

REPORT TO THE TRUST BOARD: PUBLIC

26 March 2020

Title	Integrated Performance report
Authors & Accountable executive directors	Dr Amar Shah, Chief Quality Officer Steven Course, Chief Finance Officer

Purpose of the Report:

This report provides assurance to the Trust Board on delivery of the Trust strategy and Trust-wide performance, finance and compliance matters. The report is structured in line with the strategic outcomes in the Trust's strategy, along with information about regulatory compliance.

Summary of key issues

This report sets out summary progress against annual plan priorities, analysis of metrics, and summaries of strategic risks.

In our population health plan, a steering group has been established to define service standards to support and improve employment for people with mental health problems. Work is also underway on the theme of loneliness with a training package having been tested in advance of more systematic roll-out across the Trust. From 2020-21, the trust will be delivering the strategy through a more intentional focus on populations, utilising our improvement approach and the triple aim as a framework for planning and delivery.

For patient experience, the work is underway for Dialog implementation and recruitment to peer support roles. New service user priorities have been defined by the Working Together groups that will form the basis for planning within directorates and across the trust over the next year.

On staff experience, we have completed the third cohort of the Trust's Enjoying Work quality improvement (QI) programme. Respect and Dignity @ Work project 'Through Someone Else's Eyes' is in phase 3 and discussions are underway for Phase 4 which will incorporate stories and enactment. We have seen an improvement in statutory and mandatory training compliance, achieving 90% in January.

For improved value, the operating surplus (EBITDA) to end of January 2020 is £15,940k compared to a planned operating surplus of £16,655k. The net surplus of £4,335k (1.2%) compares to a planned net surplus of £4,244k (1.2%) after allocating non-recurrent support. The year to date favourable net surplus variance is £91k. The Trust reports a year to date adverse net surplus variance against control total of £76k. The Trust reported a cash balance of £94.4m to the end of January 2020.

The Trust remains in category "1" of the Single Oversight Framework overall, as it has met all national targets and the financial rating is "2".

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

Improved patient experience	<input checked="" type="checkbox"/>	The report is structured around the four strategic priorities and the sections set out progress in each area.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

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.

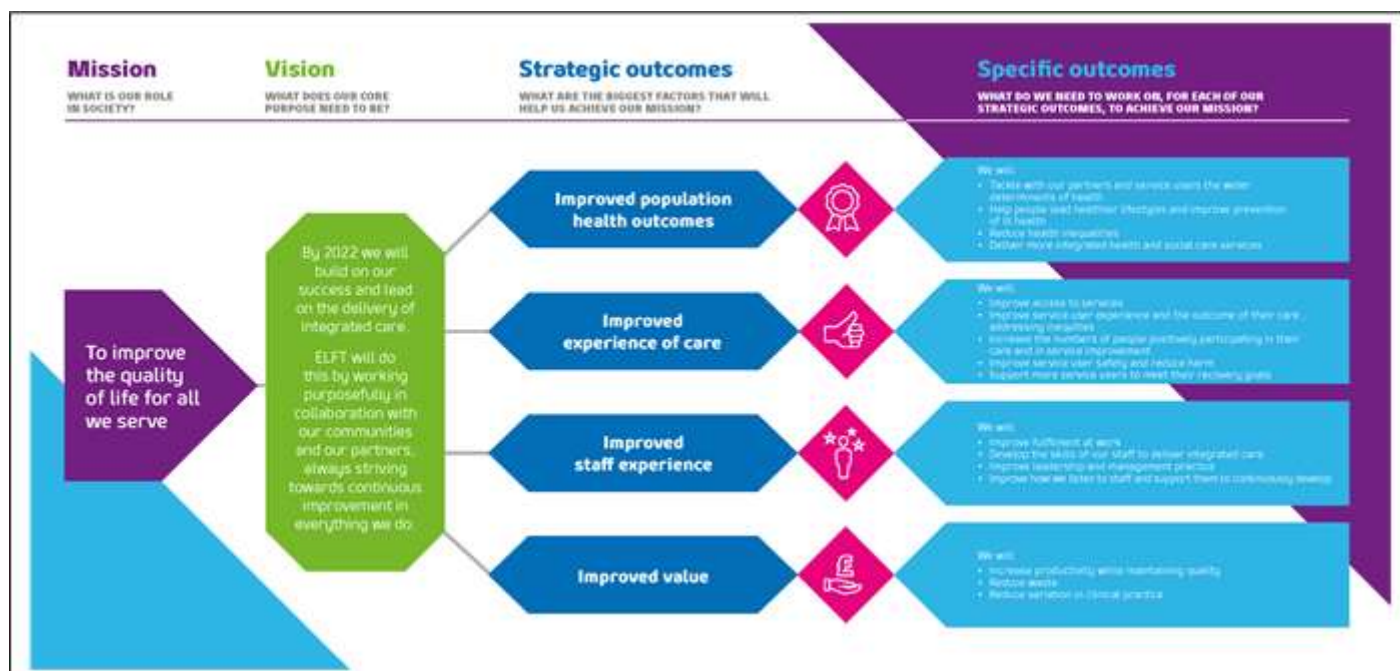
Implications

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 equalities work stream.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of January 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.

Explanation regarding the use of Statistical Process Control (SPC) charts: SPC 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.

1. Introduction

This report provides assurance to the Trust Board on delivery against our annual priorities for our Trust strategy, thereby demonstrating how we are improving the quality of life for all we serve. The report is structured in line with the strategic outcomes in the Trust's strategy, followed by compliance with national targets and exception reporting of other performance issues. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.



From April 2020, we will be reorganising the way in which we deliver the Trust strategy, by starting with populations instead of the four strategic outcomes. This will allow us to integrate our work across the four strategic objectives for specific populations with similar needs, enabling us to have a greater focus on people, to co-design our strategy delivery in a more meaningful way and to have a more intentional design focused on inequity. This would represent a significant reorganisation of the way in which we work, and think about our strategic activities as a Trust. It will also mean that the activities and measures within this report will be redesigned around populations.

2. Improved population health outcomes

Executive leads: Chief Medical Officer, Director of Integrated Care
Lead executive committee: Service Delivery Board

Annual Priority:	Delivery lead:	Timeframe:
Increase the number of people with serious mental illness in employment & work to reduce the number of people in contact with all Trust services who feel lonely	Director of Integrated Care	March 2020
Increase awareness of the Trust population	Director of Integrated Care	March 2020

health objective with staff and service users		
Develop our mental and community health service offer to primary care networks	Director of Integrated Care	March 2020
Deliver a population health “triple aim” project in each directorate	Chief Quality Officer	March 2020

Executive Commentary – Annual Plan Priorities

1. Increase the number of people with serious mental illness in employment & work to reduce the number of people in contact with all Trust services who feel lonely

Both programmes of work are underway. There is a regular steering group on loneliness, led by Paul Binfield; which has very good attendance from service users and carers. The group has developed an ELFT definition of loneliness, has designed a staff training package on loneliness and has tested this with a number of staff in advance of more systematic roll-out across the Trust.

Each directorate is now working on a service user led loneliness activity. The group is also developing plans for measuring the extent to which service users feel loneliness is reduced through dialog plus (linked to scores regarding relationship/family/leisure activity). The work is linked with quality improvement and we are working with our Communications team about a story telling campaign regarding overcoming loneliness.

The employment work is taking a broader population approach as well as supporting people with Severe Mental Illness to gain good employment.



A steering group has been established with representation from service users, clinical teams, apprenticeship leads, workforce, public health, service providers and local businesses. An initial action for this group is for ELFT with service users to define service standards to support people with mental health issues to obtain good work.

2. Increase awareness of the Trust population health objective with staff and service users

The Trust are applying a new population health approach to delivering the Trust strategy and developing operational plans for 2020-21. This involves starting more systematically with the populations that we serve, and using our quality improvement experience and expertise, through the triple aim framework, to structure our approach to delivery.

Work has begun on how we organise our place-based delivery with key population groups that cut across the organisation; for example people with serious mental illness or children with learning or physical disabilities. To support this, we have developed easily accessible place-based health needs packs for each area to help our staff understand some of the population health context in which they are working. This will form part of our population health web pages designed with and for staff. We will also develop additional content with our service users to tell us what it 'feels like' to live in that borough and what supports and what doesn't support your health and wellbeing in your built environment. The views of service users will complement the place-based public health data.

ELFT is now an approved training centre for Public Health trainees. The first trainee starts in March 2020 and will support delivery of the population health programme. A further two trainees are in discussions to join the Trust later in the year.

The Trust has developed a Population Health Special Interest Group – there are approximately 28 current staff that have training or a qualification in public health. A second meeting of this group was held in January. The group agreed to become a special interest group and help the Trust shape and develop its population health work as well as ensuring they take this work back to their current practice. The group identified the following topics as areas of interest:

- Population segmentation
- Health promotion activities for patients and carers – including diet and exercise
- Social determinants of health / health inequalities
- Key role of the arts and culture for wellbeing
- Occupation and employment
- Reducing the risk of morbidity associated with psychosis from a public health perspective.

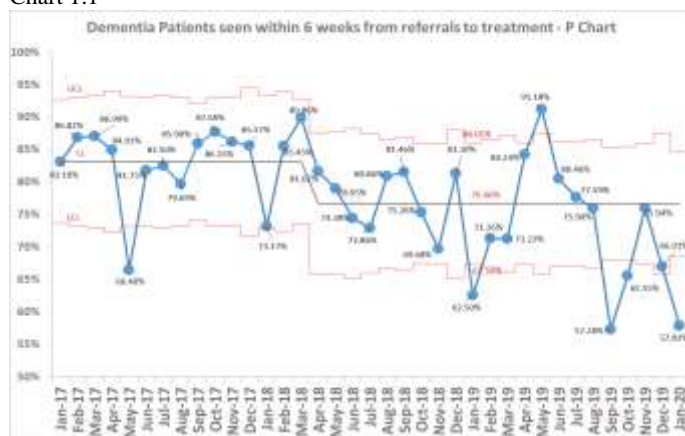
The Trust has been awarded 'early implementer status' as an NHS England national pilot site for tobacco control. The Trust will receive funding to help pilot and evaluate a more systematic approach to tobacco control across our mental health inpatient units. The work

1. IMPROVED HEALTH OF THE COMMUNITY WE SERVE

is based on the successful Ottawa model of treating nicotine addiction among inpatients. It takes the Ask, Advise, Assist approach of systematically supporting all patients who smoke to be given nicotine replacement therapy and work towards cessation. Underlying this is the principle that treating someone's addiction to nicotine is a key priority for inpatient care. The programme will start across ELFT in April 2020.

People who are frail or who have dementia will be able to stay at home for longer

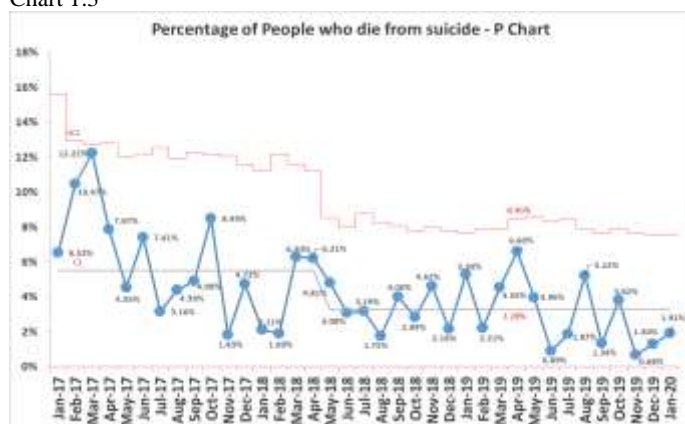
Chart 1.1



This measure is experiencing instability due to lower performance in Tower Hamlets. Tower Hamlets Memory Assessment Service has been experiencing capacity issues for both nurses and doctors, but is now fully recruited. There is a plan in place to ensure all patients that are awaiting assessments receive this by mid-April 2020.

Fewer People will take their own lives

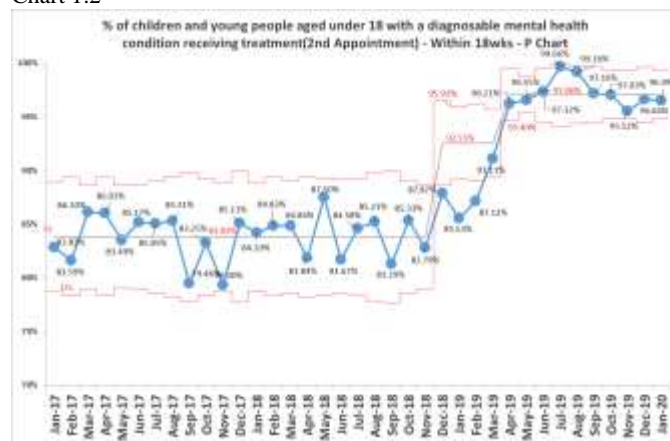
Chart 1.3



The denominator is all deaths of service users open to our services recorded in the month. The numerator is all deaths recorded as a suicide in our incident reporting system. There has been a reduction over the last three years in the overall percentage of service users known to us, who have died from suicide.

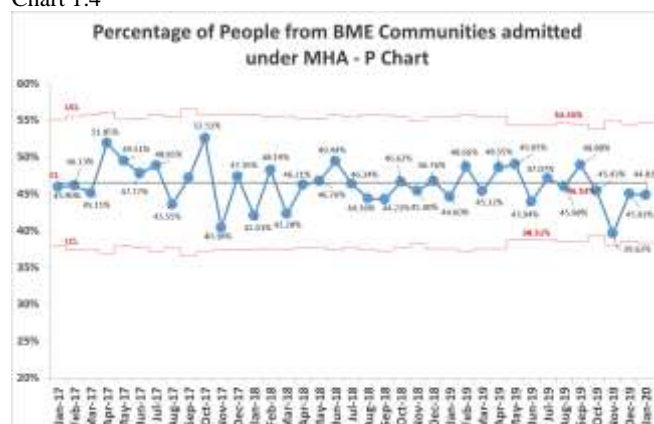
Children will have a better start in life

Chart 1.2



People with Mental Health issues Experience Less Stigma

Chart 1.4



This chart shows the percentage of all service users admitted under Section 2 or 3 of the Mental Health Act (MHA), who are from Black or Minority ethnic (BME) groups.

More people that the trust serves will lead healthier lifestyles

Chart 1.5



Over the last three years there has been a reduction in the percentage of people who are subject to the Care Programme Approach (to coordinate support for mental health needs) who smoke. This data is based on the number of people assessed during each month.

More people with long-term mental and physical health problems will be in regular employment

Chart 1.6

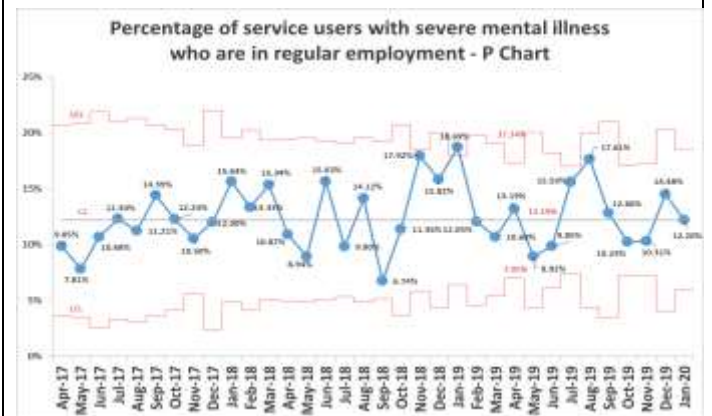
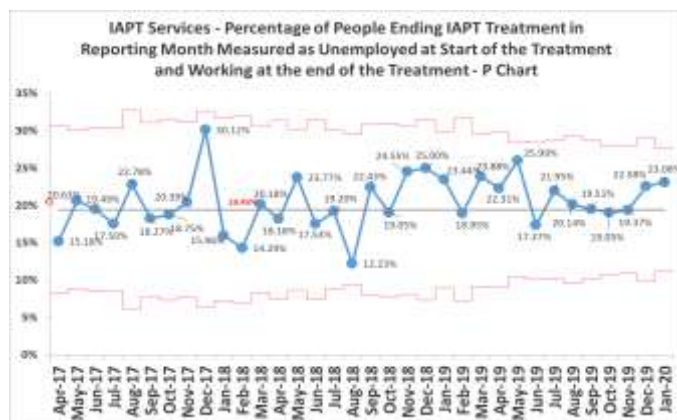
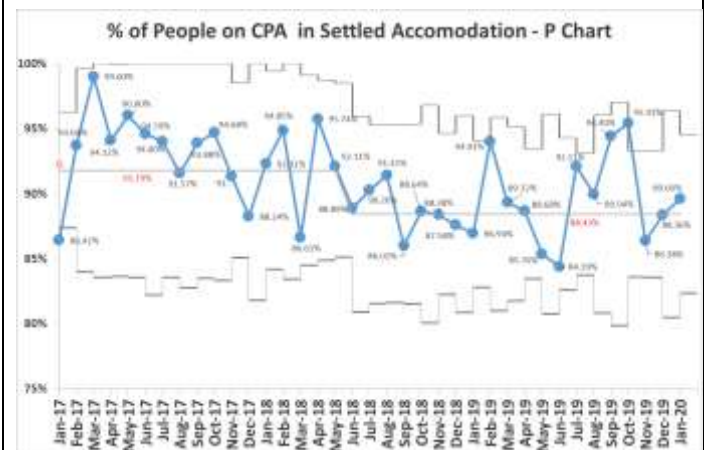


Chart 1.7



More people that the trust serve will have a decent home

Chart 1.8



Fewer people that the trust serves will feel lonely

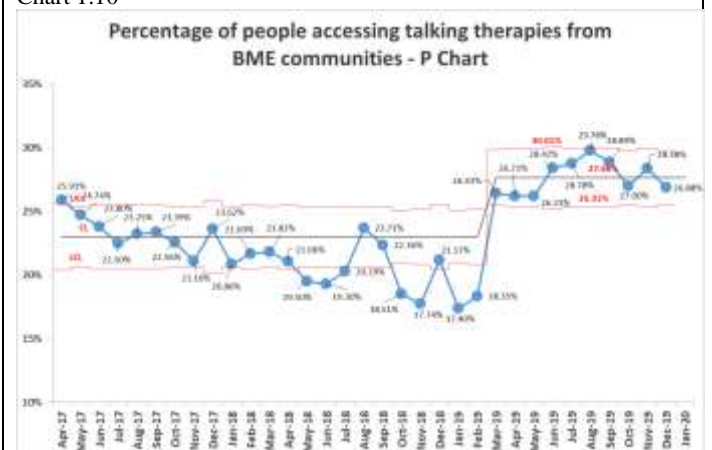
Chart 1.9



Levels of satisfaction with social contacts have been relatively stable at nearly 70%.

People from the different communities we serve will have improved access to services

Chart 1.10



	From April 2019, Tower Hamlets was included in the Trust wide data. Tower Hamlets is a more ethnically diverse borough than Richmond or Bedfordshire, therefore the data from April 2019 onwards shows increased access from BME communities.
<p>Chart 1.11</p> <p>There are signs suggestive of an increase in the percentage of older people accessing talking therapies since July 2019. Older people are defined as those aged 65 and over at the time of referral.</p>	

Board Assurance

Strategic Risk 1	If the Trust does not anticipate, and proactively respond to, external changes, including factors outside the Trust's control, then the Trust may fail to deliver in its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans	
Executive Lead	Director of Integrated Care	Mitigating actions include: <ul style="list-style-type: none"> Deputy Director of Population Health appointed Establishing a training centre for public health: first placement is due to start in early spring Building and maintaining relationships with external stakeholders Proposals on the future framework of the Population Health Group (PHG) reviewed at its meeting on 3 February 2020 Working with partners to share data to help understand population segmentation: training for staff planned Loneliness and employment key priorities updates provided to PHG Steering Group established to increase momentum and broaden the approach with the employment plans Approach to delivering the Trust's strategy to shift from April 2020 to be focused around places and populations An internal audit of the Trust's engagement with STPs and place based partnership, and whether relevant controls are in place commenced January 2020, completion due March 2020.
Lead Committee	Population Health Group	
Risk Score		
Current	12	
Target	8	
Recommendation	None	

Strategic Risk 2	If the Trust does not engage, influence and enthuse citizens, communities, partners in local health and care systems, and staff then the Trust may fail to deliver on its strategy, including our population health, quality and value strategic objectives, and key associated transformation plans	
Executive Lead	Director of Integrated Care	Mitigating actions include: <ul style="list-style-type: none">• Special Interests Group established comprising of staff with background or interest in public health• Projects to support with culture change and momentum:<ul style="list-style-type: none">- Presenting at Trust's Working Together Groups to help understand service users own health needs as well as local population health needs- Other opportunities of understanding citizens' health needs being considered including tapping in to the Trust's members and through working with Governors- An internal audit of the Trust's engagement with STPs and place based partnership, and whether relevant controls are in place commenced January 2020, completion due March 2020.
Lead Committee	Population Health Group	
Risk Score		
Current	12	
Target	8	
Recommendation	None	

3. Improved patient experience

Executive leads: Deputy Chief Executive, Director of Commercial Development

Lead executive committee: Quality Committee

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Providing a high quality experience of services	Implementation of new accreditation scheme Response to and learning from complaints and compliments Safer Services work to improve safety in inpatient services	Chief Quality Officer Chief Nurse Chief Nurse	March 2020
Improving provision of holistic care	Continue to roll out the use of outcome and experience measures, including Dialog Implementation of Physical Health strategy Work on loneliness Improving care at the end of life	Service and Clinical Directors	March 2020
Recovery orientated care	Reduction in restrictive practice Development of Peer Support roles Improving care planning through further development of CPA and use of Patient Activation measures Improving opportunities for employment and education	Chief Nurse Deputy Chief Executive	March 2020

Work continues to implement the work streams that support efforts to improve patient experience. The implementation of Dialog is in progress along with the community mental health team (CMHT) redesign work in London to create services that are “service user led and clinical supported”. Peer Support roles continue to be recruited to, and the professional lead for Peer Support has started in role.

New service user priorities have been defined by the Working Together groups that will form the basis for work within directorates and across the trust over the next year. These are:

1. Get the basics right- easier access, shorter waiting times and offer more treatment options
2. Supporting more social connections- database of opportunities accessible by email/text/apps etc., peer support to help us connect

3. Supporting access to education and employment, not just Individual Placement and support (IPS)
4. Life skills- budgeting, cooking and internet use/safety
5. Redesigns and transformation need to include our input
6. Letters/Care Plans etc. Written to me and not about me
7. Utilise service user input regarding discussions with housing/supported housing. Service user/ELFT supported housing
8. More co-production with councils and organisations, including local businesses to help create more referrals pathways
9. Integrated care needs to happen (Mental Health / Physical Health)
10. Increase option of People Participation (PP) to all, automatic offer.

2. IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services

Chart 2.1

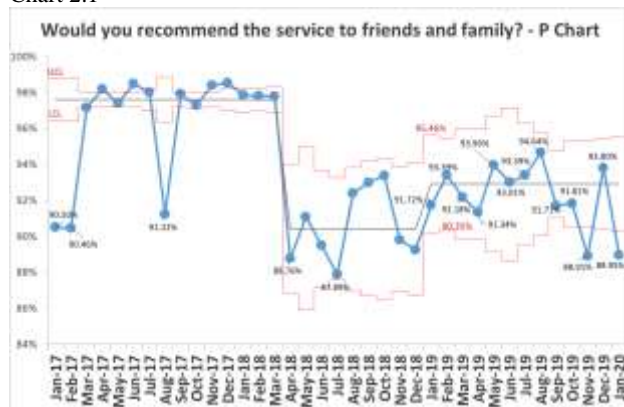


Chart 2.2

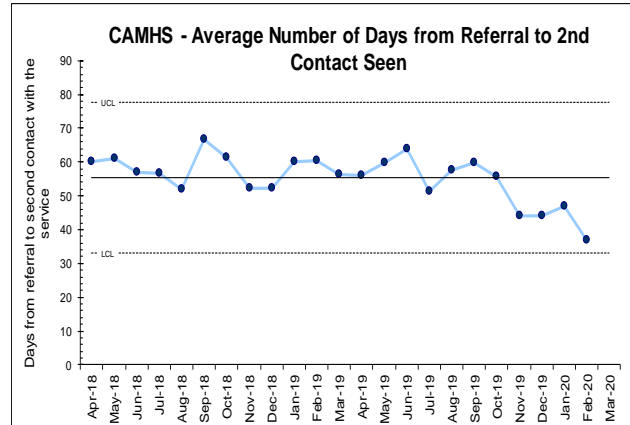
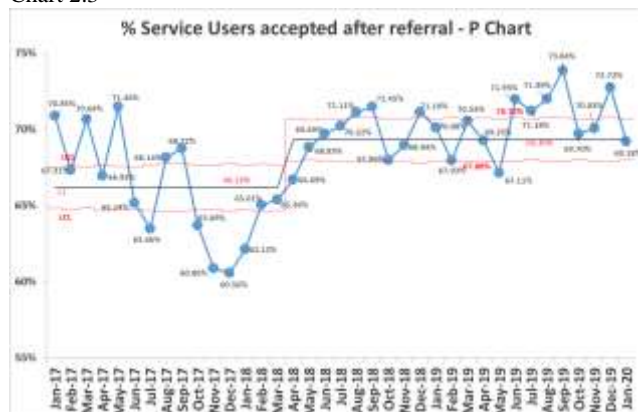
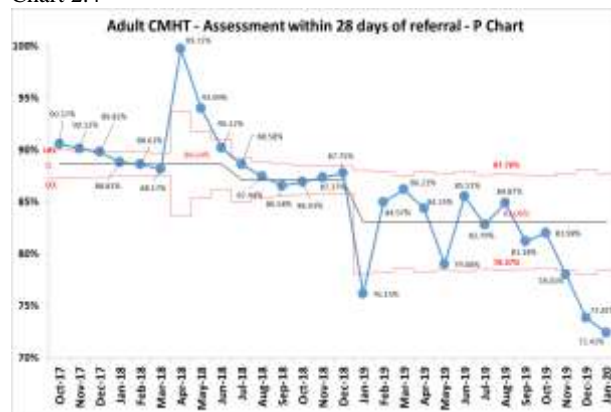


Chart 2.3



There are multiple signs of an increase in the percentage of service users accepted after referral.

Chart 2.4



This chart represents the proportion of all referrals received by our community mental health teams from GPs that we assess within 28 days. In Bedfordshire performance has improved and it is expected that the reconfiguration of the community mental health teams will improve performance. In East London, performance varies from 65% to 90% of service users being seen within 28 days of referral. A number of improvement projects are commencing across community mental health services to redesign the pathway for faster access. In addition, we are now introducing the option of telephone and web assessments, in addition to face-to-face sessions, where appropriate.

Improved experience of contact with services

Chart 2.5

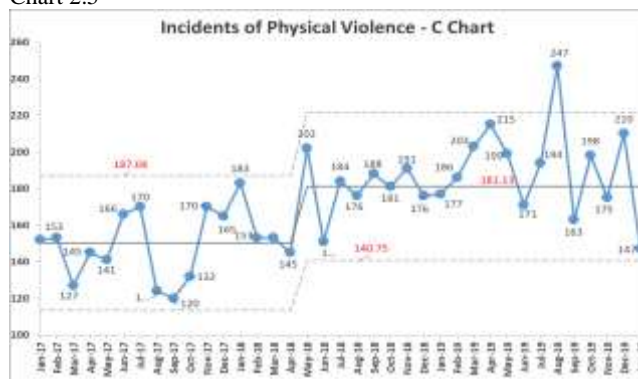


Chart 2.6



All patients will report an improved positive experience of contact with services

Chart 2.7

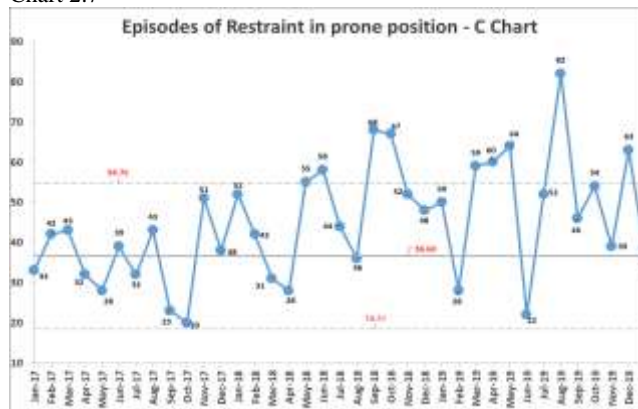


Chart 2.8

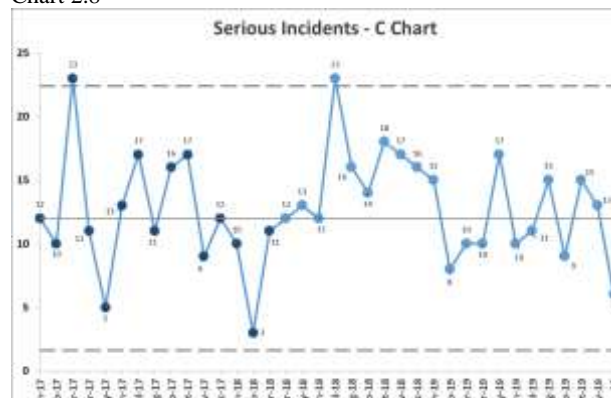


Chart 2.9

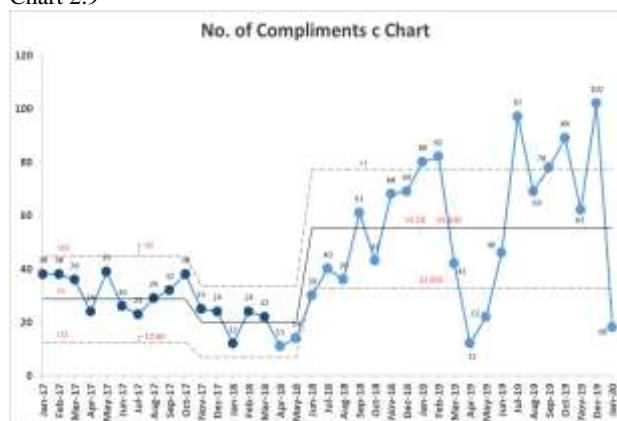


Chart 2.10

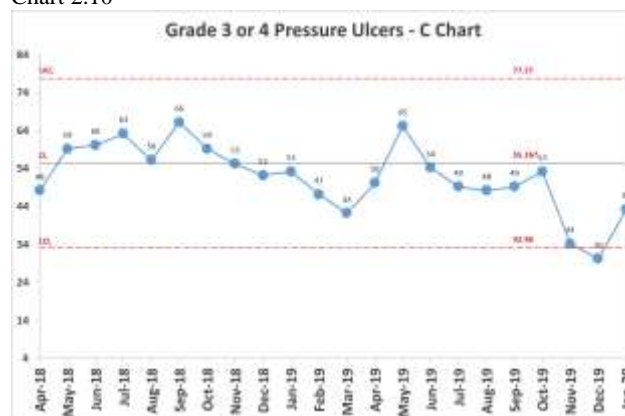
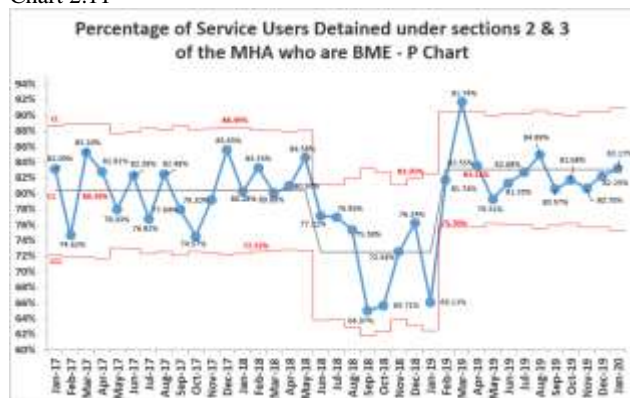
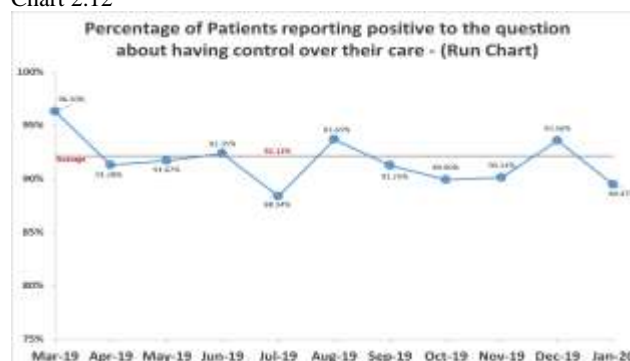


Chart 2.11



All patients will have more control over their care
Chart 2.12



This is a new measure that has been introduced to our patient-reported experience measures across the Trust in March 2019. The current average is 92% of service users feel they have control over their care.

All our services will be designed and developed with service user input

Chart 2.14

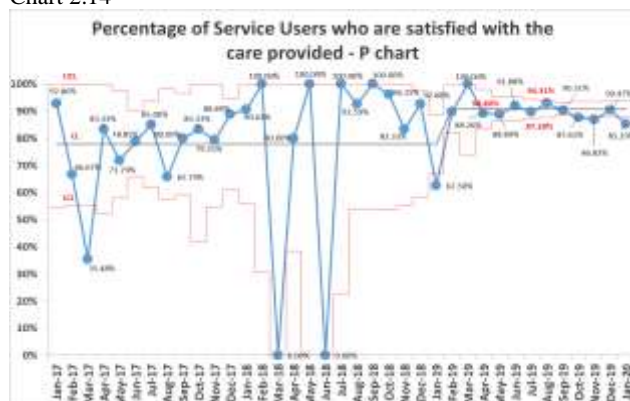
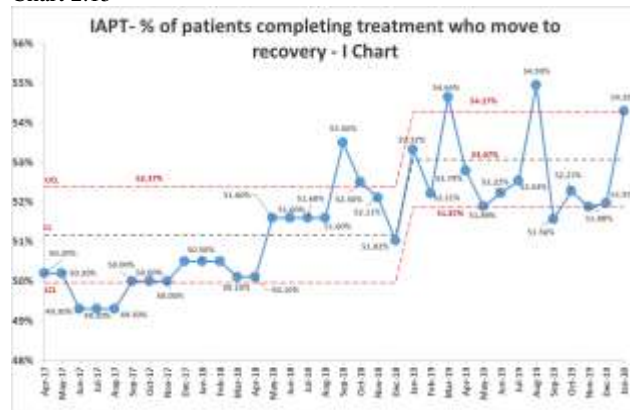


Chart 2.15



Recovery is improving due to a number of key changes:

1. The introduction of Anxiety Disorder Specific Measures is improving recovery rates due to aligning the correct outcome measure to the person's condition
2. All staff have received recovery-focused training.
3. In July Bedfordshire increased management capacity, enabling more time for clinical supervision and case management.
4. Improvements to the care pathway in Tower Hamlets since acquiring the service in October 2018.

Board Assurance

Strategic Risk 3	If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities	
Executive Lead	Deputy CEO	Update and mitigating actions: <ul style="list-style-type: none"> • Process of place-based planning is in place for the planning process for 2020/21 financial year which will bring together all the directorates involved in each place to produce a place-based plan that focuses on populations within the place. Part of this approach will be to help develop approaches to the involvement of wider communities in the development of models of care. New approach also being embedded in community mental health redesign work. • People Participation Lead for community services transformation has started in the role • Trust Peer Support Worker professional lead has started in post • Proposal for standardising People Participation work across North East London STP has been submitted • Service user-led accreditation process continues to roll out across the Trust and dashboard development work continues • CMO leading work on the next phase of the eCPA process • Revised process for use of dialog as an inpatient care plan tool is being piloted in Tower Hamlets • Patient experience dashboard is being developed that will triangulate various data sources within the Trust.
Lead Committee	Quality Assurance Committee	
Risk Score		
Current	12	
Target	8	
Recommendation	None	
Strategic Risk 4	If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	
Executive Lead	Chief Nurse	Update and mitigating actions: <ul style="list-style-type: none"> • Draft report for the CQC focussed inspection received currently being checked for factual accuracy • Healthwatch enter and view report submitted to the Trust from Healthwatch Luton with action plans being developed • NED complaints review carried out – feedback and response in QAC meeting 02/03/2020 • Agreed a process for increased Board oversight over compliments and complaints.

4. Improved staff experience

Executive leads: Director of People & Culture, Chief Quality Officer

Lead executive committee: People & Culture Committee

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Develop leadership for all staff groups.	Devise a structured career pathway for all professional staff groups.	Director of People & Culture	Summer 2020. This timeline has slipped.
	A 4-module programme known as ELFT Lead begins in September (Bedford) and October (London). 29 people are attending each cohort and formed from those who were not placed on the Clinical, Collective & Compassionate Leadership Programme.	Associate Director of People & Culture (OD) and Associate Director of People Development	Completed.
	The second cohort of the senior clinical leaders' programme comes to an end in October 2019	Chief Quality Officer	Completed.
	Generic job descriptions for Psychotherapists at all bands in place with statements about how to enter/ progress at that level.	Associate Director of People & Culture (Ops)	Completed.
	Advanced nurse practitioner/ prescribing nurse's development programme in place. Now need to evaluate how these impacts on medical workforce planning.	Director of Nursing Luton & Bedford.	
	Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff	Learning & Development Business Partner	Summer 2020. This date has been pushed back due to conflicting projects.
	Make available a directory of internal programmes through learning and development	Learning & Development Business Partner	
	Capture data for all external leadership programmes attended by staff	Associate Director of People & Culture	Winter 2019
	Improve visibility, accessibility and monitor the return on investment /		

	<p>progression of staff who have attended programmes.</p> <p>There are some issues with this since most external organisations are unable to disclose personal details of delegates under the new Data Protection Law. Bookings for external programmes are not made centrally.</p>	(OD)	<p>Winter 2020</p> <p>Winter 2019</p>
Equip our staff to be able to deliver integrated care	<p>Refine the core competencies for community health staff to deliver integrated care. This work is ongoing with the consultancy firm Affinity.</p> <p>This project has received some funding from Health Education England to scope the integrity and viability of the model across Bedford, Luton and Milton Keynes (BLMK). The first stage of the project to undertake a literature review of worldwide competency models is complete. A steering group has been formed to guide the project and the focus groups have all taken place. This project is ongoing and is progressing well. This work is also being shared with Tower Hamlets Together (THT).</p> <p>Incorporate the 'wheel of partnership' and integrated care competences in appraisals for all Agenda for Change staff</p> <p>Identify and roll out a digitised platform.</p> <p>This focus is reflected in the new job descriptions for psychotherapist job family.</p> <p>Mental health nursing are the next set of JDs for review and these are in progress.</p>	<p>Director of People & Culture</p> <p>Director of People & Culture / Director of Integrated Care</p> <p>L&D Business Partner</p> <p>Associate Director of People & Culture (OD)</p> <p>Director of Therapies</p> <p>Director of Nursing (community).</p>	<p>Spring 2020</p> <p>Spring 2020</p> <p>Winter 2021</p> <p>Completed</p> <p>Summer 2020</p>
Create an environment in	Cohort 3 of the Enjoying Work QI	Chief Quality	Completed.

<p>which our staff can thrive</p>	<p>learning system</p> <p>Respect and Dignity @ Work project</p> <ul style="list-style-type: none"> • 'A Mile in My Shoes' • Big conversations 'Through My Eyes' • Through Someone Else's Eyes <p>Deliver the revised workforce equalities plan. The plan is in progress. This was reported to the January 2020 board. The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)</p> <p>A new staff council called 'Advise Navina' has been set up and the first two sessions have taken place. session takes place in November 2019.</p>	<p>Officer</p> <p>Director of People & Culture / Chief Nurse</p> <p>CEO/All Execs</p> <p>Director of People & Culture</p> <p>Associate Director of People & Culture (Ops)</p> <p>Associate Director of People & Culture (Ops)</p>	<p>Completed.</p> <p>Completed.</p> <p>Spring 2020</p> <p>Ongoing</p> <p>Ongoing</p> <p>In progress</p>
<p>Improve the health and wellbeing of our staff</p>	<p>A wellbeing plan for staff that factors in the determinants of health.</p> <p>Healthy Workplace Charter. Foundation level achieved and accreditation in place and celebrated.</p> <p>Successfully acquired 'Achieved' level in October 2019.</p> <p>Successfully attain level 3 London Healthy Workplace Award 'Excellence'</p> <p>The Wellbeing Wheel has been launched and is being promoted.</p> <p>New OH Provider and Employee Assistance Programme has been implemented and is being promoted.</p>	<p>Director of People & Culture</p>	<p>Summer 2019</p> <p>Completed.</p> <p>Completed.</p> <p>Winter 2020.</p> <p>Completed.</p> <p>Completed.</p>

Executive commentary - Annual Plan Priorities

The table above sets out our proposed priorities to improve staff experience in our 2019-20 annual plan. The four key areas of focus will be to activate leadership across all levels, to equip our staff to deliver integrated care, to create an environment where all our staff can thrive, and to adopt a population health lens to improve health and wellbeing of our staff.

Core competencies for community health staff to deliver integrated care have been developed. We have now commissioned an external consultancy to take this work forward which has been funded by Health Education England.

The third cohort of the Enjoying Work programme is now completed, and more details are included in the Quality report.

Phase 3 of the project is continuing 'Through Someone Else's Eyes' and there are three remaining sessions. Discussions within the project group are underway for phase 4, which will incorporate stories that have been collected and will use forum theatre to enact some of the stories.

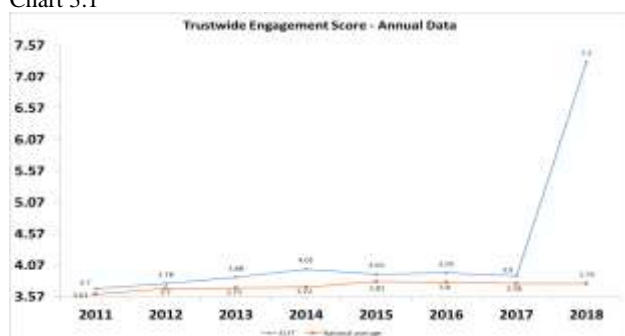
Executive commentary - Integrated Dashboard

The 2019 National Staff Survey closed on 29 November and our final completion rate was 53%. There is a 5% increase on the 2018 results. (The average for similar organisations being 51%);

A more detailed update on staff engagement, which includes the annual staff survey 2019 and the pulse survey can be found in the March 2020 People Report to the Trust Board.

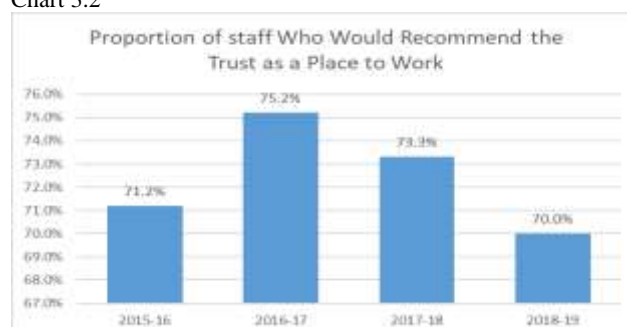
3. IMPROVED STAFF EXPERIENCE

Increased sense of engagement by staff – Annual Figures
Chart 3.1



The engagement score for 2019 is 7.3, which is the same as 2018. It should be noted that this comparison is only amongst other organisations whose staff survey is administered by the organisation Picker.

Chart 3.2



The Engagement survey is currently live and for the first-time has included bank staff.

Chart 3.3

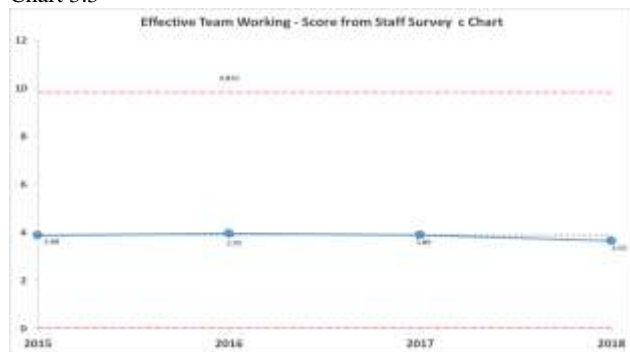
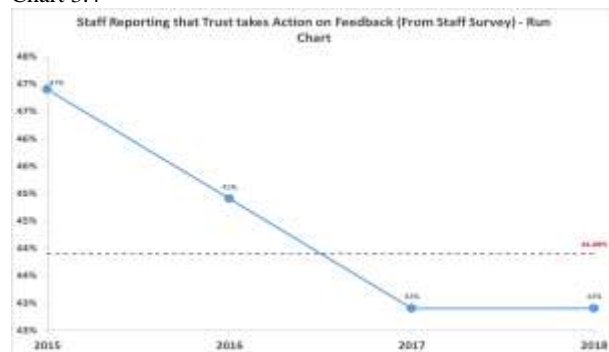


Chart 3.4



The right number of staff with the right skills to provide a service

Chart 3.5



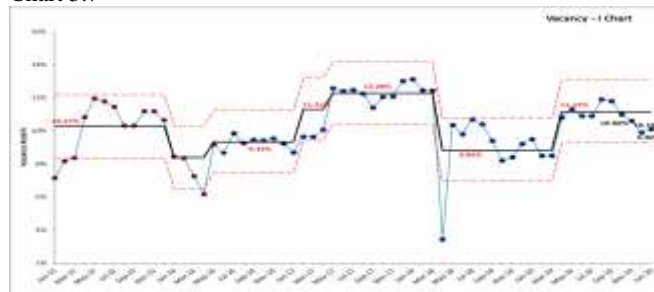
The numbers of apprentices in post remains steady. The number of apprentices in the recruitment pipeline is 8.2. We held a conference for apprentices during National Apprentice week in February and received really positive feedback.

Chart 3.6



Staff turnover continue has increased for the first time in 7 months. It increased from 13.21% to 13.30%. However, this is still below the Trust target of 16%. Labour stability has increased from 86.07% in November 2019 to 86.23% in January 2020.

Chart 3.7



The trust vacancy rate has increased from 9.90% in December 2019 to 10.10% in January 2020. There was a successful recruitment campaign in Community Health Services where a number of offers (bank and substantive) were made on the day and applicants were issued with offer letters of appointment before they left.

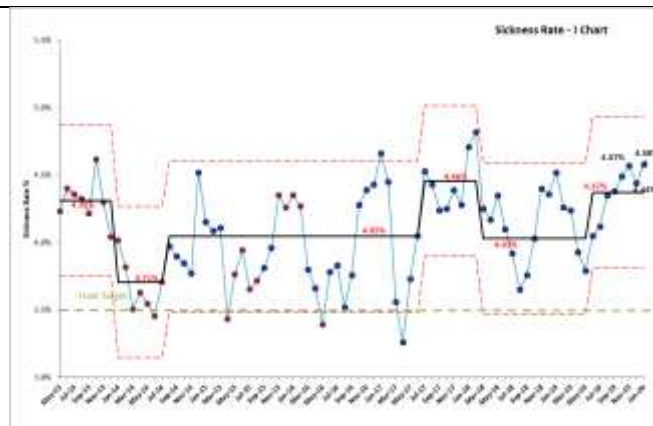
Chart 3.8



A number of projects are underway in order to reduce the Trust's agency usage. There is a project to expand the Trust bank to improve the bank service to people on the bank and to improve the ability to fill bank shifts in services. There is also a project to roll out the Bank module of Health Roster and to roll out Health Roster Trust wide.

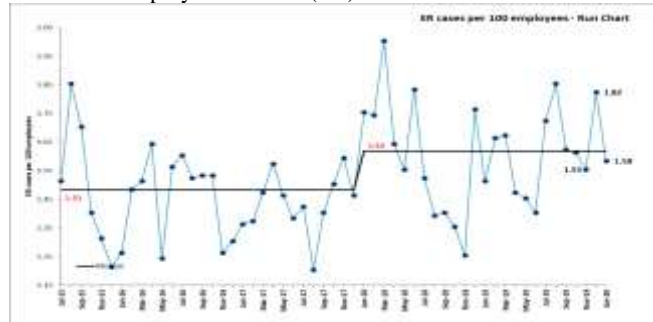
Chart 3.9

Chart 3.10



Sickness absence has increased from 4.44% in November 2019 to 4.58% in January 2020. Absence due to stress has increased from 5384 days in November 2019 to 5406 days in January. Absence due to stress, anxiety and depression remain the number reason for sickness absence. The Trust's occupational health provider was re-procured in November 2019 and a new Employee Assistance programme was procured. In addition, we have launched the Wellbeing Wheel which pulls together and highlights all wellbeing benefits and initiatives.

Chart 3.11 Employee relations (ER) Cases



The Trust ER activity reduced from 1.82 per 100 employees in December 2019 to 10.51 per 100 employees. We continue to triangulate ER activity with other HR metrics within services

Chart 3.12 Mandatory Training & PDR



Trust statutory and mandatory training reached the target of 90% in January for substantive staff.

Board Assurance

Strategic Risk 5	If the Trust does not effectively plan for, attract and retain the right numbers and skills of staff required, there will be an impact on the Trust's ability to deliver safe, high quality integrated care	
Executive Lead	Director of People and Culture	Updates and mitigating actions: <ul style="list-style-type: none"> • Successful recruitment fair in February 2020 for London CHS – offers of employment were issued at the fair • National WRES report published February 2020: <ul style="list-style-type: none"> - ELFT highlighted (amongst other Trusts) where the percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months was a concern - Trust named as one of the top ten performing Trusts with more than three BME Board members • National staff survey: Positive results with areas for improvement include work around career progression and staff experiencing bullying and harassment from colleagues/managers/patients • New project to expand Trust bank commenced • Commenced projects for Trust-wide rollout of Health Roster System • Exploring with Tower Hamlets Together how we can allow staff to move across health and social care without losing their continuous and reckonable service • Integrated care competency framework developed and being piloted.
Lead Committee	Appointments & Remuneration Committee	
Risk Score		
Current	12	
Target	5	
Recommendation	None	
Strategic Risk 6	If issues affecting staff experience, health and wellbeing and equalities are not addressed there will be a high turnover of staff as well as staff burnout	
Executive Lead	Director of Planning and Performance	Updates and mitigating actions: <ul style="list-style-type: none"> • Implemented well-being wheel • Re-procured Occupational Health contract and reviewed employed assistance scheme; roadshows across the Trust taking place until June • Implementation of self-rostering to support flexible working requests, helping with work/life balance • Parenting classes launched for staff following successful knife support campaign for staff • Exploring alternative providers to NEYBER as the benefits promised were not realised • New payroll provider (from April 2020) will provide a more proactive approach to support staff to explore retirement options • Bank staff include for the first time in the current Go Engage survey (closes mid-March 2020) • 40 delegates attended the ELFT leadership programme • Stay Well programme for consultants in February 2020 • 205 organisational interventions delivered across the Trust since April 2019 to date; overall impact is rated at 4.6 out of 5 by staff attending • LGBT conference on 28 February 2020 • Women's conference on 6 March 2020
Lead Committee	Appointments & Remuneration Committee	
Risk Score		
Current	9	
Target	5	
Recommendation	None	

5. Improved value

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

Annual Priority:	Delivery lead:	Timeframe:
New Infrastructure plans around efficient and effective use of digital and estate	Director of Estates and Chief Information Officer	March 2020
Launching waste reduction campaigns and supporting teams to think value	Chief Finance Officer	March 2020
Incorporating value and waste into the Trust's QI work	Chief Quality Officer	March 2020
Delivering high quality services using 97% of the resources available compared to FY18/19	Chief Finance Officer	March 2020

Executive commentary – Annual Plan Priorities

Details about the value and waste reduction QI work is contained within the quality report. Details of the Financial Value programme are set out in the commentary below.

The Trust Financial value plans comprise of plans to reduce waste, deliver clinical transformation as well as provide increased opportunities for the clinical reach of the Trust. The roll out of waste reduction through reduced printing costs has been implemented. A new procurement programme launched earlier this year has identified a partner the Trust will work with and will result in reduced utilisation of paper across the Trust. Additional transformational schemes regarding reduction in the waste through service transformation and improving quality have been implemented in learning disability inpatient services.

Executive commentary - Financial performance

A summary of financial performance is as follows:

- Operating surplus (EBITDA) to end of January 2020 of £15,940k compared to planned operating surplus of £16,655k.
- Net surplus of £4,335k (1.2%) compared to planned net surplus of £4,244k (1.2%) after allocating non-recurrent support.
- Year to date favourable net surplus variance of £91k.
- Year to date adverse net surplus variance against control total of £76k.
- NHS Improvement (NHSI) risk rating of “2” to end of January 2020 (TBC).
- Cash balance of £94.4m as at the end of January 2020.

The East London Sustainability and Transformation Partnership (STP) submitted a long-term plan on 15th December. This has been a national exercise, and detailed contract negotiations for 2020/21 are now commencing with Care Commissioning Groups (CCGs) based around the assumptions made in the long-term plan.

The document 'NHS Operational Planning and Contracting Guidance 2020/21' was recently issued by NHS England and NHS Improvement. This details that from 2020/21:

- (i) For providers that deliver a breakeven or surplus control total (before PSF income), and that deliver a breakeven or surplus position again in 2020/21, a one-year transitional reward payment worth 0.5% of relevant income will be made. The Trust would qualify for this provided 2019/20 control total is achieved.
- (ii) Otherwise, a Financial Recovery Fund (FRF) will be the sole source of financial support for providers and CCGs. ELFT would not be eligible for these payments as the Trust is not in deficit.
- (iii) To encourage system working, 50% of FRF payments to other eligible providers in our STP will be contingent on the STP as a whole delivering its system trajectory. This means that the Trust's financial performance could impact the income received by other providers in our STP.

Summary of Performance to 31st January 2020

The financial performance is summarised in the table below:

	YTD Jan-20			Annual Budget £000	YTD Dec-19 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
Operating Income	363,445	364,079	634	435,760	510	124
Operating Spend	346,790	348,139	(1,350)	415,184	(1,065)	(285)
Operating Surplus (EBITDA)	16,655	15,940	(715)	20,575	(554)	(161)
Interest Receivable	250	538	288	300	259	29
Interest Payable	(1,734)	(1,734)	0	(2,081)	0	0
Depreciation	(5,918)	(5,918)	0	(7,102)	0	0
Public Dividend Capital	(5,008)	(5,002)	6	(6,010)	6	0
Underlying Net Surplus / (Deficit)	4,244	3,823	(421)	5,683	(289)	(132)
Non-Recurrent Support Adjustment	0	345	345		315	30
Control Total Net Surplus / (Deficit)	4,244	4,168	(76)	5,683	26	(102)
2018/19 Bonus PSF Reported in 2019/20	0	167	167		167	0
Reported Net Surplus / (Deficit)	4,244	4,335	91	5,683	193	(102)

The Trust has an underlying year to date adverse net surplus variance against the 2019/20 control total of £421k. This is the underlying position identified in table 3.1.

£345k was allocated via reserves as non-recurrent support against this shortfall to Month 10 (an additional £30k against the Month 9 position).

The effect of these adjustments results in a reported adverse net surplus variance of £76k against the 2019/20 control total, and an overall favourable net surplus variance of £91k (adverse movement of £102k against Month 9).

Financial Viability Programme (FVP)

The delivery of the overall financial plan is predicated upon achieving the requirements of the Trust's Financial Viability Programme (previously referred to as Cash Releasing Efficiency Savings, "CRES").

The Trust is continuing to work through existing plans within the 2019/20 Financial Viability Programme. A separate paper is tabled to Finance Business and Investment Committee (FBIC) which will include relevant detail of the programme.

Consideration is being given to the FVP being delivered over a longer-term horizon, e.g. 18 to 24 months. This is more likely to accommodate scheme slippage as invariably there will be schemes which can be accelerated to deliver the savings earlier.

The total internal Trust savings requirement to achieve the 2019/20 control total are £10.0m, of which £9.7m form part of the formal financial viability programme, and £0.3m are reported within Directorates for schemes identified but not delivered during 2018/19.

The planned financial viability savings required to 31st January 2020 were £7.23m, against which the Trust achieved £3.99m to the end of January 2020 (a shortfall of £3.24m year to date). However, it must be noted that whilst the target has not been met in year there are plans in place to recover the full value in the next financial year.

Operating Income

Operating income at Month 10 is reported to be ahead of plan by £634k taking into account recruitment slippage on new developments agreed as part of the 2019/20 East London mental health contract, additional income on spot purchase beds and overseas income, and assuming performance on outcomes elements of particular contracts continues as per the latest reported delivery.

Operating Expenditure

The Trust is reporting an adverse variance of £1,350k against operating expenditure at 31st January 2020.

The Trust has been managing overspend against expenditure budgets through the better than planned income position and reserves. In Month 10 the Trust also released £30k in non-recurrent support (£345k year to date).

This is not a sustainable position, and consideration will need to be given as to how the current level of overspend against some budgets can be reduced.

Recruitment slippage totals £1,028k, and explains the significant variance being reported under "Development Reserve" reserves (offset under income).

The key driver for the reported overspend in Bedfordshire Community Health (CHS) is use of bank and agency staff over budget, with further overspends in particular services. Similarly, in Bedfordshire Mental Health services, there is high agency use in Medical

staffing and bank and agency use in inpatient wards and Community Mental Health Teams (CMHTs).

The Deputy Director of Nursing in Luton & Bedfordshire has been meeting with teams to ensure there is efficient rota planning in place, and there are discussions with other local organisations to consider ways to manage agency rates across providers.

Overspend of £2,195k, mainly arising from the high agency costs, is shown against Bedfordshire CHS. This is partly offset via a designated reserve, resulting in a net overspend of £679k. In making this assumption in the accounts, the Trust is accepting that the contribution from this contract is lower than planned in the business case.

Areas of high overspend in Corporate departments continue to be reviewed by the finance team to understand the reasons for these variances and to discuss what action can be taken. The costs incorporate non-recurrent cost pressures agreed by the executive in order to enable the delivery of the trust agenda in this year.

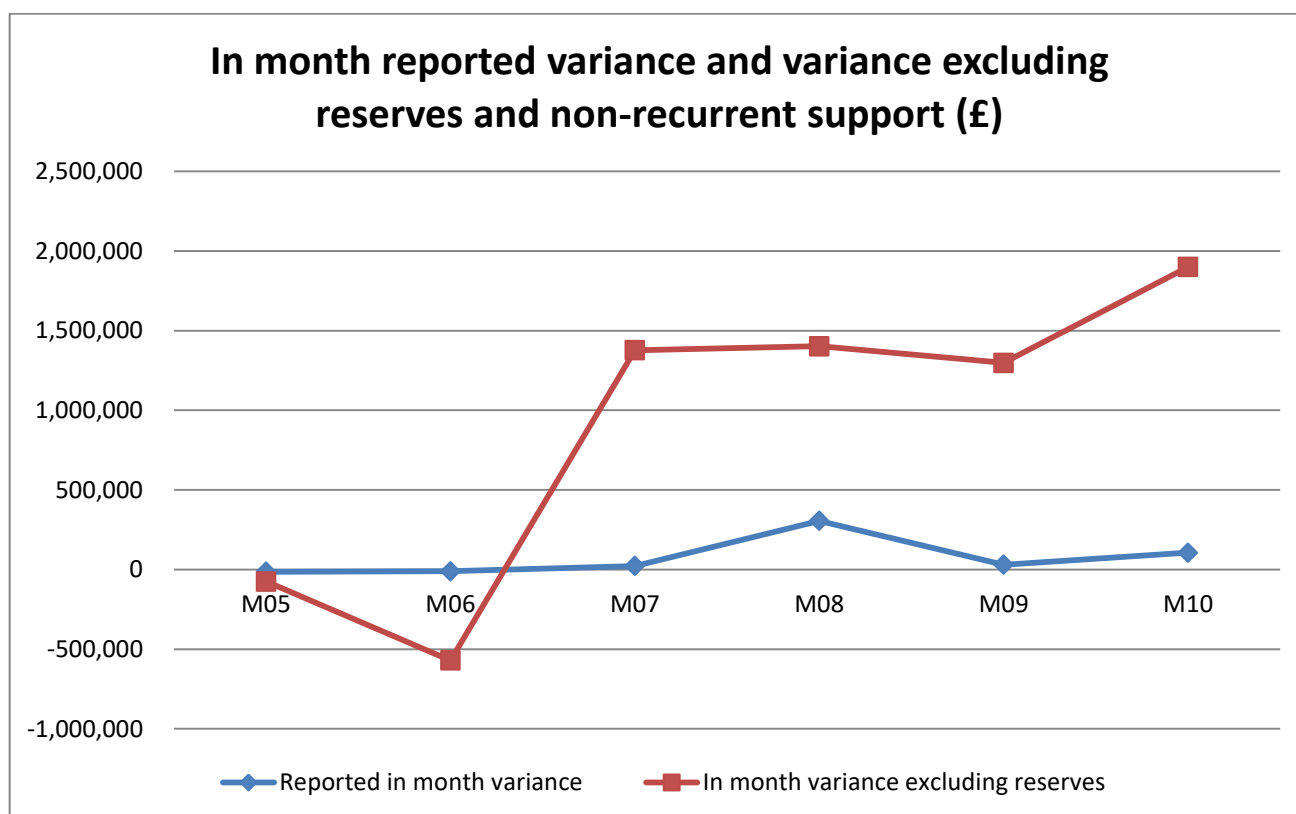
Consideration will need to be given during the budget setting process as to what adjustments are required to ensure a realistic 2020/21 budget.

Underlying variance

The underlying variance against plan is of concern. If the impact of offsetting reserves and non-recurrent support is removed, the variance against plan has averaged £1.4m per month over the past four months. The value of available reserves is limited, and there is very limited scope for further release over the rest of this financial year.

	Monthly variance against plan					
	M05	M06	M07	M08	M09	M10
Income						
Income (excluding overseas)	(365)	(219)	1,044	3	(169)	23
Overseas Income				(250)	(262)	(55)
Interest	(31)	(29)	33	(32)	(4)	(121)
Development Reserve	93	(70)	(1,034)	(10)	(9)	(9)
Income	(303)	(318)	43	(289)	(444)	(162)
Expenditure						
City & Hackney	(53)	(29)	(50)	63	152	50
Tower Hamlets	(11)	(90)	(2)	2	35	(112)
Tower Hamlets CHS	(9)	1	(53)	(34)	(22)	(53)
Newham	(278)	(124)	(70)	(71)	24	55
Newham CHS	(59)	(7)	62	2	(8)	95
Specialist CHS	(22)	2	(36)	9	24	19
Specialist Services	(161)	(171)	(61)	(28)	83	88
Forensic Services	(51)	(44)	44	138	10	85
Luton	59	(15)	69	66	78	58
Bedfordshire	227	189	291	334	299	346
Bedfordshire CHS	246	210	207	274	186	185
Bedfordshire CHS Reserve	(152)	(152)	(151)	(152)	(151)	(152)
Clinical Directorates	(264)	(230)	250	603	710	664

ICT	93	2	253	232	119	396
HR	115	(43)	44	83	67	83
Other Corporate	26	(76)	185	0	264	1
Estates	(51)	(13)	(24)	163	44	(156)
Other	(1)	2	(8)	1	5	0
Corporate	182	(128)	450	479	499	324
Financial Viability Plan	310	105	634	609	533	729
Underlying Variance	(75)	(571)	1,377	1,402	1,298	1,555
Reserves Released	61	560	(1,355)	(1,096)	(1,294)	(1,423)
Non-recurrent support				(285)	(30)	(30)
Reported Variance	(14)	(11)	22	21	(26)	102



Forecast to March 2020

The revised plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of “1” under the Risk Assessment Framework by March 2020. This is in line with the revised NHSI control total of £5.7m (including PSF income of £3.3m).

It is likely the Trust will need to utilise some non-recurrent support to meet the control total for 2019/20, of around £423k, based on details submitted to FBIC on 14th January. As described in section 4.18, the deterioration in the monthly variance against plan needs to be

addressed going forwards. However, the Trust has sufficient flexibility to enable the control total to be met in 2019/20.

In addition to this, the position across the North East London Sustainability and Transformation Partnership (STP) is in danger of not meeting its system control total. This puts at risk £80m of Provider Sustainability funding for North East London.

All partners have been asked within the system to stretch their year-end forecast to meet the gap in order to release the £80m funding available. Using Non-recurrent reserves the Trust has offered (subject to board approval) £0.5m surplus improvement to support the system control total. The breakdown of this is as follows:

City & Hackney CCG	£2m
Waltham Forest and East London CCGS combined	£3m
Barking Havering and Redbridge CCGS	£1.5m
Homerton	£1m
NELFT	£0.75m
ELFT	£0.5m
BHRUT (Improvement from deficit)	£0.0m
Barts	(£8.75m)

There are several factors that may affect the forecast, in particular;

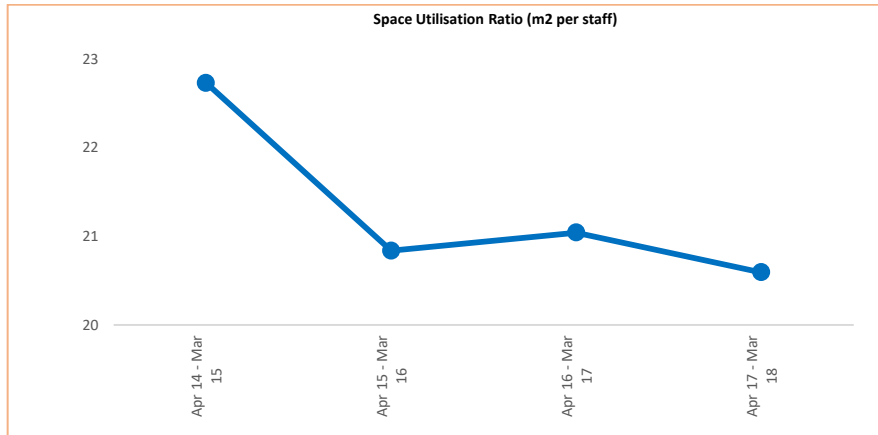
- (a) Containment of agency expenditure, ensuring it does not increase further and that steps are taken to reduce it in the highest spending areas. The forecast assumes an average of the previous two months expenditure unless there are specific adjustments identified.
- (b) The receipt of transformation funds and the extent to which the Trust recognises these in the 2019/20 accounts. The forecast assumes that unspent funds will be formally deferred into 2020/21.
- (c) The extent to which informal 'brokerage' arrangements are agreed with commissioners and service lines, to allow income received in 2019/20 to be spent in 2020/21.
- (d) The extent and accounting treatment of any non-recurrent support provided to STP partners.

It is not expected at this stage that these factors will prevent the Trust from meeting the 2019/20 control total.

4. IMPROVED VALUE FOR MONEY

The trust will improve the utilisation of its estate

Chart 4.1



All budget holders will be held responsible for the management of their budgets

Chart 4.2



Chart 4.3

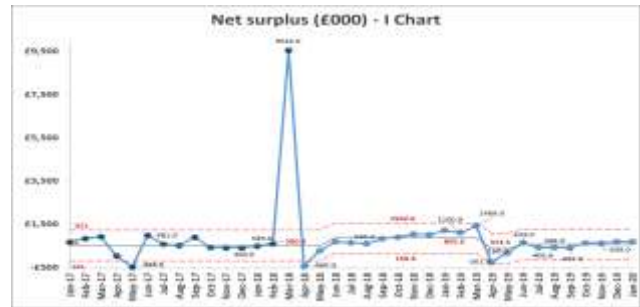


Chart 4.4

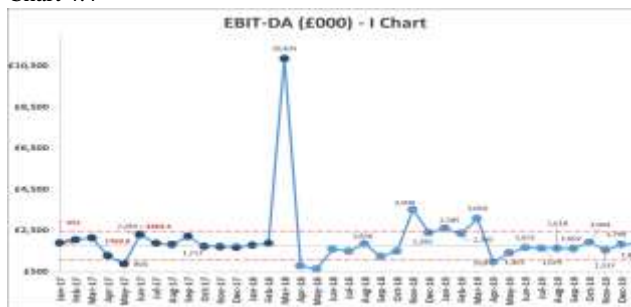


Chart 4.5



The trust will increase the efficiency and effectiveness of resource utilisation

Chart 4.6



Chart 4.7



Chart 4.8



Board Assurance

Strategic Risk 7	If behavioural and culture changes are not embedded, the new approach to value and financial sustainability may result in resorting to previous methods of delivering efficiency savings	
Executive Lead	Director of Commercial Development	Updates and mitigating actions: <ul style="list-style-type: none">Waste training delivered to ExecFormal review of areas of spend and delivery of savings plan conducted at ExecTraining module development for all staffWaste QI board chaired by Executive Director Commercial Development reviewed the approach for 2020/21
Lead Committee	Finance, Business and Investment Committee	
Risk Score		
Current	25	
Target	15	
Recommendation	None	
Strategic Risk 8	If the adoption of supporting plans is not embedded to aid waste reduction, in year financial benefits may not be delivered. This includes infrastructure, people and directorate plans	
Executive Lead	Chief Finance Officer	Risk 8 for 2019/20 has been amended to reflect the focus on financial sustainability and waste reduction, and the importance of key plans which include digital on financial delivery. Reference should therefore also be made to Risks 5 and 6 in relation to the People Plan. Updates and mitigating actions: <ul style="list-style-type: none">Non-executive oversight for the digital board has been established to strengthen governance arrangements.The interview process for the Chief Digital Officer post has also taken place and the data visualisation project continues to develop data warehouse and reporting arrangements.The work of the digital collaborative continues and has been reflected in a bid to NHS Digital for the Trust to be a digital aspirant.The Trust has been successful in this bid, which brings with it national support for digital aspirations, as well as significant revenue and capital funding.Infrastructure replacement work continues with the planned replacement of trust firewalls due to take place in the month of March.
Lead Committee	Finance, Business and Investment Committee	
Risk Score		
Current	10	
Target	5	
Recommendation	None	

6. 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	The Trust has an overall NHSI Risk Rating of "2".
Operational Performance	No Concerns
Strategic Performance	No Concerns
Leadership and Improvement Capability	No Concerns

NHS Improvement operational performance metrics

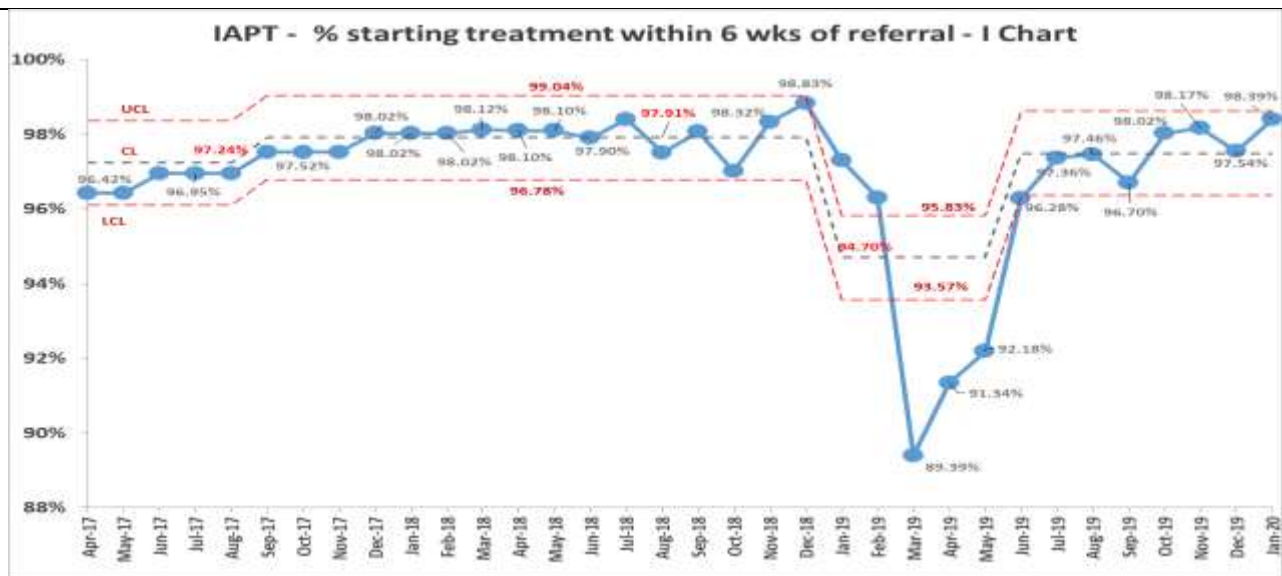
Performance against nationally mandated operational performance metrics are set out below.

Early Intervention Services - People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral.



All directorates are meeting the target of 56% comfortably.

Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under IAPT



The drop in performance in March 2019 was when Tower Hamlets IAPT service data was included in the trust overall data. Since March, Tower Hamlets has been improving to a position where performance is closer to the original levels prior to March 2019. It is expected that performance will be maintained at this position. The performance since October 2019 has been above the mean 97%.

Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT



No significant change is expected in this data, performance above the target is expected to be maintained.

7.0 Recommendations and Action Being Requested

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