due to their fears about the virus during the lockdown. Some services have identified delays with accessing psychological therapy treatment as a contributing factor, which has resulted in A&E and crisis line presentations as well as admissions, particularly for some service users with emotional dysregulation.

All services have also seen an increase in daytime calls to the crisis line and some of the callers were open to community teams. This suggests that some service users might be choosing to call the crisis line rather than contacting their community services during working hours. Further work is being undertaken in teams to explore this to ensure service users can engage promptly with community services and to reduce avoidable calls to crisis lines.

All services are taking steps to manage demand on the service through further investment and staff recruitment as well as strengthening relationships with voluntary/third sector, IAPT, and Primary Care Networks and crisis pathway redesign work to manage demand more effectively during routine operational hours in the community to help reduce pressure on crisis lines. Community mental health teams are also reintroducing social networks, groups, face-to-face working in teams to reduce isolation and better support service users in the community.

Chart 2.5 Number of calls to crisis line (Trustwide – I chart)
*Luton & Bedfordshire commenced reporting in March 2020

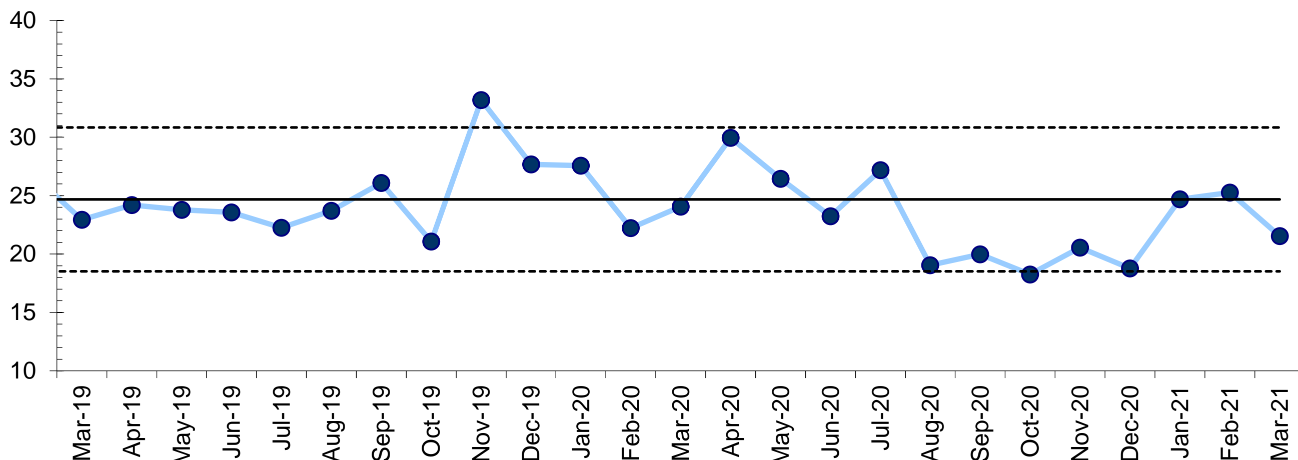


Access to Services

The average waiting time for assessment in CAMHS, Adult and Older Adult community Mental Health services remains stable with 21.5 days reported in March. Services are facing significant pressures with the recent increase in referrals which is anticipated to increase further once the country is fully re-opened in the coming weeks. This is predicted to adversely impact waiting times in the coming months. The longest average waiting times continue to be in Luton and Bedfordshire, City & Hackney and Tower Hamlets Mental Health services. There are similar challenges across CAMHS, particularly in City & Hackney and Bedfordshire community services where referrals have increased substantially. The reopening of schools and parents returning to work, the impact of lockdown on young peoples social networks, anxiety about the lifting of lockdown measures, family and social issues have contributed to this increase. CAMHS continues to experience staffing challenges along with an increase in complex presentations and acuity levels. Other services for children and young people, for example in Councils, acute trusts and the voluntary sector are experiencing similar pressures, and we are working through our integrated care systems to manage the impact on our collective offer for children and young people and their families. Community eating disorder and crisis referrals are also increasing for reasons highlighted above. Further work is underway within the CAMHS collaborative to address local challenges.

Services have worked hard to prepare for this anticipated increase in demand through proactive management of sickness levels, which has decreased across all services. This has been achieved through a combination of increasing staff vaccinations, with more staff having received a second dose of the vaccination, as well working closely with People and Culture business partners to support staff to return to work safely. In addition, the reduction in the number of service users and staff testing positive for COVID-19 has also helped to reduce staff sickness levels further. Community mental health teams have put plans in place to offer more face-to-face contact to support service users in the community as lockdown measures are lifted. A standard clinical protocol and decision-tree is being utilised to guide on when different contact methods should be offered to ensure the delivery of safe and effective care. CAMHS services are in the process of working with the Commercial Development Unit to review investment gaps to ensure that resources are equitable to cope with increasing demand. CAMHS services have recently agreed on new investment with commissioners to create a 24/7 Crisis service and enhance capacity in eating disorder services and community services.

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



Community Health district nursing services across the Trust have faced significant pressures over the past few months. Despite this, Bedfordshire and East London have managed to maintain rapid response to referrals. In East London, there was a small increase in waiting times during March due to data quality issues with logging referrals correctly on the system for two records - the service user was seen within appropriate timescales in both cases.

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

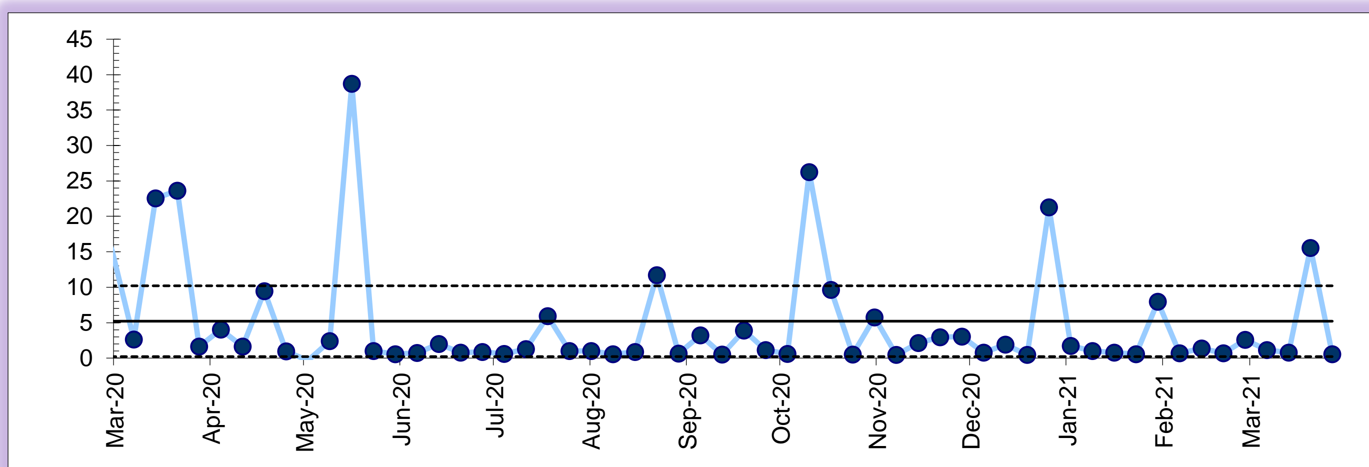
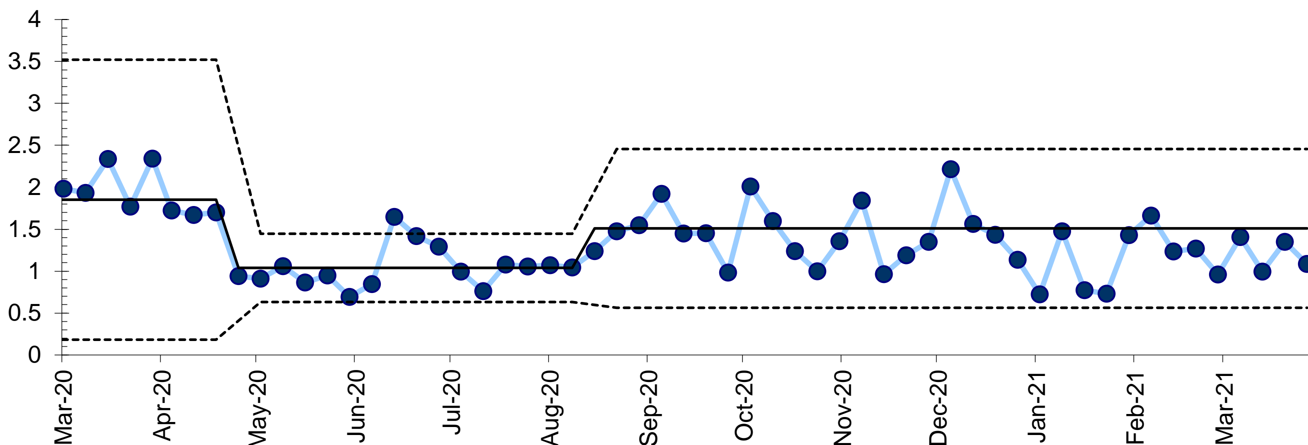


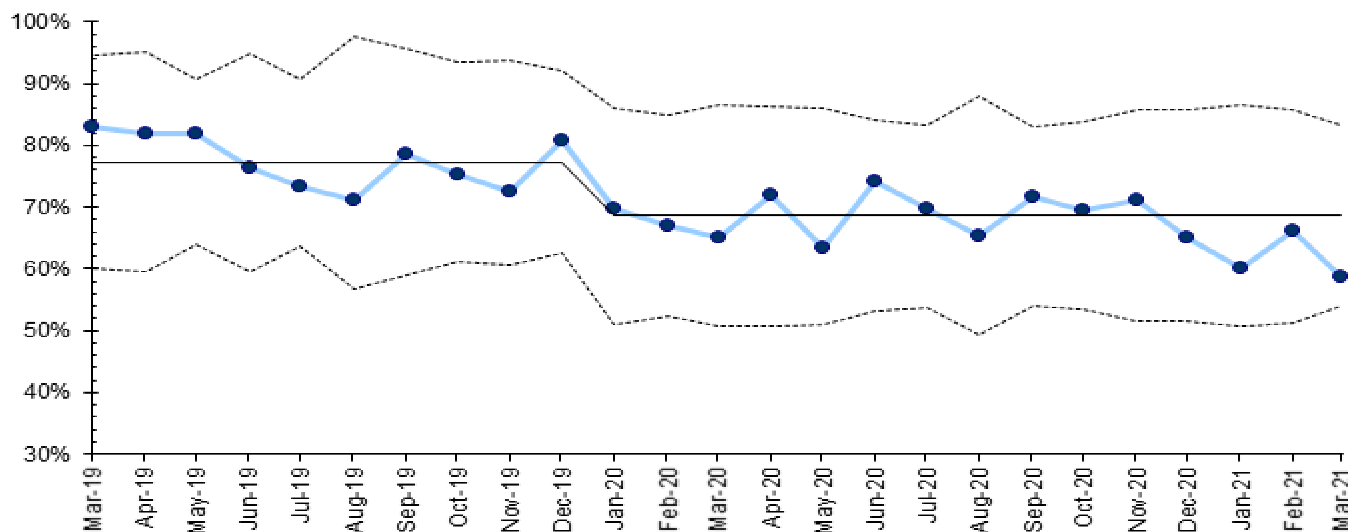
Chart 2.8 Average waiting times in days for referral to assessment to district nursing team (CHS Bedfordshire – I chart)



The waiting time in adult mental health Early Intervention Services (EIS) for service users to receive NICE-compliant treatment within two weeks of referral has reduced in March to below the national 65% target. This reflects reduced compliance in Newham (14%) and Tower Hamlets (44%). All EIS services have experienced increases in new referrals. In Newham, the increase in activity has led to a service review and the merger of two EIS teams resulting in the transfer of referrals from one team to the other. This meant that our reports were not able to accurately report compliance levels due to changes in team configuration on our clinical system. An audit was conducted to investigate the referrals that were not seen within the two-week national target. This highlighted that during March, 60% of all referrals in Newham were seen within the prescribed timeframes. In Tower Hamlets, the EIS service also experienced data quality issues related to appointments not being outcomed on our patient record system and not correctly recording exempted cases. Managers have reminded staff of the importance of timely and accurate recording of information during team meetings. A plan is in place to ensure activity is recorded against the new team in Newham so that compliance levels can be accurately reported nationally going forward.

All EIS services have reported challenges with remote working which has made some assessments more difficult in terms of engaging service users in the assessment process and having enough staff in the office to offer face-to-face assessments. Services also faced difficulties in assessing patients during the peak of COVID because staff were not permitted on the ward, but services have successfully adapted the way they conduct assessments to cope with this. The increase in referrals has led to a rise in caseloads. All services are exploring ways to manage this including increasing caseload numbers held by each staff and discussing pressures with commissioners to identify additional investment opportunities.

Chart 2.9 Percent of service users receiving NICE Standard treatment within two weeks of referral to early intervention in psychosis service – *excludes telephone or face to face contacts as per current definition* (Trustwide)



Referral activity for Psychological Therapies Services (PTS) in East London has increased to pre-COVID levels which reflects an increase across all services. City & Hackney continues to have the highest referral activity in March with 131, Tower Hamlets with 98, and Newham with 72. This has had an impact on the number of service users waiting for first contact. Average waiting times for assessment remain stable but this might increase if referral volumes continue to increase. Treatment waiting times show signs of a small increase.

All PTS services anticipate that there will be continued referral pressures in the coming months as the national lockdown measures are lifted. All are continuing to develop robust demand and capacity modelling plans and redesigning psychological service offers in Primary Care Networks (PCNs), which will improve access and deployment of resources to facilitate with assessments and care

planning in each borough. In Tower Hamlets, additional investment has led to the creation of the Community Engagement Team, and these staff have already started offering group interventions with further groups planned. This is aligned to the transformation agenda, and the priority will be to create a locally based service that offers timely and effective interventions.

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

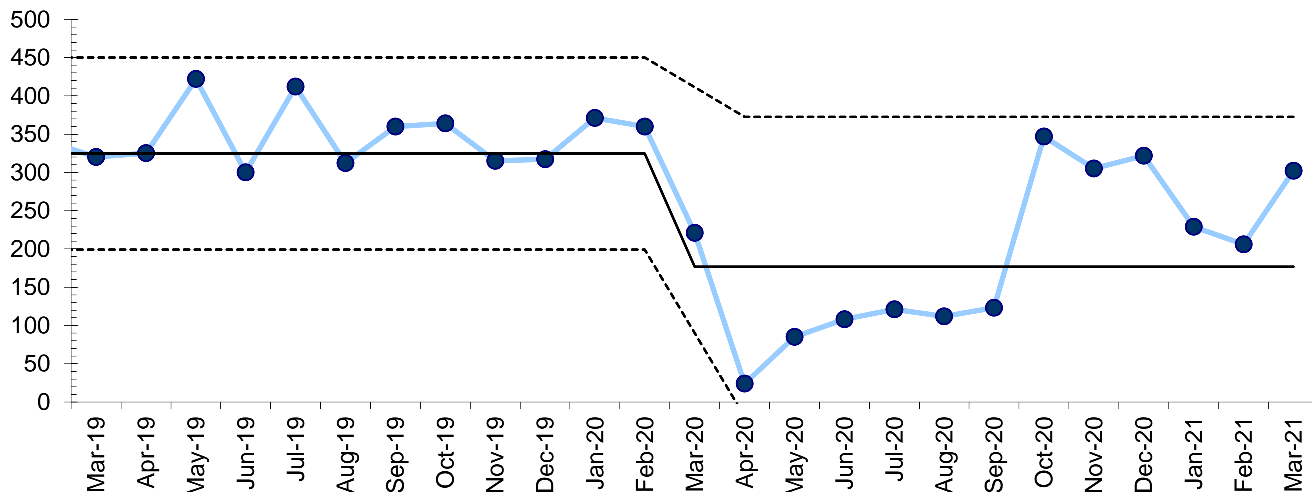


Chart 2.11 East London Psychological Therapy Services (PTS) - Average waiting (in days) from referral to assessment (telephone & face-to-face contacts – I chart)

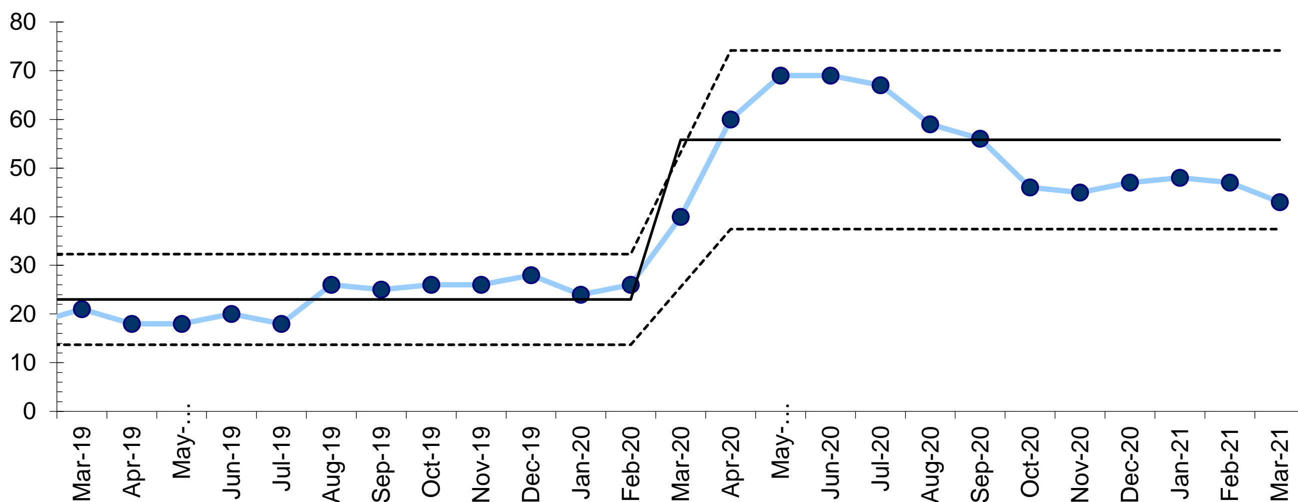


Chart 2.12 East London Psychological Therapy Services (PTS) - Average waiting time (in days) for treatment (telephone & face to face contacts – I chart)

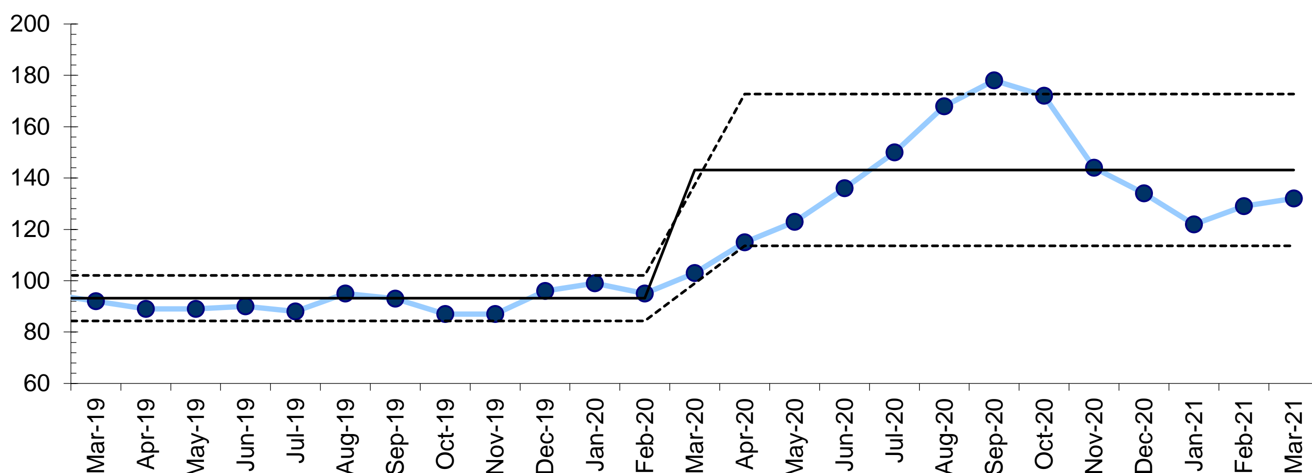


Chart 2.13 East London Psychological Therapy Services (PTS) - Number of service users waiting for assessment (telephone & face to face contacts – I charts)

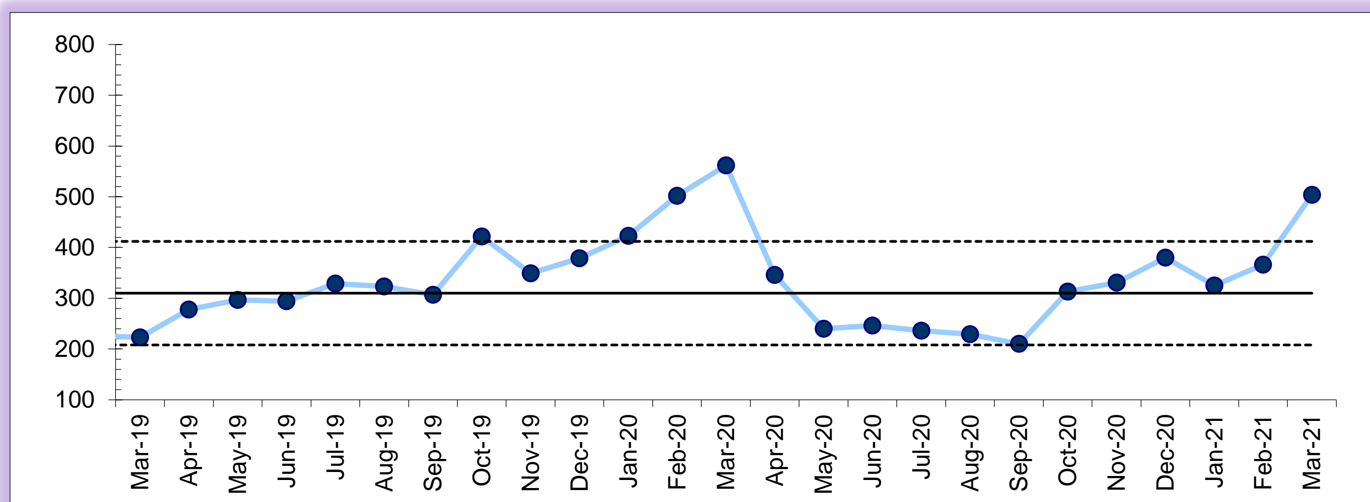
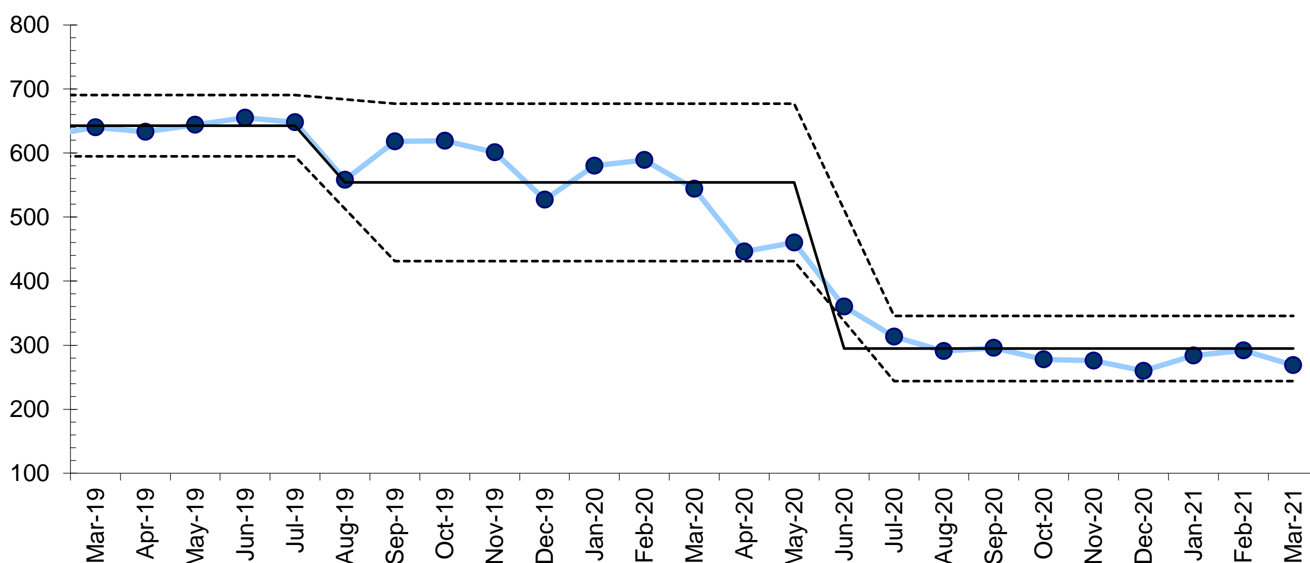


Chart 2.14 East London Psychological Therapy Services (PTS) - Number of service users waiting for treatment (telephone & face to face contacts – I chart)



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 decreased from 45% during January to 39% in March. This reflects a gradual shift towards offering more face-to-face contact across teams during this period and increased referral activity with greater complexity and acuity levels. Chart 2.16a shows that virtual clinic attendance remains stable with an average of 88% of service users attending telephone and video appointments. The proportion of service users contacted through video consultation is around 7% nationally for Adult Mental Health services and 27% for CAMHS services during March as highlighted in chart 2.16b.

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

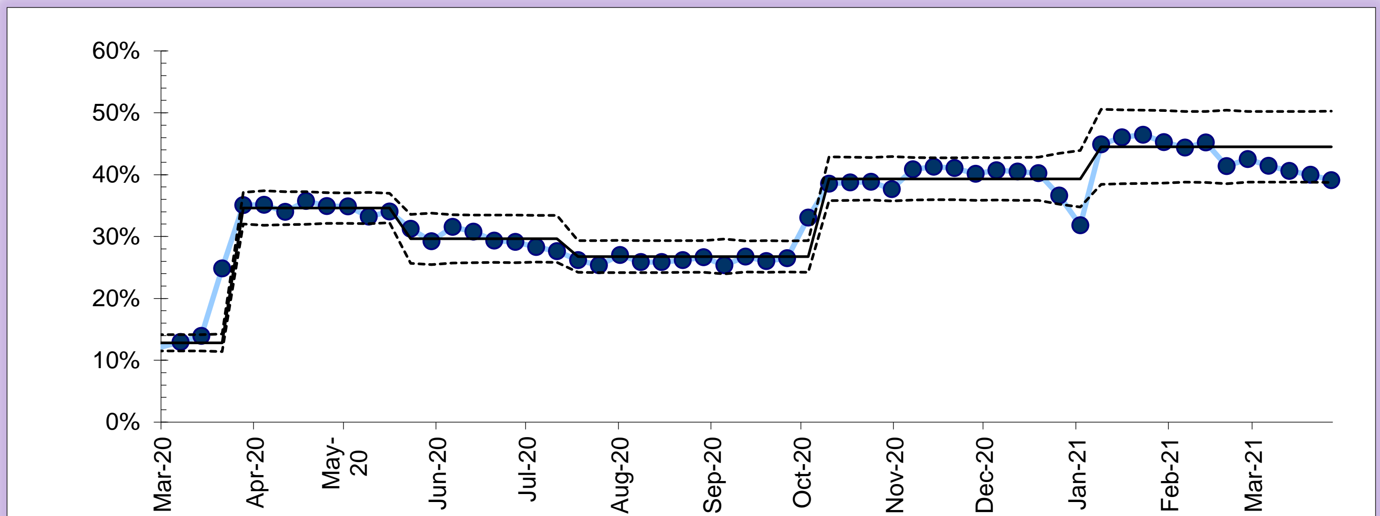


Chart 2.16a Weekly attendance for routine appointments provided by telephone/video (CAMHS and adult mental health – P chart) Note: East London Community Health Services excluded as they do not record non-attendance for telephone calls

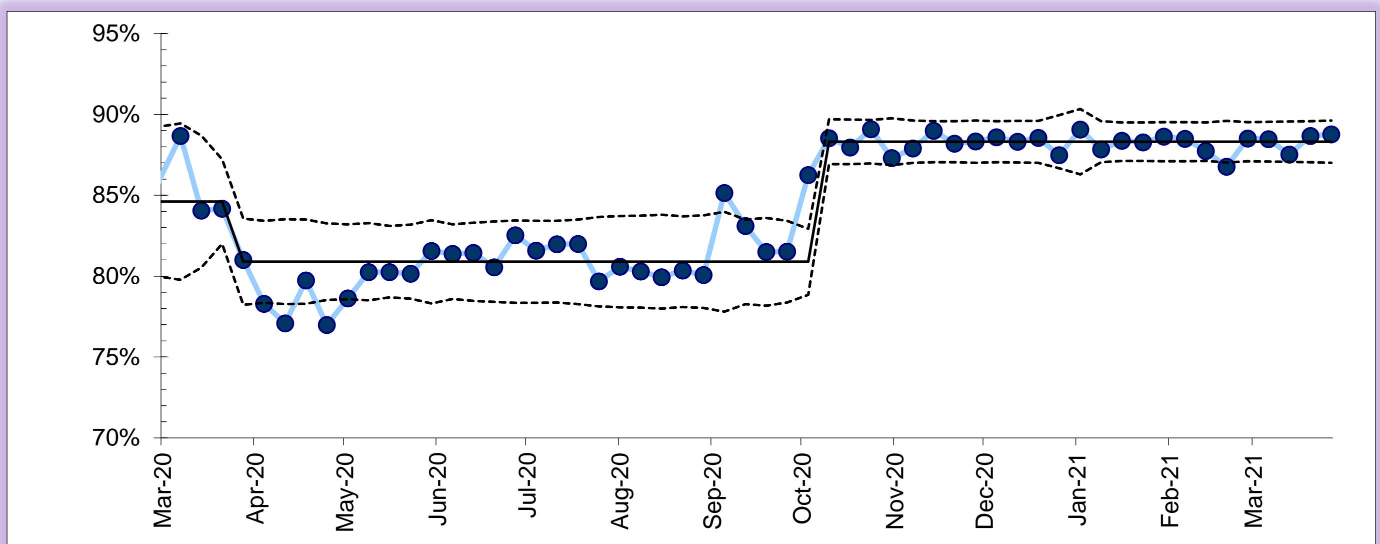


Chart 2.16b. National average: proportion of contacts delivered using digital technologies. Source: *National Mental Health Benchmarking Network – March 2021*)

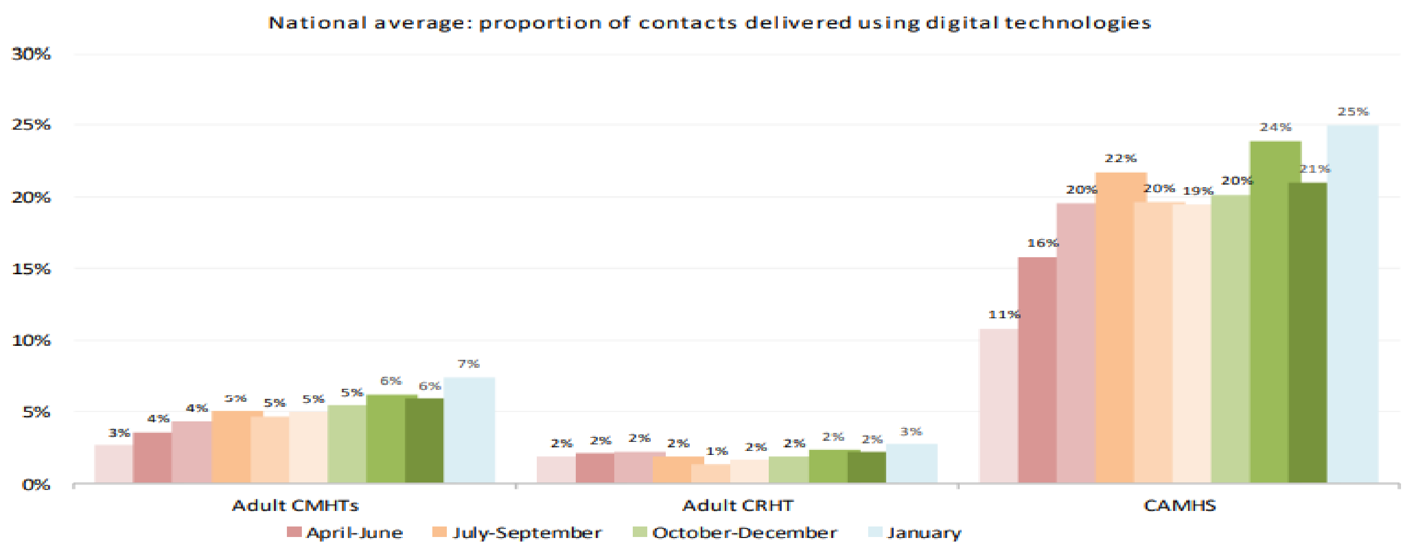


Chart 2.17 Percent of service users on CPA contacted each month – telephone/video and face to face (mental health – P chart)

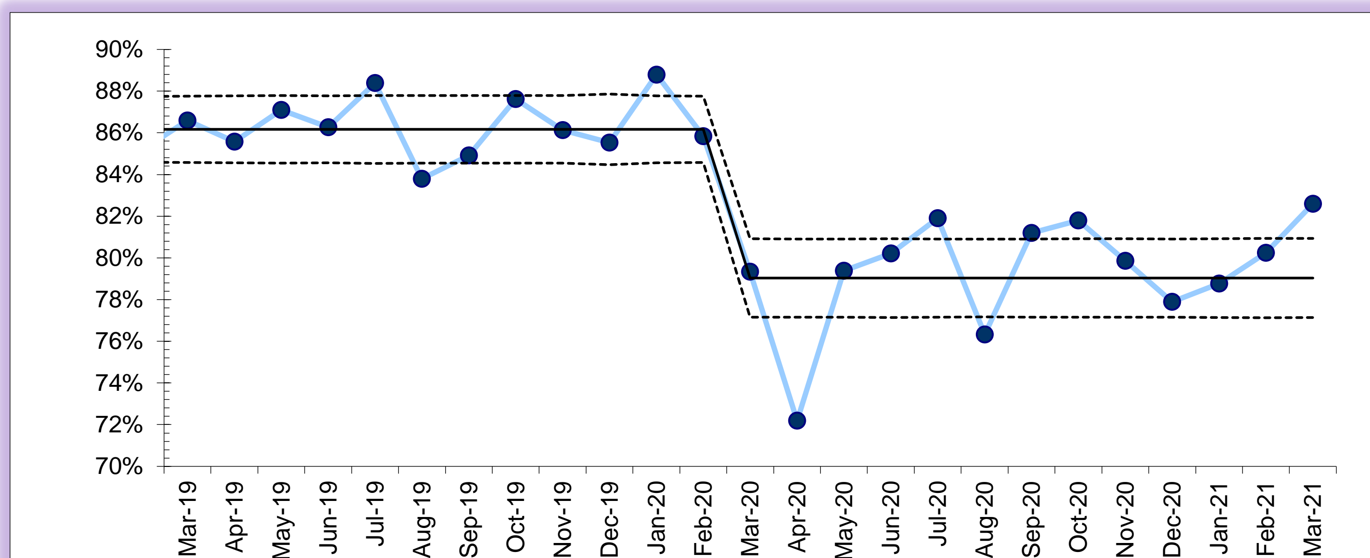


Chart 2.17 shows that monthly contacts with service users who are care-coordinated by community mental health services has increased to 83% in March. This reflects improvements made by teams to engage with service users proactively through face-to-face contacts as well as reduced staff sickness levels which has increased team capacity.

Improving Access to Psychological Therapies (IAPT) Services

The charts below demonstrate our performance against national IAPT indicators. There was a significant increase in both referrals and treatment during the last few months, particularly in March when all four services set new records for referral activity as highlighted in chart 2.18b. High demand is likely to be sustained in the medium term as national sources have been predicting a surge in demand due to Covid-19 and lockdown effects, but the demand pattern has been relatively unpredictable over the past year. This recent increase in referral numbers has led to an increase in average waits for initial triage in March, although this is still comfortably within the national 6-week standard. Although the progress on reducing second waits has mostly been maintained there is a risk that this may be reversed if very high demand continues. Recovery rates across all four services are meeting the national 50% target, with a particularly strong performance in Richmond and Newham.

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

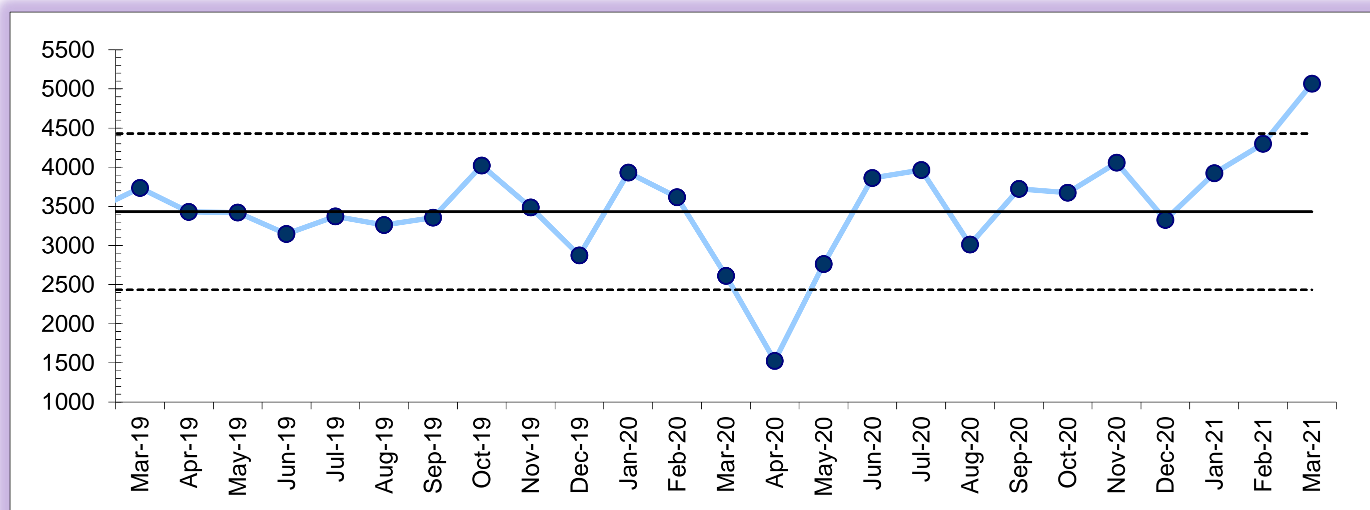
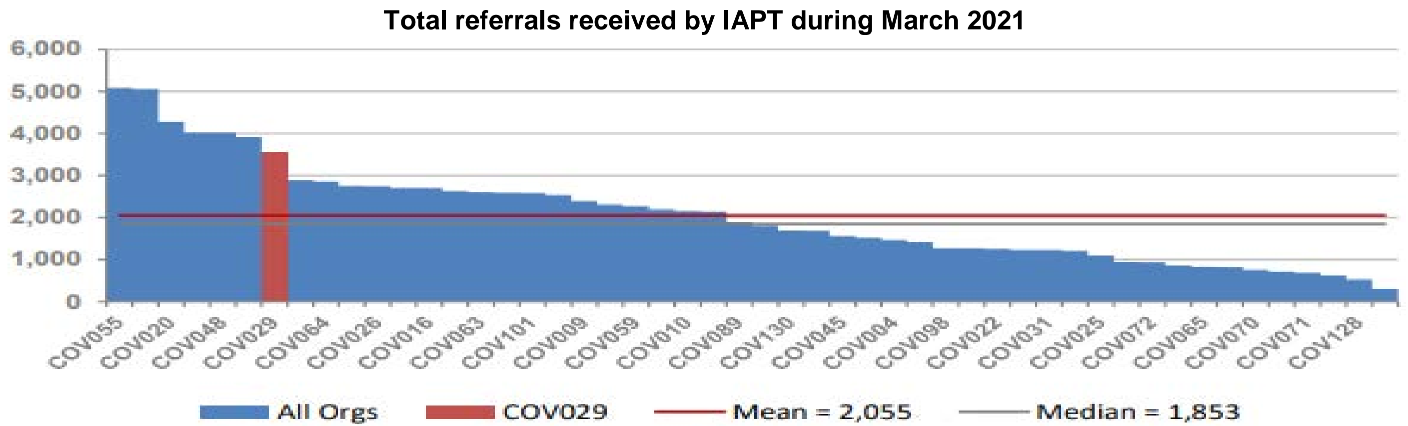


Chart 2.18b IAPT – Referrals received (Source: *National Mental Health Benchmarking Network – March 2021*)

East London



Bedfordshire and Luton

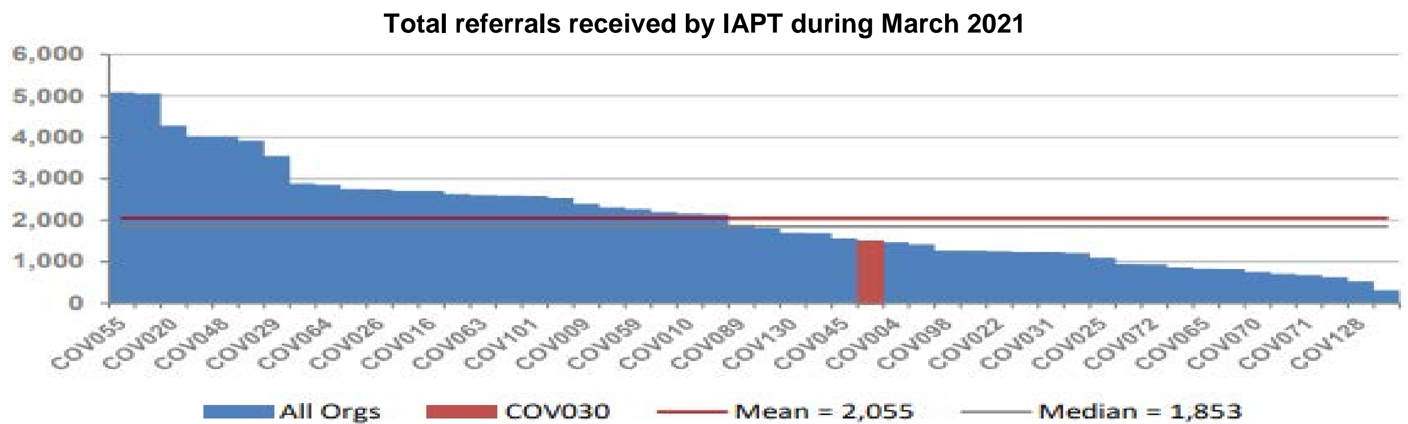


Chart 2.19 Number of service users starting treatment – first contact (Trustwide – I chart)

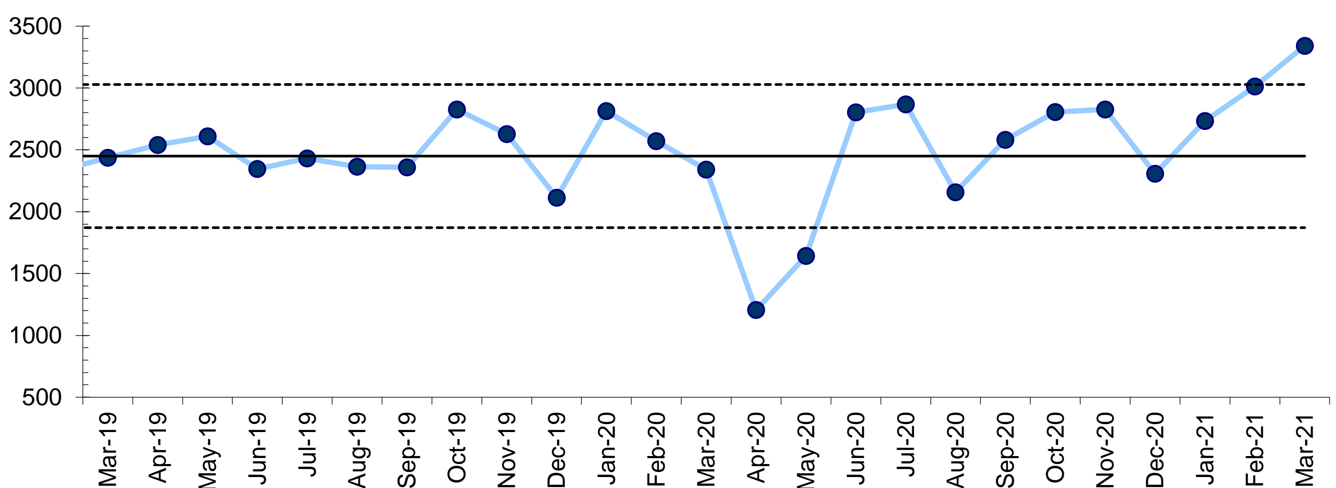


Chart 2.20 Percentage of service users starting treatment within six weeks of referral (Trustwide – P' chart)

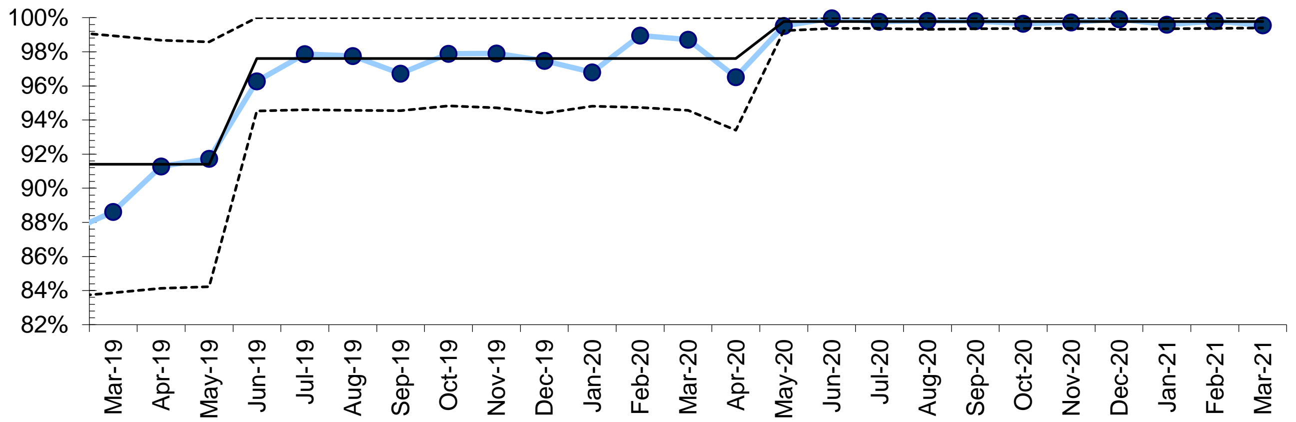


Chart 2.21 Percentage of service users starting treatment within 18 weeks of referral (Trustwide – P chart)

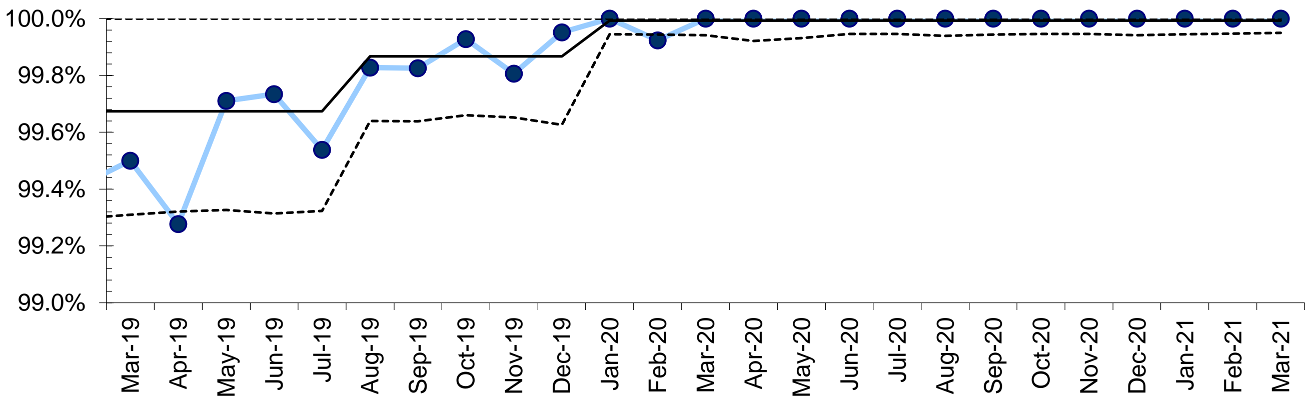


Chart 2.22 Average wait (days) to first appointment (Trustwide – I charts)

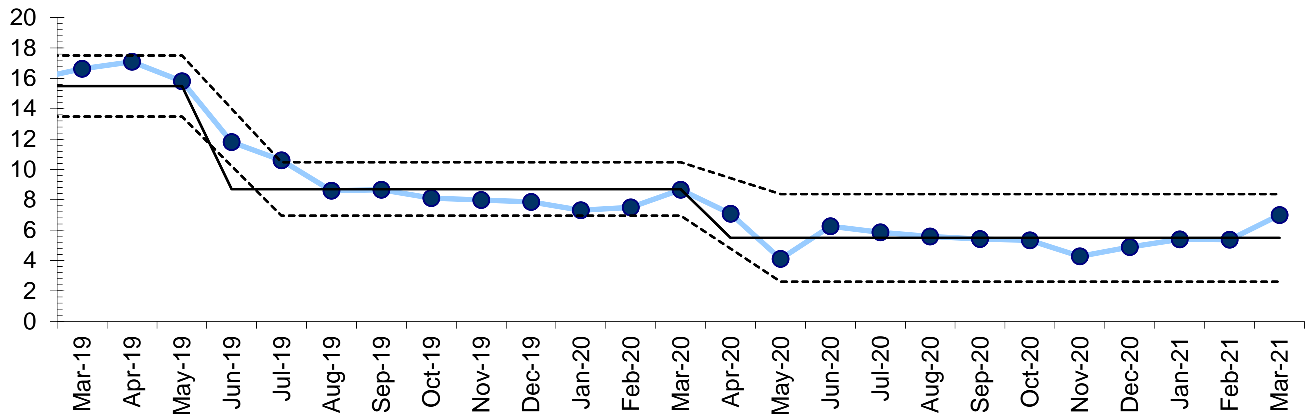


Chart 2.23 Average wait (days) to second appointment (Trustwide – I chart)

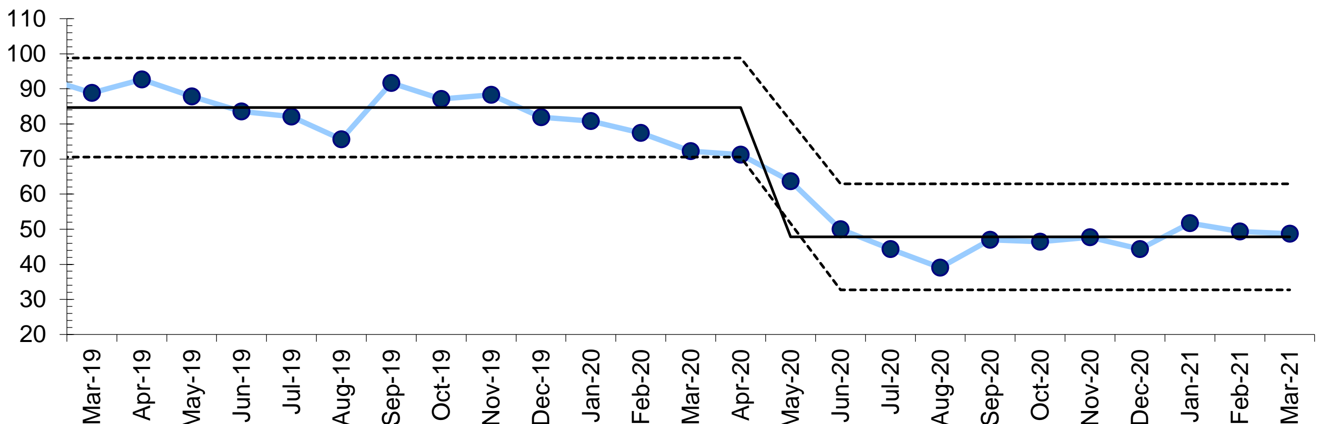
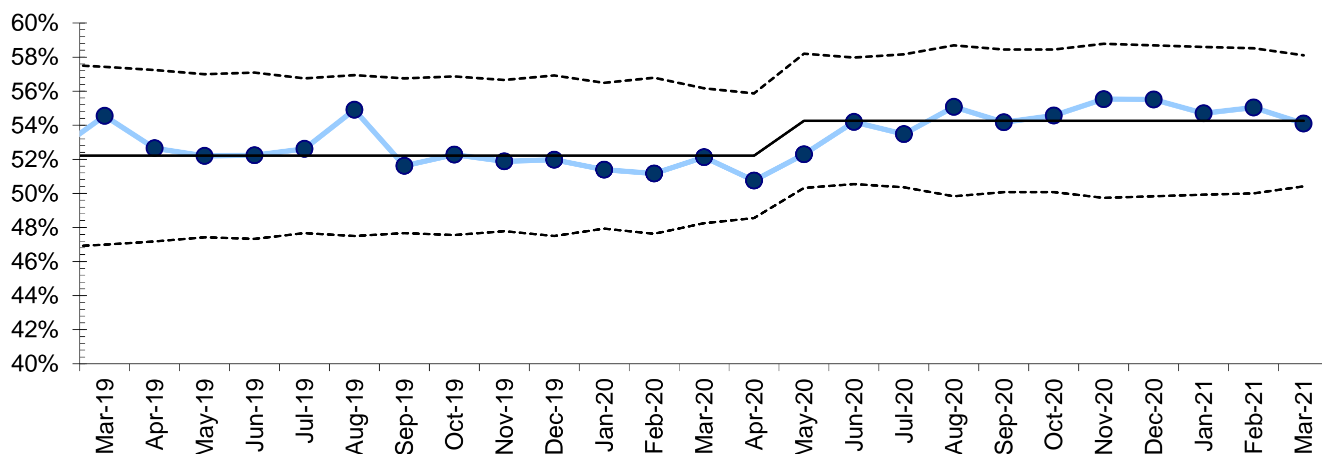


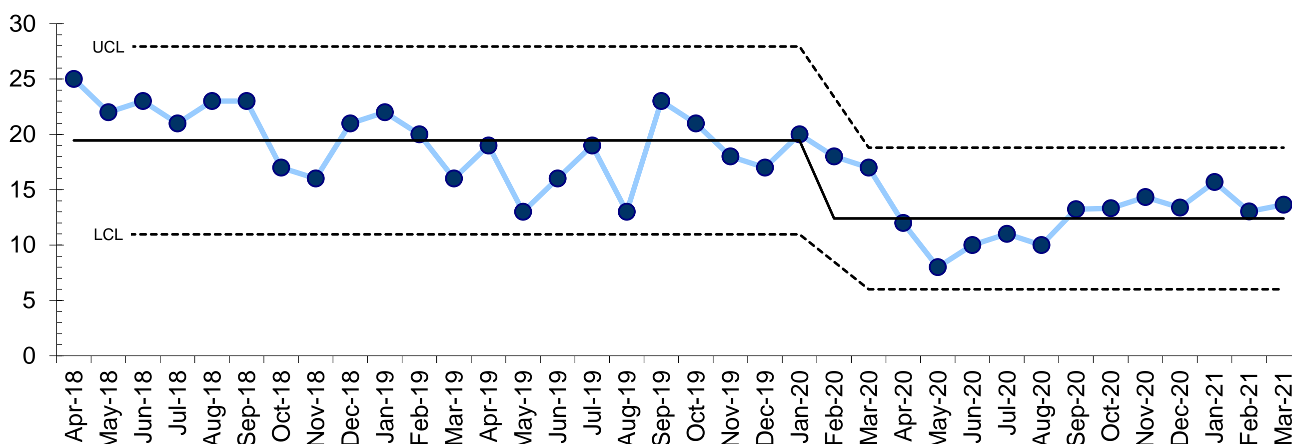
Chart 2.24 IAPT – percent demonstrating recovery at end of treatment (Trustwide – P chart)



Perinatal Services

Chart 2.25 below shows that average waiting times for perinatal services remain stable with an average of 13.6 days in March. 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 continue to develop service pathways to meet national access targets and improve service offers 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 complaints and PALs enquires remain stable. Chart 3.3a has been amended to show the satisfaction results from the new Friends and Family Test (FFT) survey that was relaunched in November as highlighted in the previous report. The chart shows that satisfaction levels have returned to pre-COVID levels with 89% of respondents to our survey reporting a positive experience of services offered by the Trust in March. Similarly, Chart 3.3b and 3.3c show that the overall number of respondents, as well as the number of teams re-establishing the new FFT survey within their service, has continued to increase.

Chart 3.1 Number of Complaints (Trustwide – I chart)

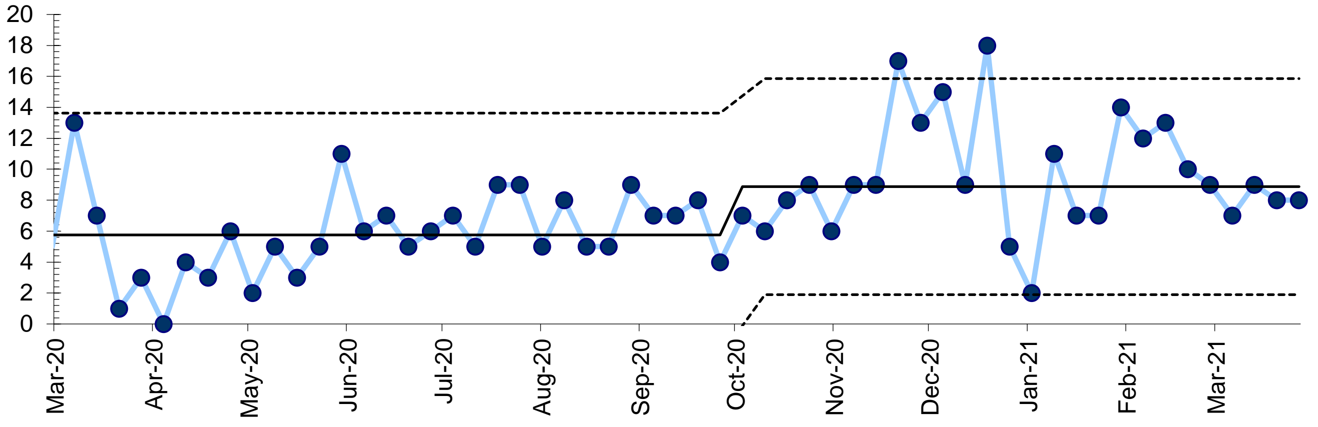


Chart 3.2 Number of PALs enquiries (Trustwide – I chart)

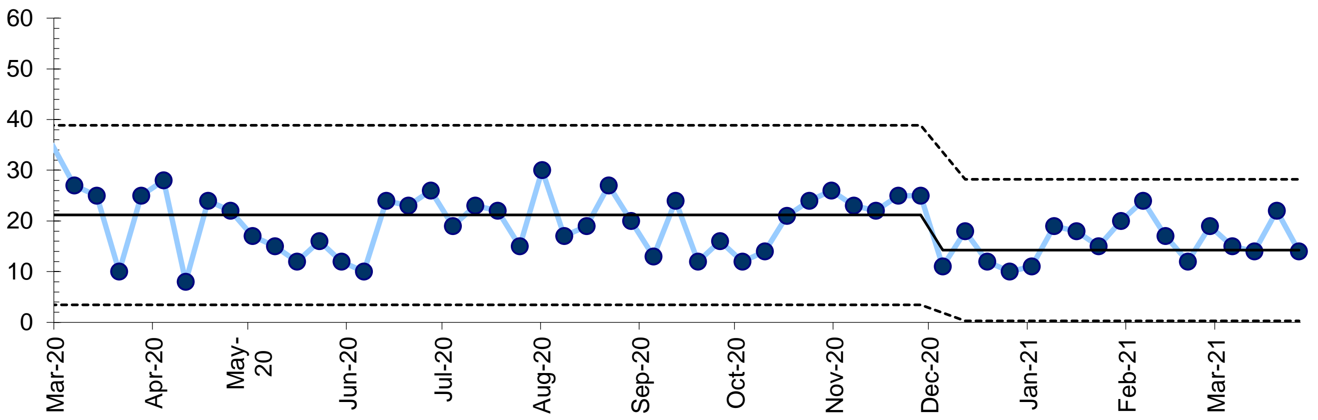


Chart 3.3a Percent of service users rating their experience as positive – good or very good (Trustwide – P' chart) *Data based on new FFT survey questions from November onwards.

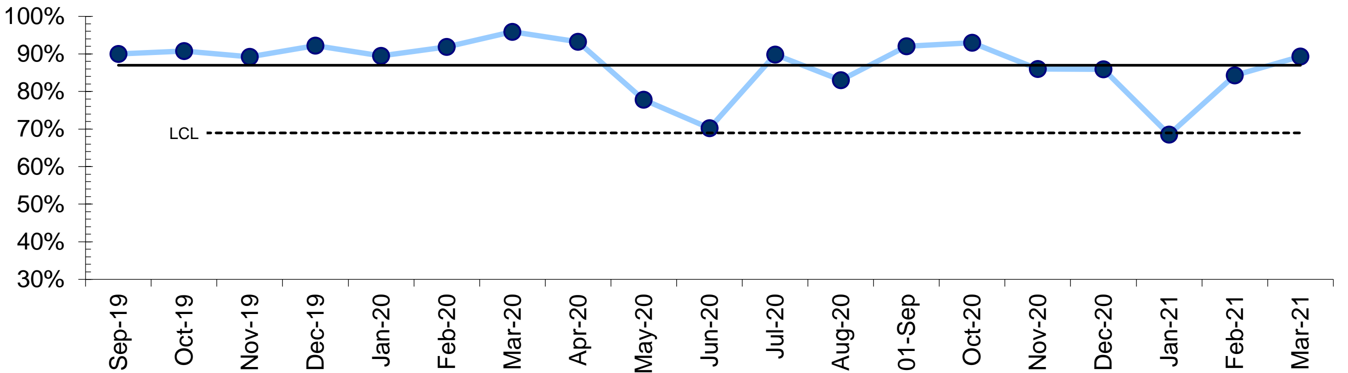


Chart 3.3b Total number of Friends & Family (FFT) responses collected per month (Trustwide– C chart)

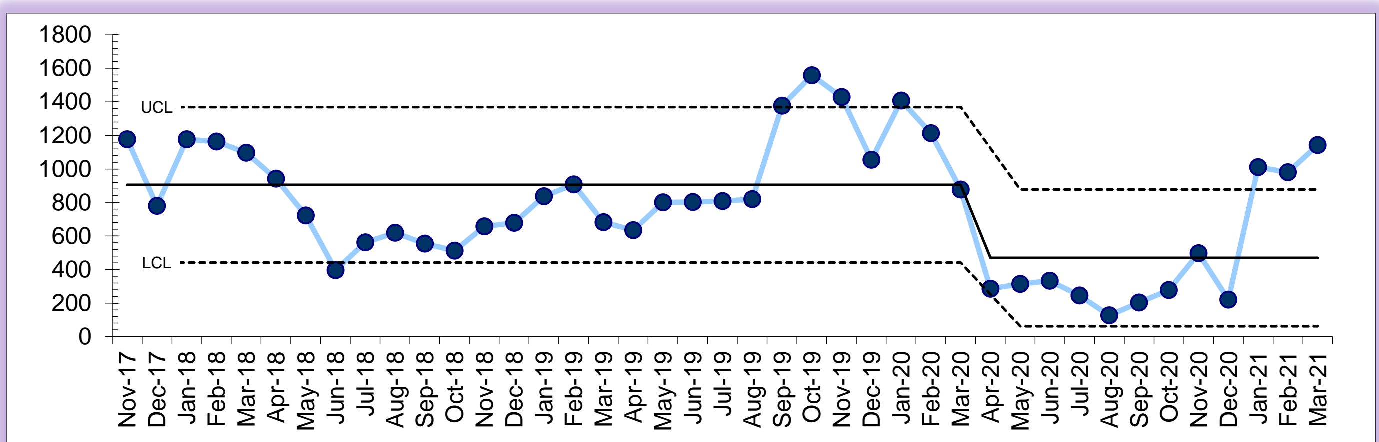
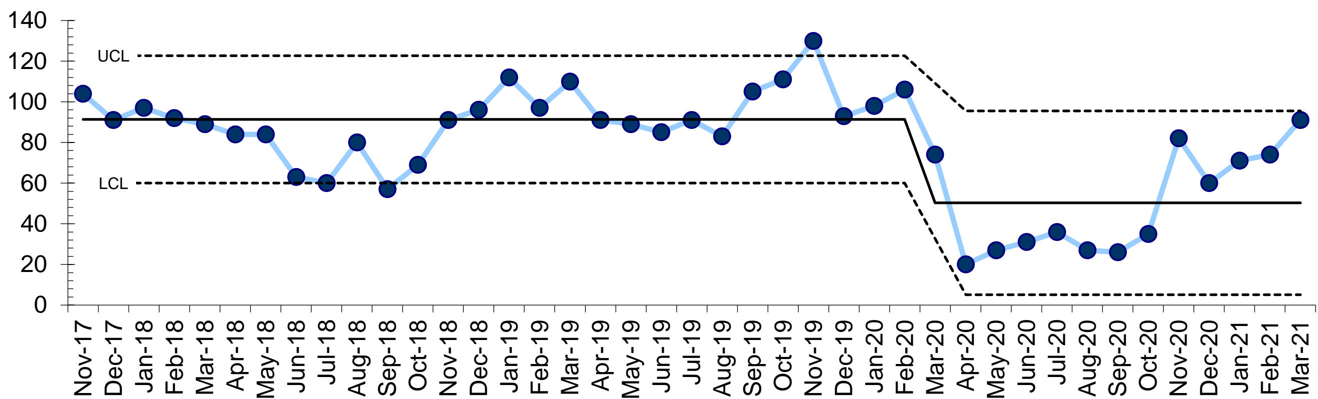


Chart 3.3c Total number of Teams collecting FFT responses per month (Trustwide– C chart)



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 has been decreasing over February and March 2021 and is currently below the Trust target of 3.5%. Chart 4.1b shows COVID-19 sickness absence in the Trust has decreased across all services in February and March, however cases across a few Mental Health services and Forensic services, although lower than previous months, are higher than other services. It is believed that there is a positive correlation between increased staff receiving second vaccination dose, reduced instances of service users testing positive for COVID, and decreasing staff sickness levels.

Vacancies within the establishment had remained stable over the last six months. Staff vaccinations continues to progress well and this helping support staff and services to maintain a safe and healthy workforce and deliver high quality of care. Staff turnover levels have remained stable over the last 6 months and are below the Trust target of 16%.

The Disclosure and Barring (DBS) checks compliance remains consistently high. The Trust is following the national guidance for the DBS recheck period of every four years. There are robust processes in place to monitor and check DBS compliance.

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

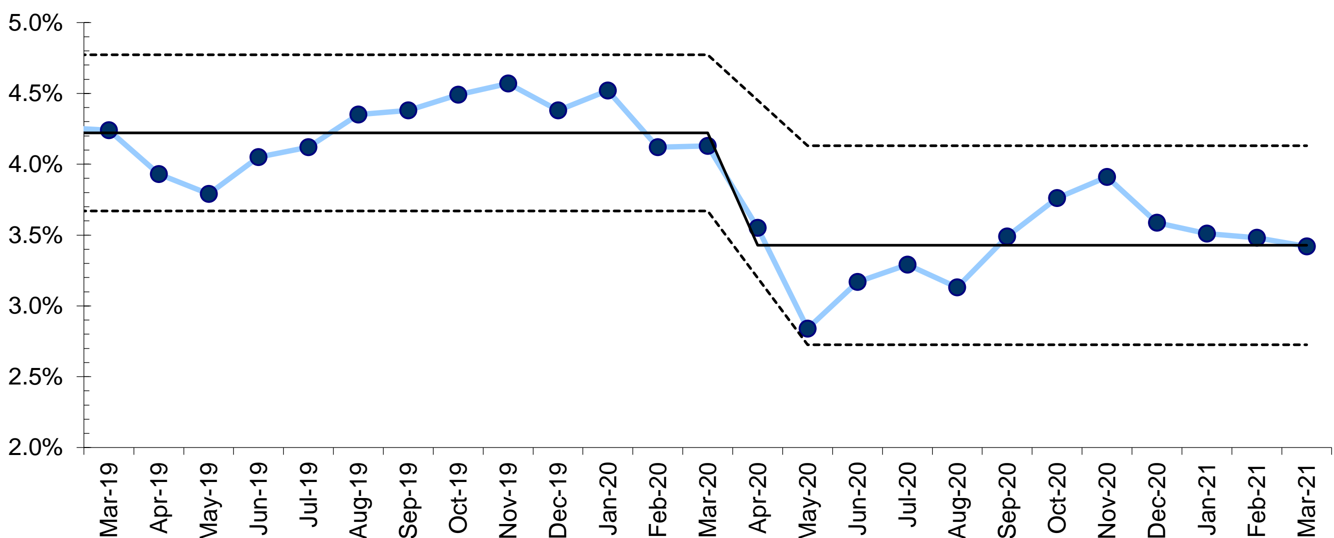


Chart 4.1b Staff COVID-19 related sickness (Trustwide – P chart)

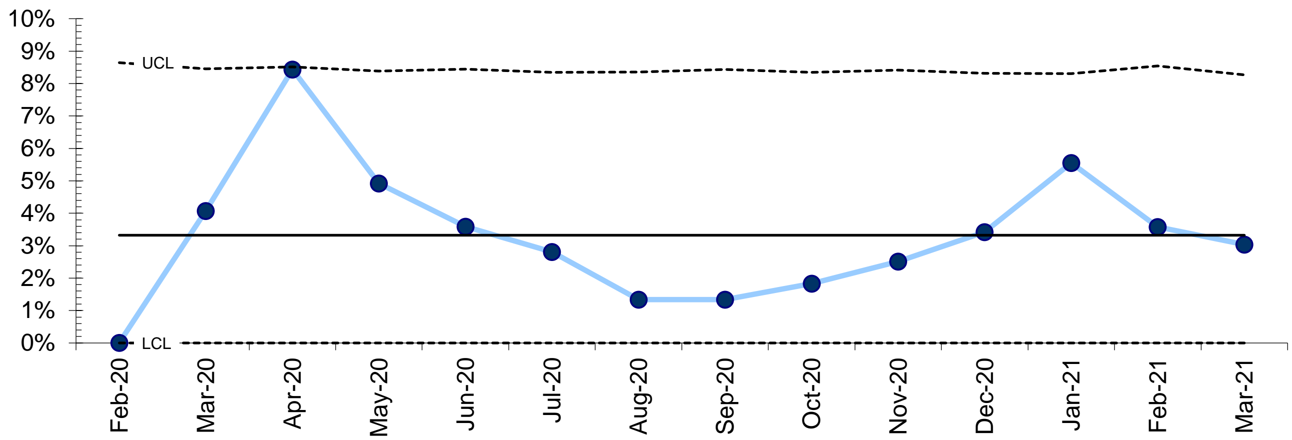


Chart 4.2 Percentage of posts vacant (Trustwide – I chart)

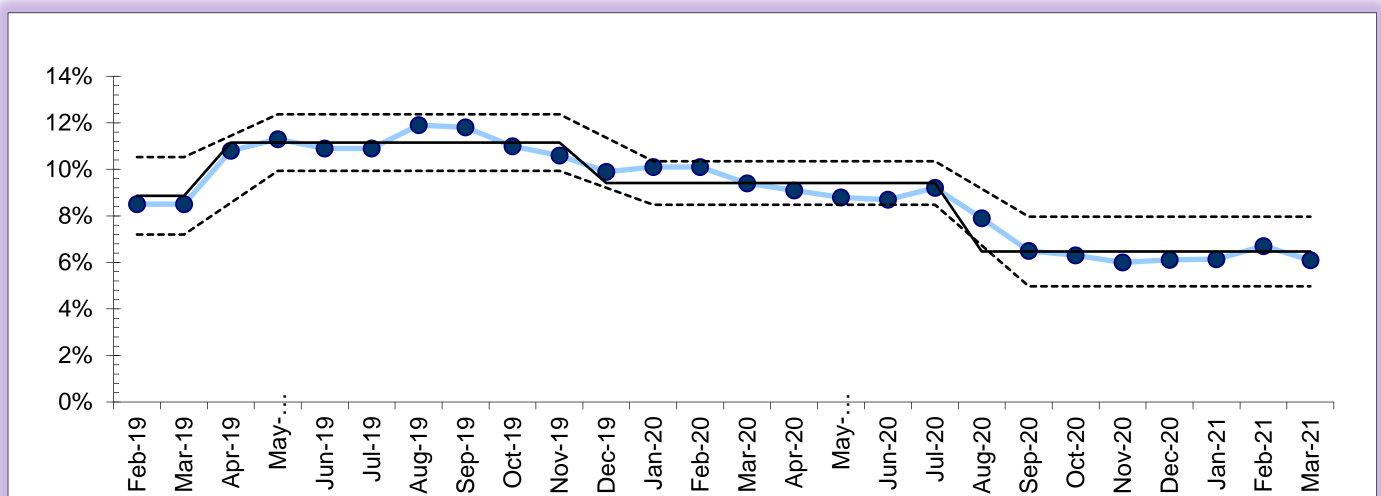


Chart 4.3 Turnover (Trustwide – I chart)

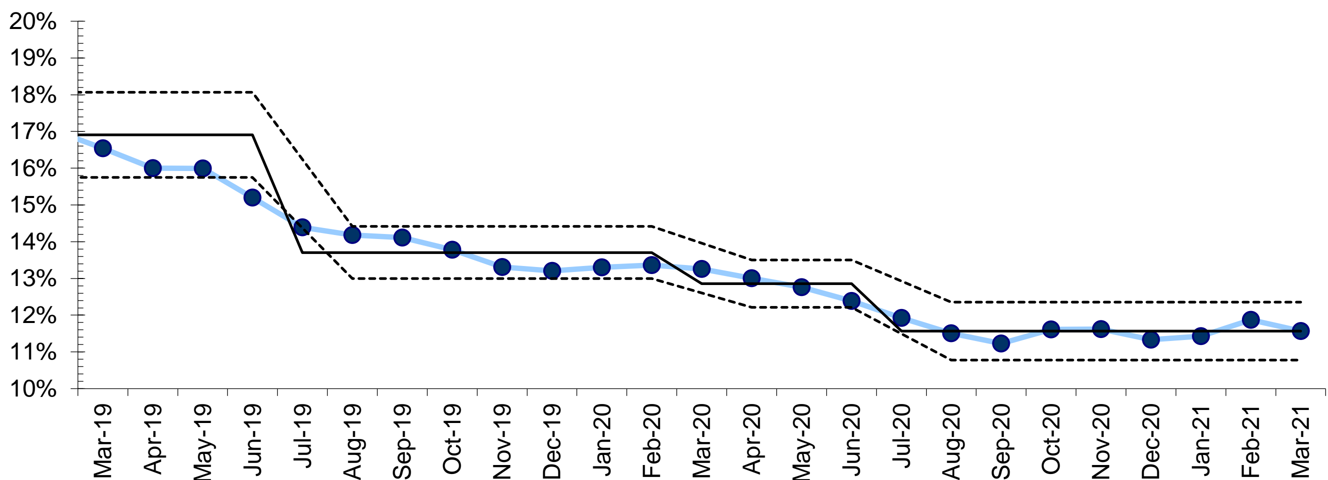
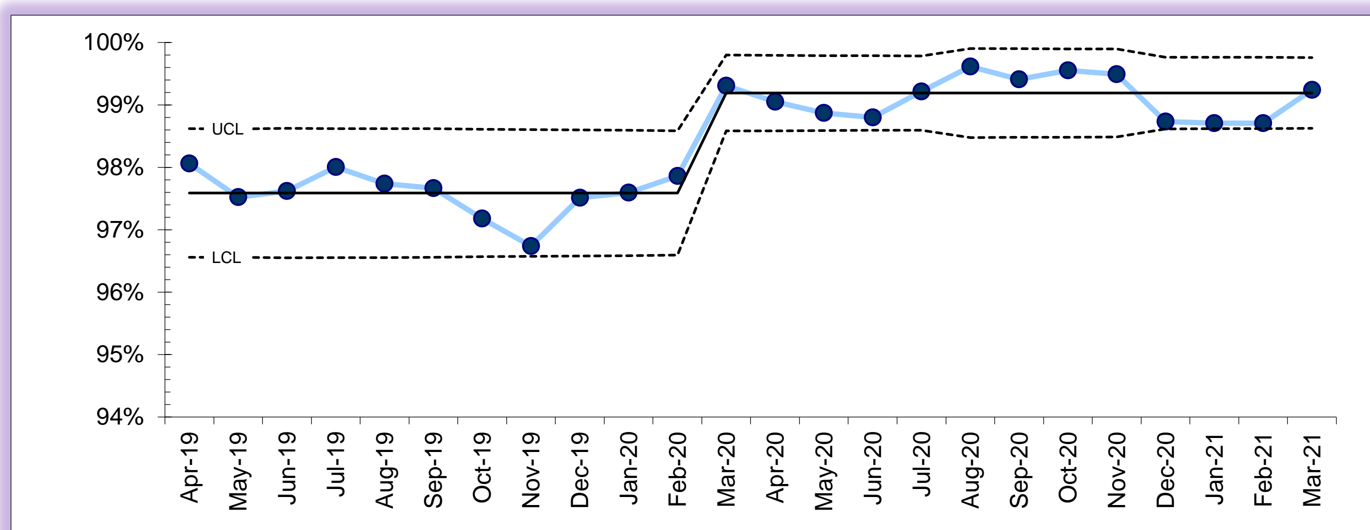


Chart 4.4 DBS clearance (Trustwide – P' chart)



5. Finance Performance

1 Purpose of Report

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

2 Executive Summary

2.1 Key conclusions are:

- Operating surplus (EBITDA) to end of March 2021 of £20,063k compared to planned operating surplus of £10,940k. At Month 12 this includes full year impact of the non-recurrent support adjustment shown below the underlying net surplus figure at Month 11.
- Net surplus of £3,523k (0.7%) compared to planned net deficit of £5,311k (-1.1%) before accounting adjustments.
- Year to date net surplus better than plan by £8,834k.
- Cash balance of £143.1m as at the end of March 2021.

2.2 The performance for the financial year 2020/21 is based on the M12 management accounts and post Month 12 accounting adjustments. The final position is subject to the external audit process and any further adjustments as advised.

3 Summary of Performance to 31st March 2021

3.1 The financial performance is summarised in the table below:

	£m
Operating Income	491.2

Operating Expenditure	-471.1
EBITDA	**20.1**
Interest receivable	0.0
Interest payable	-2.0
Depreciation	-10.0
PDC	-4.6
M12 Control Total Surplus/(Deficit)	**3.5**
Impairment, donated assets and other adj.	0.1
2020/21 Surplus/(Deficit)	**3.6**

EBITDA – Earnings before Interest, Depreciation and Amortisation
PDC – Public Dividend Capital

3.2 The Trust has delivered a 2020/21 total surplus of £3.644m (subject to audit).

3.3 Income and expenditure relating to COVID-19 is summarised below based on the Month 12 management accounts.

		Reported expenditure (£000)	Recovered Income (£000)	Gap (£000)
Direct ELFT Expenditure (Cost Recovery Basis)	Apr-20	1,004	-1,004	0
	May-20	2,018	-2,018	0
	Jun-20	2,684	-2,684	0
	Jul-20	1,610	-1,610	0
	Aug-20	1,617	-1,617	0
	Sep-20	1,608	-1,608	0
Direct ELFT Expenditure (Fixed Phase 3 Plan Allocation)	Oct-20	808	-808	0
	Nov-20	1,597	-808	789
	Dec-20	1,470	-808	662
	Jan-21	1,542	-808	734
	Feb-21	1,865	-808	1,057
	Mar-21	1,982	-808	1,174
Subtotal		**19,803**	**-15,389**	**4,414**
Vaccination Centres		1,319	-1,319	0
Vaccination Hub Lead Provider		85	-85	0
Grand Total		**21,208**	**-16,793**	**4,414**

The charts below provide assurance across a range of finance indicators.

Chart 5.1 Surplus (£000) (Trustwide – I chart)

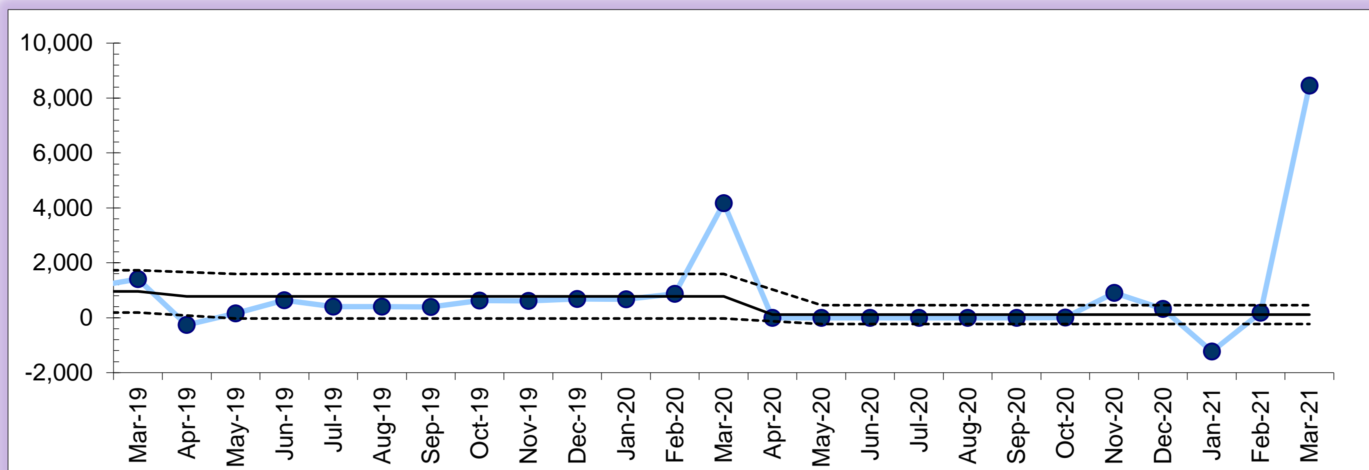


Chart 5.2 Cash Balance (£m) (Trustwide – I chart)

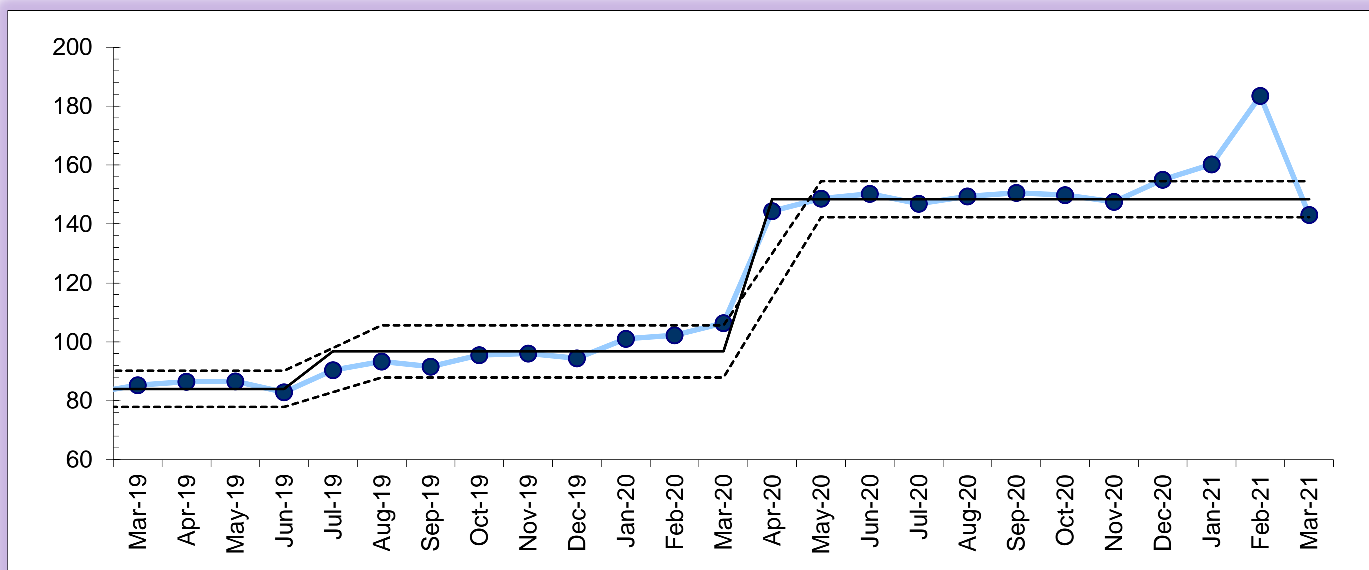


Chart 5.3 Agency vs ceiling (£000) (Trustwide – I chart)

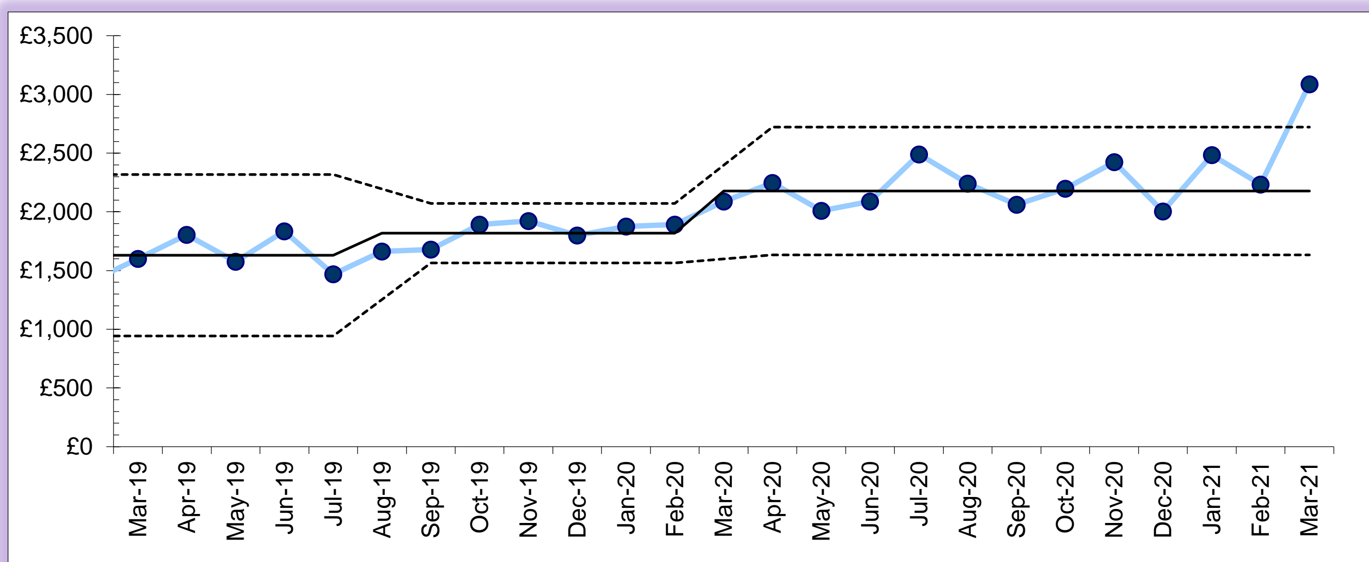
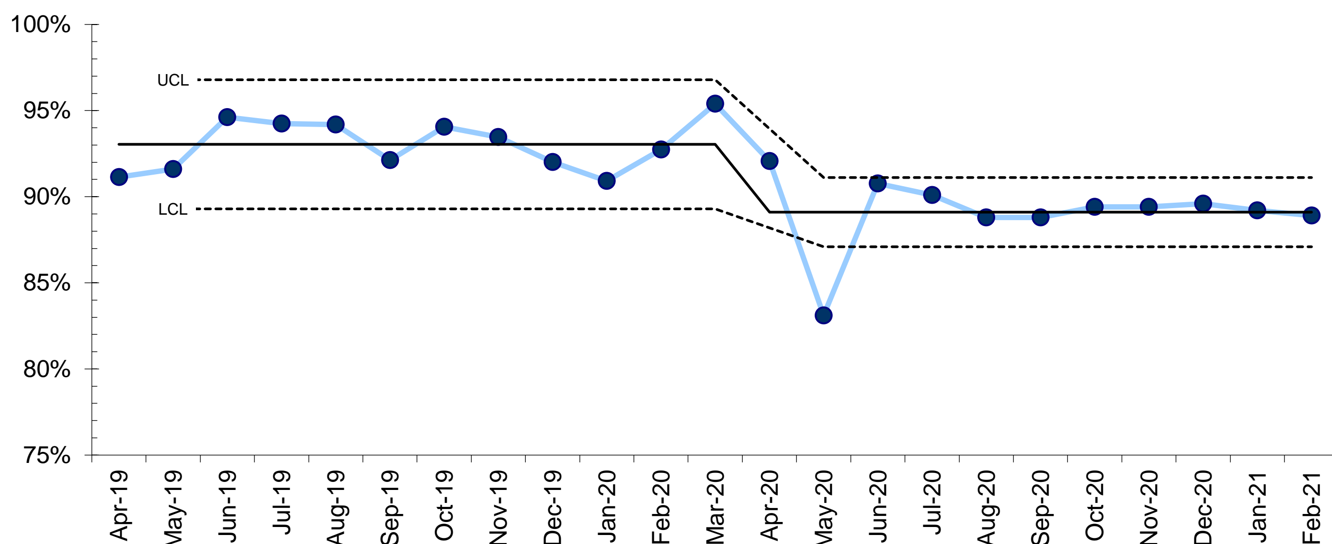


Chart 5.4 The value of invoices paid within 30 days, as a percentage (I chart)



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 discharge 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		
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.