Title	Integrated Performance report
Authors and accountable executive directors	Dr Amar Shah, Chief Quality Officer Kingsley Peter, Interim Chief Financial Officer

Purpose of the Report:

This report provides assurance to the Trust Board and Executive Directors on Trust wide performance, finance and compliance matters.

It is structured in line with the strategic outcomes in the Trust's strategy, along with information about regulatory compliance. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.

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, the task and finish group has focused recently on improving employment with people with mental health problems. Work is also underway on the theme of loneliness, with a staff training package being tested, and a number of service user-led ideas being developed across the directorates. As an early adopter site for community mental health transformation programme, there is now a programme team in place starting to work with primary care networks to identify a small number of pioneer networks to test new ways of working.

In our patient experience plan, the service user-led accreditation is now recruiting to the fourth cohort of teams, with positive feedback so far from both the teams and service users involved. The period of higher levels of violence and restraint on inpatient wards has now reduced back down to previous levels. Areas where our performance has deteriorated include referral to assessment times in community mental health, and physical health checks for service users under the Care Programme Approach. Both these indicators will be key to how we redesign community mental health with service users and local partners, as part of the transformation programme that has just begun across East London.

For improved value, the operating surplus (EBITDA) to end of November 2019 is £12,287k compared to planned operating surplus of £12,742k. The Net surplus is £2,980 (1.0%) compared to planned net surplus of £2,813k (1.0%) after allocating non-recurrent support. Year to date favourable net surplus variance of £167k. Year to date on plan against control total. NHSI risk rating of "2" to end of November 2019. Cash balance of £96.0m as at the end of November 2019.
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	☒	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	☒	
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 is 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 November 2019 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.
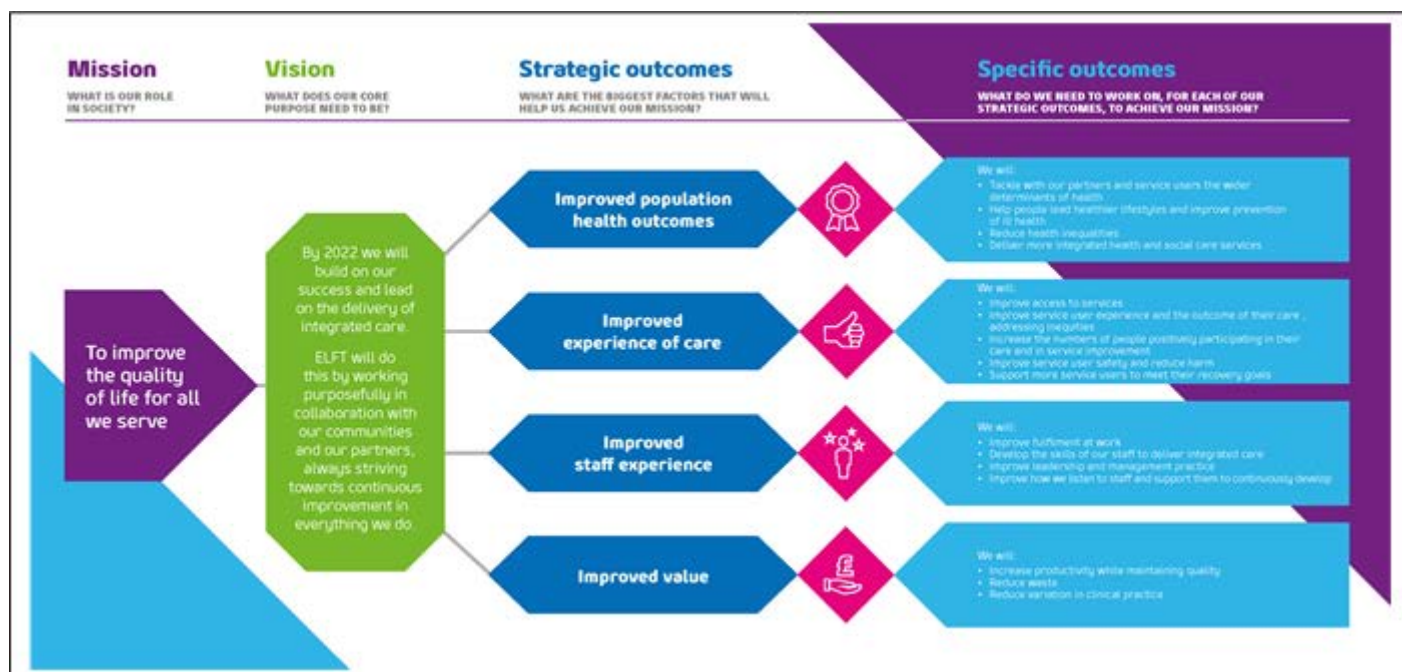
2. Improved population health outcomes

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 health objective with staff and service users	Director of Integrated Care	March 2020
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

A new Deputy Director of Population Health started October 2019 and is supporting the Population Health Task & Finish Group to take forward delivery of our population health objectives at pace. The fourth meeting of the Population Health Task and Finish group took place in late December 2019. The meeting focussed on progress with the annual plan priorities, and how we deliver our population health objectives within the boroughs that we work and across the Trust for key populations, e.g. people with serious mental illness or children with physical health needs. The Population Health Task & Finish Group also considered refreshing our planning for delivering the Trust Strategy, including developing borough-based plans as part of our 2020/21 operating plan supported by a small number of trust wide learning networks.

ELFT is now a training location for Public Health trainees, the first trainee will hopefully start in February and will add to the resource to take forward this work programme.

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.**

The Population Health Task & Finish Group has received a report on employment for people with mental health problems in the Trust, which noted in particular, the variation in employment services for people with serious mental illness and the complex pathways to access gold standard employment support services such as Individual Placement and Support (IPS). In response to this an employment task group is being established to take forward the recommendations and also take a broader 'population health' approach to employment, including:

Population Approach	ELFT as an employer Supporting organisations to be more mental health friendly Anchor approach around local recruitment
People experiencing common mental health disorders & physical ill health	Understanding the employment picture for this group Supporting people to stay in work or get back to work Supporting people with volunteering
People experiencing serious mental illness	Understanding unemployment rates for this group - barriers / needs Supporting this group into meaningful work Opportunities for apprenticeships / Thrive / IPS Culture change for clinical teams to see the importance of employment as a key indicator for health

Loneliness - Work to reduce the number of people in contact with the Trust who feel lonely is well underway. There is a regular steering group, led by Paul Binfield, which is very well attended (30-40 people) from service users. The group has developed an ELFT definition of loneliness, which focuses around contentment with existing social networks. There is also work underway on using existing measures in Dialog (a service user-reported outcome measure) to help evaluate the work on this. There are a range of programmes underway in each directorate. These include a poetry club in Newham; Hackney are focusing on building up a database of social opportunities and supporting people to attend them. Tower Hamlets is working with people who are isolated and find socialising difficult. In Bedford, they have decided to focus on the LBGTQ community including staff.

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

The Trust has identified 25 current staff that have some training or a qualification in public health or population health. An initial meeting was held with this group in summer 2019 and a further event is planned for January 2020. This group will hopefully expand as more staff are made aware of this but will ideally come together as a 'Special Interest Group' to help create momentum and share skills across the trust around population health. As part of our work to increase awareness of population health we are developing an infographic video for staff and service users which outlines our population health approach. We may also include a trust song as part of this. This is being trialed with service users and staff groups in January to help design and develop it further.

3. Develop our mental and community health service offer to primary care networks

The Trust is one of twelve Trusts nationally that has been successful in bidding to become a community mental health wave one national pilot, the central requirement for which is to develop and test a new model of community mental health care for people with serious mental illness organised around primary care network populations of 30,000 – 50,000. The programme is working across Tower Hamlets, City and Hackney and Newham. All programme managers are now in place and are beginning engagement work. A workshop was held on 10 December with over 150 attendees to look at mental health and the wider determinants of mental health. Coproduction with service users and partners was central to the success of this event and the first workshop focused on the theme 'what keeps us healthy'.
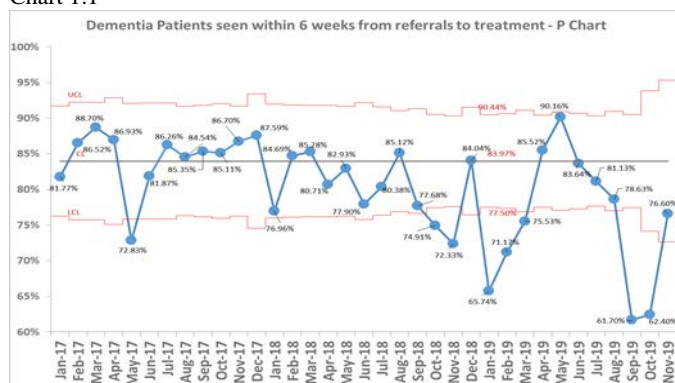
4. Deliver a population health "triple aim" project in each directorate

Progress within the population-based triple aim QI work is detailed within the quality report.

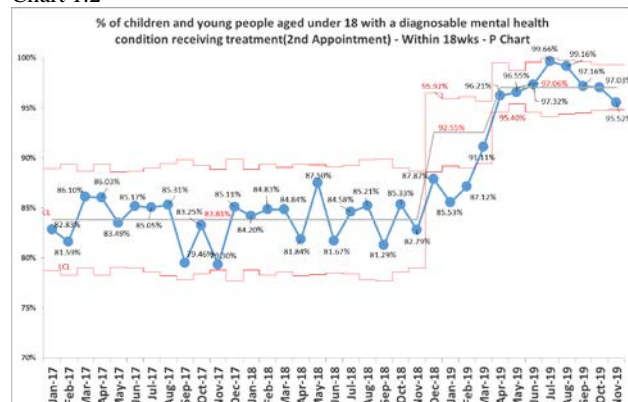| IMPROVED HEALTH OF THE COMMUNITIES WE SERVE	
People who are frail or who have dementia will be able to stay at home for longer Chart 1.1 	***Children will have a better start in life*** Chart 1.2
Special cause variation primarily due to medical staffing issues in Tower Hamlets was reported to the November Board. This issue is now resolved and performance is improving.	There has been no significant change in waiting times for Child and Adolescent Mental Health services since the last Board report. has significantly improved over the last two years, in the context of the national commitment to significantly increase access.
Fewer People will take their own lives Chart 1.3	***People with Mental Health issues Experience Less Stigma*** Chart 1.4

Percentage of People who die from suicide - P Chart
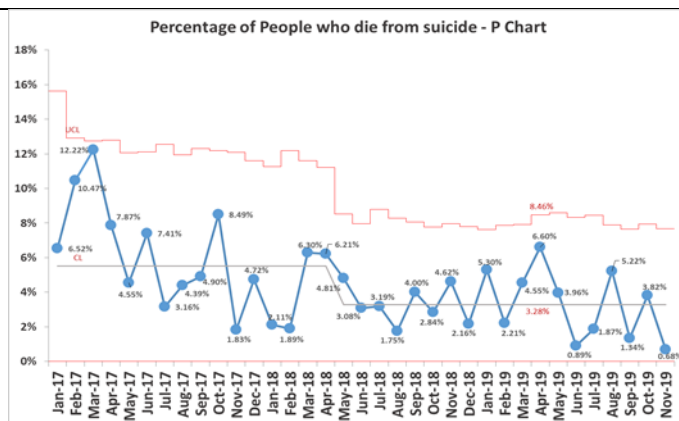
There has been no significant change since the last Board report. A CQUIN focusing on follow-up within 72 hours of discharge from inpatient care began in May 2019, due to the high number of people committing suicide nationally within 2-3 days of discharge from a mental health unit.


Percentage of People from BME Communities admitted under MHA - P Chart
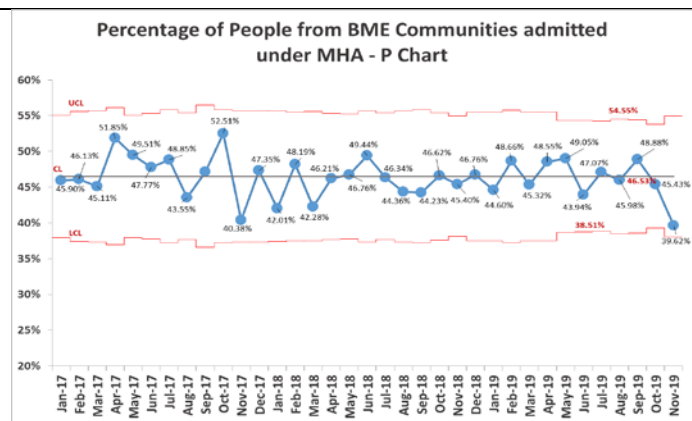
There has been no significant change in the % of people from BME communities admitted under the MHA since the last Board report.

More people will lead healthier Lifestyles
Chart 1.5
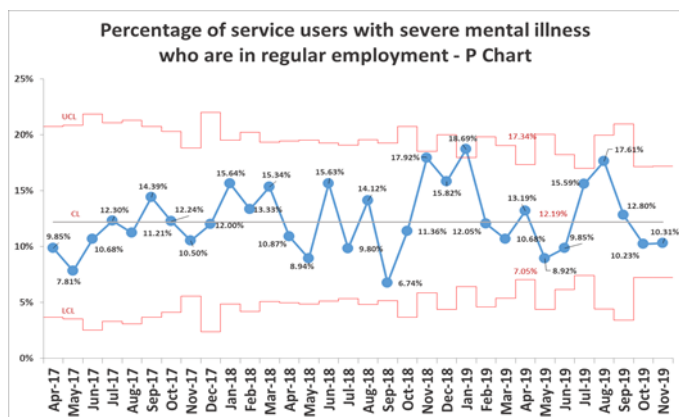

% of people on CPA who smoke - P Chart
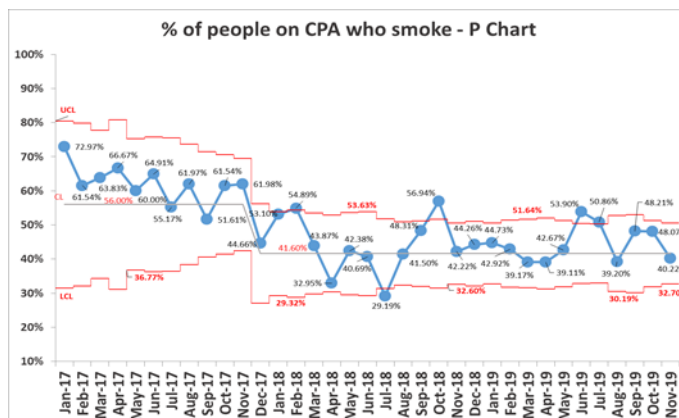
In December 2017 there was a significant reduction in the percentage of people on CPA who do not smoke. This reduction has been sustained.
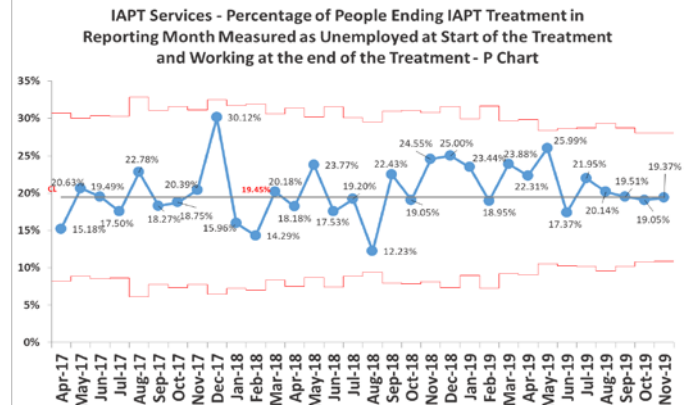
Chart 1.6

Percentage of service users with severe mental illness who were obese and lost weight - P Chart
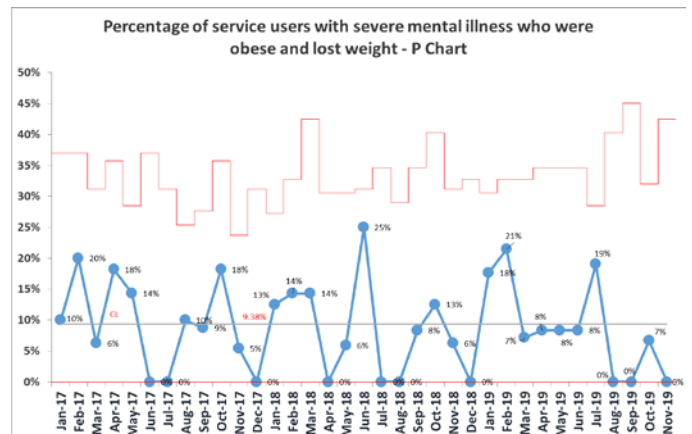
There has been no significant change since the last Board report.

More people with long-term mental and physical health problems will be in regular employment
Chart 1.7

Percentage of service users with severe mental illness who are in regular employment - P Chart

There has been no significant change since the last Board report.

Chart 1.8

IAPT Services - Percentage of People Ending IAPT Treatment in Reporting Month Measured as Unemployed at Start of the Treatment and Working at the end of the Treatment - P Chart
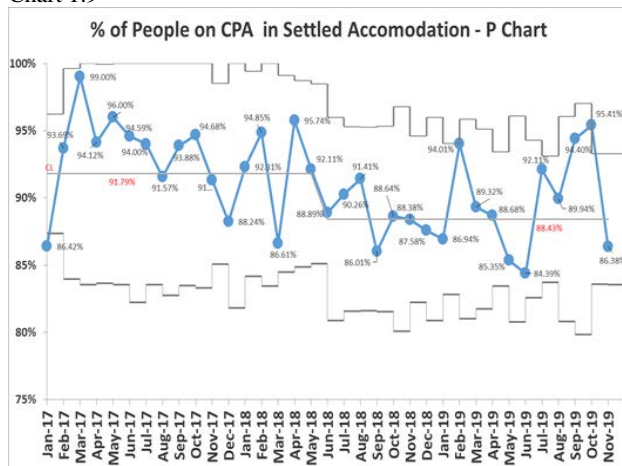
There has been no significant change since the last Board report.

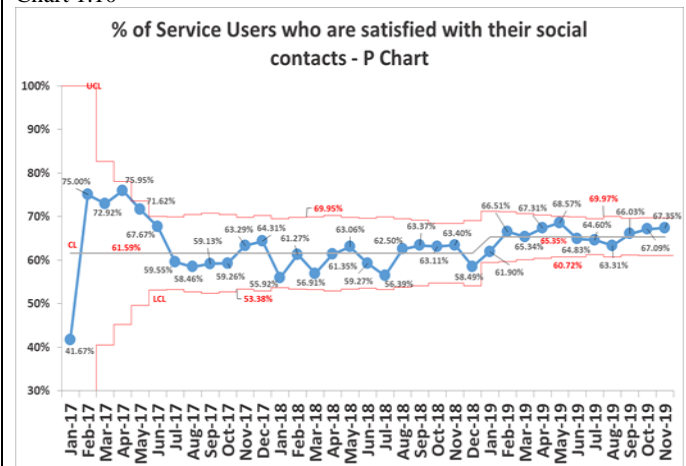## More people will have a decent home
Chart 1.9

% of People on CPA in Settled Accomodation - P Chart

There has been no significant change since the last Board report.

Fewer people will feel lonely
Chart 1.10

% of Service Users who are satisfied with their social contacts - P Chart

There has been no significant change since the last Board report. Levels of satisfaction with social contacts have been relatively stable at an average of nearly 70%. The data represents responses from 1069 service users in November.

People from the different communities we serve will have improved access to services
Chart 1.11

Percentage of people accessing talking therapies from BME communities - P Chart
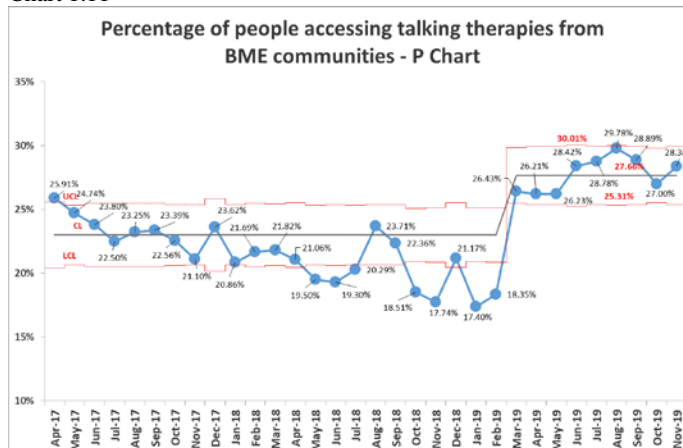
From April 2019, Tower Hamlets was included in the Trustwide data. Therefore the data from April 2019 onwards shows increased access from BME communities.

Chart 1.12

Percentage of older people accessing talking therapies - P Chart
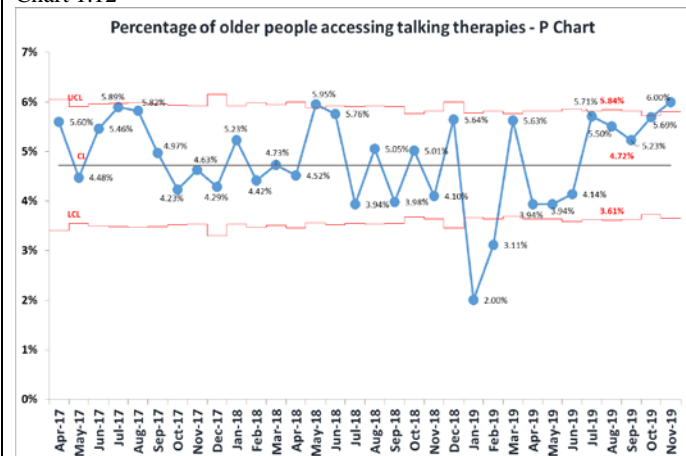
There is special cause variation in November in the % of older people access talking therapies, with performance above the mean since June 2019.
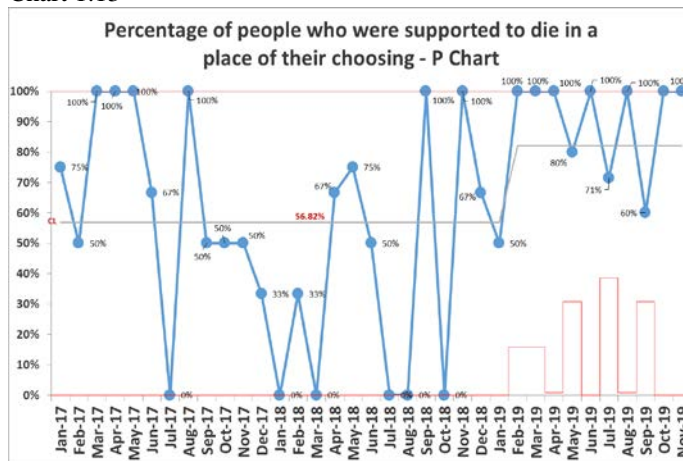
Chart 1.13

Percentage of people who were supported to die in a place of their choosing - P Chart

Chart 1.14

% of Patients On CPA Having Physical Check - P Chart
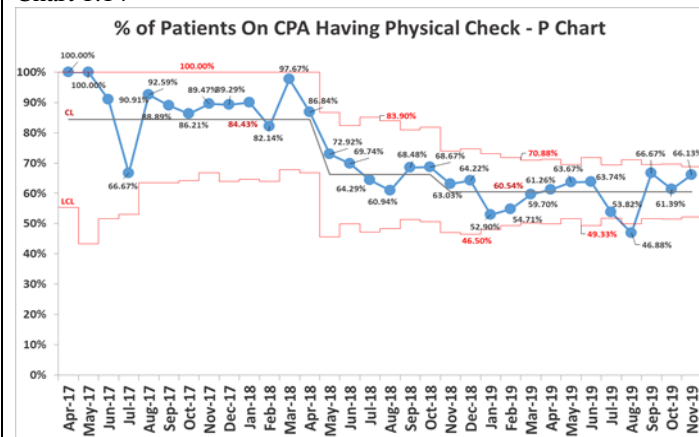
This measures the proportion of service users who are on CPA for more than 12 months who have had a cardio metabolic

From February 2019 we have seen an improvement, with more people being supported to die in a place of their choosing.	assessment. Performance against this target reduced in April 2018 with the national strategy to focus physical health checks in primary care. The Trust is working closely with GP federations and practices to deliver health checks in primary care, but is not yet able to report on performance

Board Assurance

Summary: Further consideration of the progress with actions being taken and risk scores to be undertaken by the Population Health Group (PHG) at its next meeting in February 2020.

Risks Mitigating Actions: An internal audit has been commissioned to review the controls in place. In addition, further discussion will take place with the Executive Team initially on the actions being taken to address any gaps in controls and/or 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:**
Lead Committee	Population Health Group	• An internal audit of the Trust's engagement with STPs and place-based partnership has recently been completed, and action planning underway. "Reasonable assurance" was provided. This audit is due to be refreshed and repeated in Quarter 4 2019/20. • Proactive executive engagement and involvement with STPs and systems; executive sponsors identified for each of the boroughsin which the Trust works.
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:** Executive engagement, local system governance, and the support of IHI. Assurance is required that partnerships are developing and achieving stated outcomes.
Lead Committee	Population Health Group	
Risk Score		
Current	12	
Target	8	
Recommendation	None	

3. Improved patient experience

Executive leads: Chief Operating Officer, 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 Chief Operating Officer	March 2020

The accreditation scheme has now been successfully tested across all service line settings, including community health, forensics, CAMHS, addictions, inpatient and outpatient mental health services. Project received positive feedback from both the teams involved and the service users who are involved in the process. Where teams have not been successful in being accredited this has been helpful in stimulating improvement work. For example, Coral ward, following unsuccessful first accreditation attempt, implemented necessary changes and re-entered the programme after three months. The ward demonstrated excellent performance and received Gold award. Sixty teams have joined the project so far, 22 of which began their assessment period in January 2020. So far the project has awarded 19 Gold, 8 Silver, 7 Bronze awards; 4 teams were not accredited. 37 services users have engaged with the project so far.

There has been a decrease in the levels of violence (and restraint) reflected in the dashboard. This decrease relates to some work with individual service users, as well as some consistent work to strengthen the use of violence reduction approaches in specific areas.

Access targets are broadly stable, although there are developing issues in the Tower Hamlets IAPT service where the waits for treatment are beginning to be a cause for concern (caused largely by the successful work that the team has done to achieve access rates and waiting times for assessment). There is a plan in place to address this and further expansion of the service is expected in the next financial year as a result of the NHS Long Term Plan.

IMPROVED PATIENT EXPERIENCE

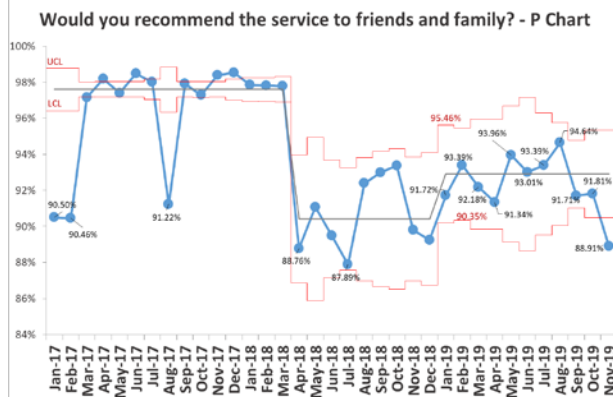### *All patients will experience improved access to services*
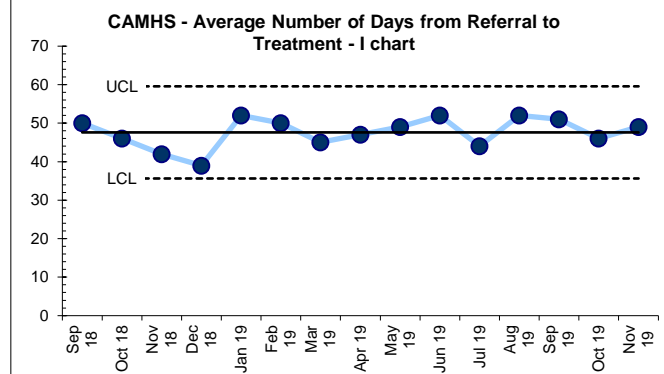
Chart 2.1

Would you recommend the service to friends and family? - P Chart

Chart 2.2

CAMHS - Average Number of Days from Referral to Treatment - I chart

Chart 2.3

% Service Users accepted after referral - P Chart

Chart 2.4
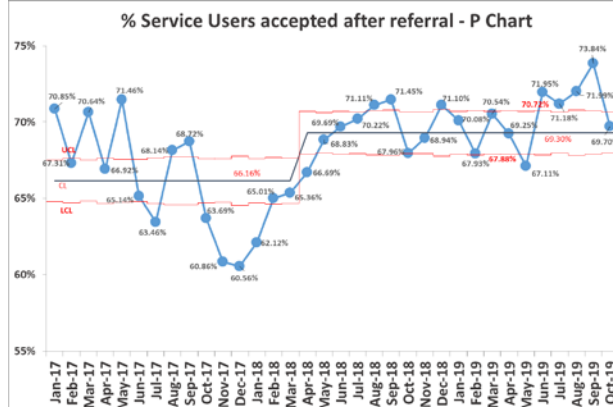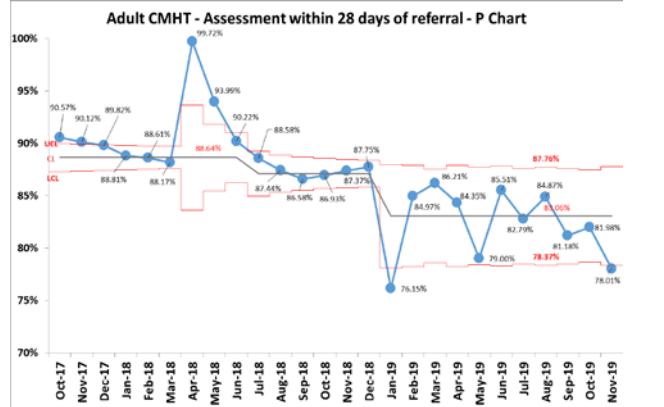

Adult CMHT - Assessment within 28 days of referral - P Chart

There are multiple signs of an increase in the percentage of service users accepted after referral. In November, there were 9,778 referrals, of which 70% were accepted.

Across all areas of the Trust, increasing demand is having an effect on the percentage of service users assessed within 28 days. The redesign of community mental health services around primary care networks will be addressing access as a priority, refocusing on meaningful interventions as defined by our service users. Currently, of the 573 referrals in November, 78% were assessed within 28 days. There are particular challenges in Newham and Bedfordshire, which both have higher caseloads and recent difficulties recruiting medical staff. As part of our work on this area, we will be reviewing the way in which we assess, to encourage greater use of digital technology where appropriate.

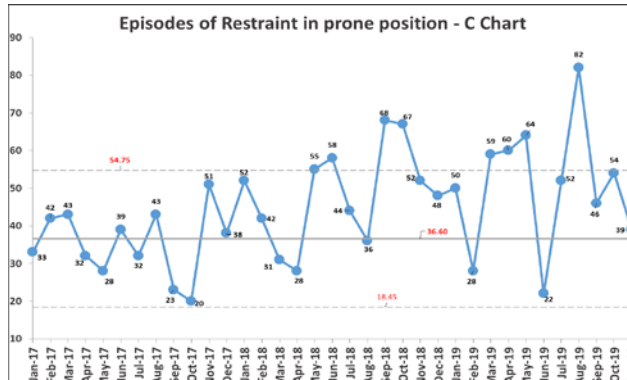### *Improved experience of contact with services*

Chart 2.5

Incidents of Physical Violence - C Chart

Chart 2.6

Episodes of Restraint - C Chart
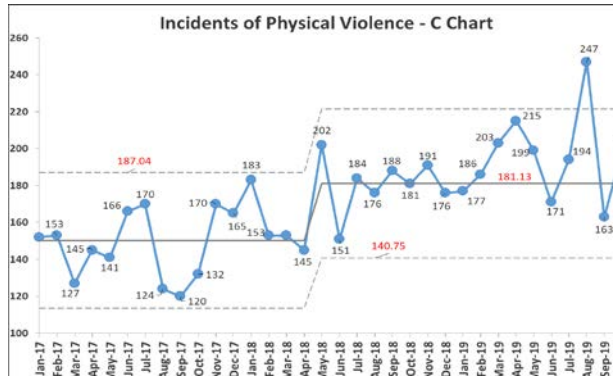
The increase in physical violence in August related to
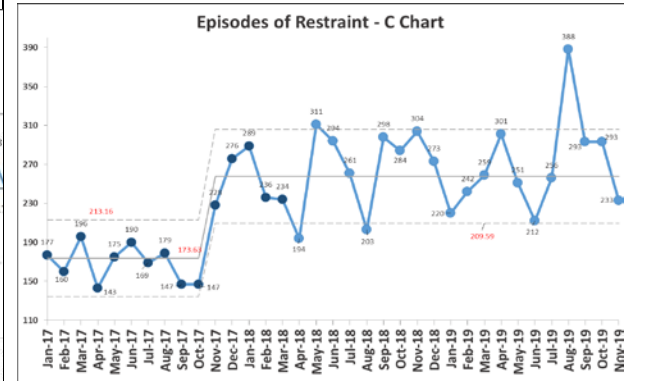
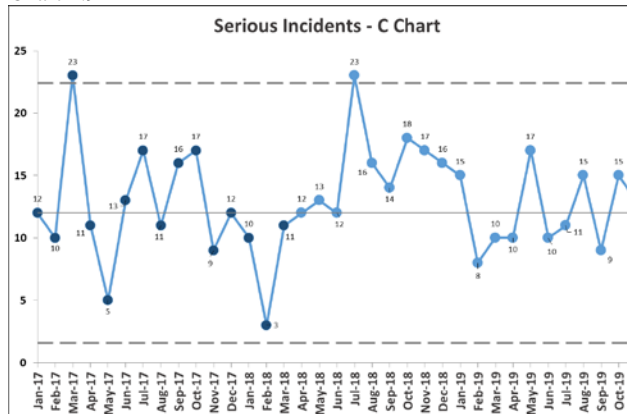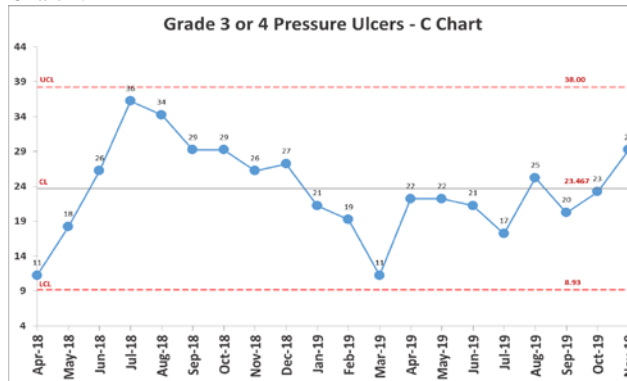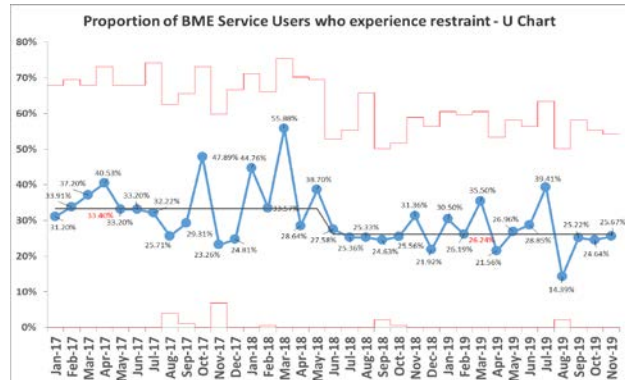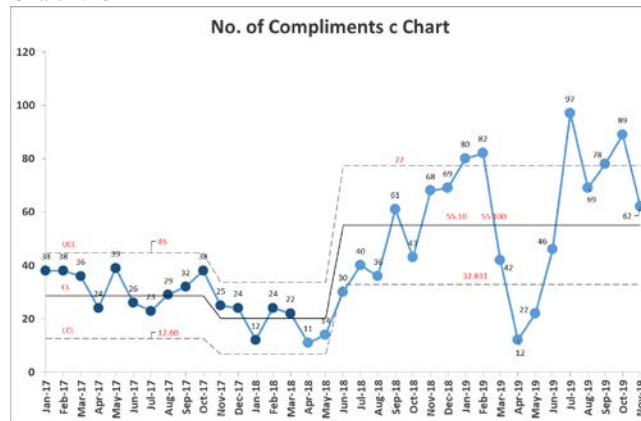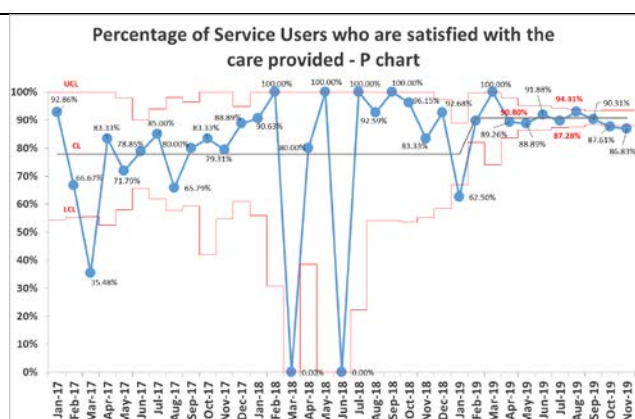|	
four service users who were involved in six or more incidents, with one service user involved in ten incidents. Since then the system has returned to stability.	An increase in episodes of restraint in August was attributable to four service users who experienced eight or more episodes. Episodes of restraint have now returned to the previous level.
Chart 2.7	Chart 2.8
Similar to the episodes of restraint and incidents of physical violence, episodes of restraint in prone position have returned back to stability.	
All patients will report an improved positive experience of contact with services Chart 2.9	Chart 2.10
The number of serious incidents remains stable.	The number of compliments received has been higher than expected in recent months.
Chart 2.11	Chart 2.12
All patients will have more control over their care Chart 2.13	***All our services will be designed and developed with service user input*** Chart 2.14
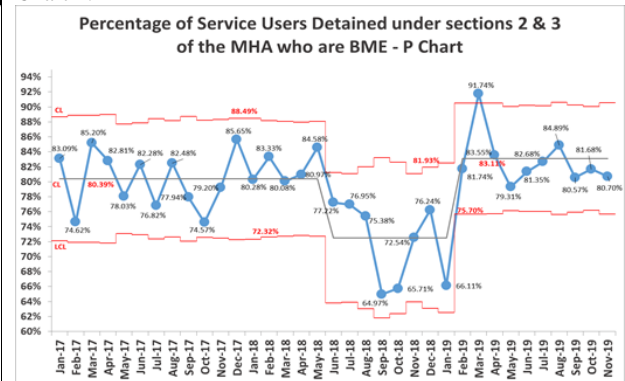
Percentage of Patients reporting positive to the question about having control over their care - (Run Chart)
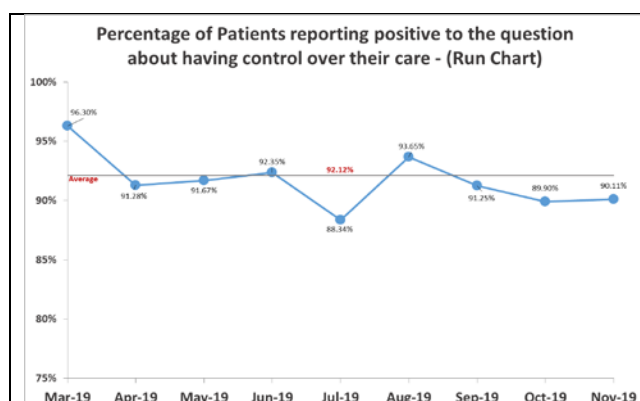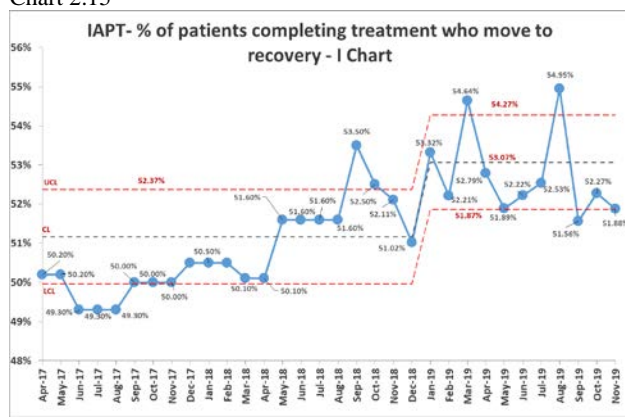

This is a new measure that has been introduced to our service user-reported experience measures across the Trust in March 2019.

Percentage of Service Users who are satisfied with the care provided - P chart

All our services will be designed and developed with service user input
Chart 2.15

IAPT- % of patients completing treatment who move to recovery - I Chart

Board Assurance

Overview: Risks 3 and 4 were considered at the Quality Assurance Committee at its meeting on 5 January 2020 who commented on the continued good progress being made with actions to mitigate the risks. In particular the Committee noted the positive feedback following the recent CQC mental health inspections. As part of its programme of deep dives into key risks that may affect the achievement of the Trust's strategic objectives, a presentation on Risk 4 Quality and Safety was received by the Audit Committee at its meeting on 14 January 2020. The Audit Committee also commended the breadth of actions being taken to mitigate the risk and suggested that further consideration be given to the current risk scoring and whether this could be reduced.

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	Chief Operating Officer	**Update:** • Working with Tower Hamlets Together Group on a proposal to standardise People Participation across the North East London STP. Similar work has also commenced in BLMK • Peer Support Professional Lead appointed to support development of Peer Support Worker roles
Lead Committee	Quality Assurance Committee	
Risk Score		

Current	12	• People Participation Lead has been appointed to focus on mental health services transformation.
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 Operating Officer	**Update:** **Complaints:** Consideration being given to ensuring there is appropriate and relevant oversight of complaints, e.g. building on current process by establishing a Complaints Oversight Group, reporting to Board, etc. **CQC:** • CQC carried out focussed inspections in Luton and Bedfordshire mental health services across six working age adult wards from 27-29 November 2019 • Positive initial verbal feedback: they were met with many *"caring staff"* and they *"enjoyed being on the wards"*. They observed *"wards huddling well and effective work around physical health"* plus many examples of *"effective QI projects"* • There were also individual areas to address, to further improve the service going forward • CQC inspectors visited the Bedfordshire Community Mental Health Services between 4-6 December 2019 • Positive comments about some team leaders and senior staff; also CQC *"saw caring staff, often going the extra mile for their patients and each other"* and *"happy staff teams"* • Some areas for improvement were highlighted which the Trust is already working on around the ICT connectivity, vacancies and feeling connected with the wider Trust • There were no issues for escalation from both visits • Written report expected by March 2020.

4. Improved staff experience

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

Lead executive committee: Remuneration Committee and 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. 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.	Director of People & Culture Associate Director of People & Culture (OD) and Associate Director of People Development	Summer 2019 Completed. Completed.

	The second cohort of the senior clinical leaders' programme comes to an end in October 2019	Chief Quality Officer	
	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.	Autumn 2019
	Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff	Learning & Development Business Partner	Winter 2019
	Make available a directory of internal programmes through learning and development	Learning & Development Business Partner	Winter 2020
	Capture data for all external leadership programmes attended by staff	Associate Director of People & Culture (OD)	Winter 2019
	Improve visibility, accessibility and monitor the return on investment / progression of staff who have attended programmes.		
	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		
Equip our staff to be able to deliver integrated care	Refine the core competencies for community health staff to deliver integrated care. This work is ongoing with the consultancy firm Affinity.	Director of People & Culture	Spring 2020
	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.	Director of People & Culture / Director of Integrated Care	Spring 2020

	Incorporate the 'wheel of partnership' and integrated care competences in appraisals for all Agenda for Change staff	L&D Business Partner	Winter 2021
	Identify and roll out a digitised platform.	Associate Director of People & Culture (OD)	Completed
	This focus is reflected in the new job descriptions for psychotherapist job family.	Director of Therapies	
		Director of Nursing (community health)	
	Mental health nursing are the next set of JDs for review and these are in progress.		Summer 2020
Create an environment in which our staff can thrive	Cohort 3 of the Enjoying Work QI learning system	Chief Quality Officer	Spring 2020
	Respect and Dignity @ Work project	Director of People & Culture / Chief Nurse	Completed.
	• 'A Mile in My Shoes'		Completed.
	• Big conversations 'Through My Eyes'		Spring 2020
	• Through Someone Else's Eyes	CEO/All Execs	Ongoing
	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)	Director of People & Culture	Ongoing.
			Ongoing.
	A new staff council has been set up and the first session takes place in November 2019.	Associate Director of People & Culture (Ops)	
	There are also local listening forums already in place such as 'chin-wag with the Borough Director of Tower Hamlets.'	Associate Director of People & Culture (Ops)	
Improve the health and wellbeing of our staff	A wellbeing plan for staff that factors in the determinants of health.	Director of People & Culture	Summer 2019
	Healthy Workplace Charter. Foundation level achieved and accreditation in place and celebrated.		Completed.
	Successfully acquired 'Achieved' level in October 2019.		Completed.
	Successfully attain level 3 London Healthy Workplace Award 'Excellence'		Winter 2020.

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. We ae also progressing the work around Making Every Contact Count and Health Coaching.

The third cohort of the Enjoying Work programme is underway, 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%. This represents a 5% increase on the 2018 results, with the average for similar organisations being 51%.

Staff Friends and family Test (FFT) – the results are only slightly different to our results from 2018. We are however '30% better' than similar Trusts. ELFT's overall positive score ranking in comparison to the overall positive score of other combined mental health and community trust (that ran their staff survey with Picker) rank number 3.

There has been a slight decrease in overall engagement score, ranked number 10 on the comparison table of similar trusts. A possible explanation is due to the increase in completions, which may have encouraged those who were also 'slightly disengaged' to complete the survey. A more detailed update on staff engagement, including the 2019 staff survey and the pulse survey including Friends and Family data for December 2019, can be found in the People Report.

There are 154 apprentices in post against a target of 127. In addition, there are approx. 30-40 apprentices in the recruitment pipeline as at December 2019. Staff turnover continues to decline for the fourth consecutive month and is 13.31% against a Trust target of 16% in November 2019. Labour stability has increased by 0.17% from 85.90% in October 2019 to 86.07% in November 2019. The trust vacancy rate has reduced to 10.60% in November from 11.00% the previous month.

<div style="text-align:center; background-color:#8080e0; color:white; font-weight:bold;">IMPROVED STAFF EXPERIENCE</div>

Increased sense of engagement by staff – Annual Figures

Chart 3.1 — Staff Survey Results - Staff Engagement

Chart 3.2 — Proportion of Staff Who Would Recommend the Trust as a Place to Work - Run Chart

Chart 3.3 Effective Team Working - Score from Staff Survey c Chart	Chart 3.4 Staff Reporting that Trust takes Action on Feedback (From Staff Survey) - Run Chart
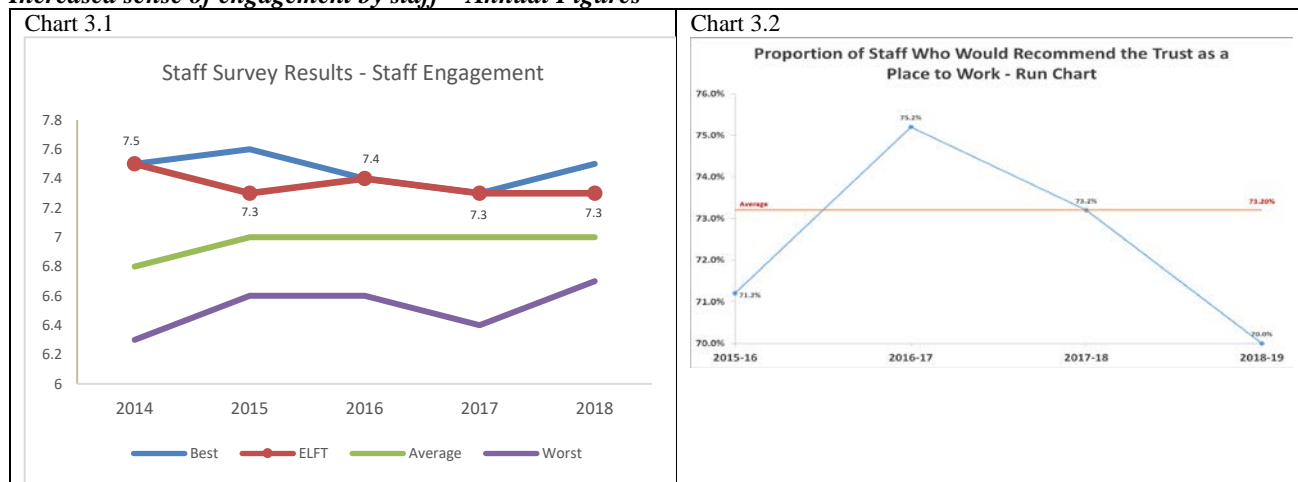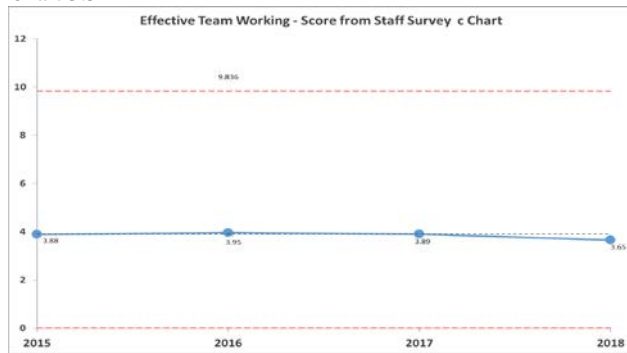
The right number of staff with the right skills to provide a service

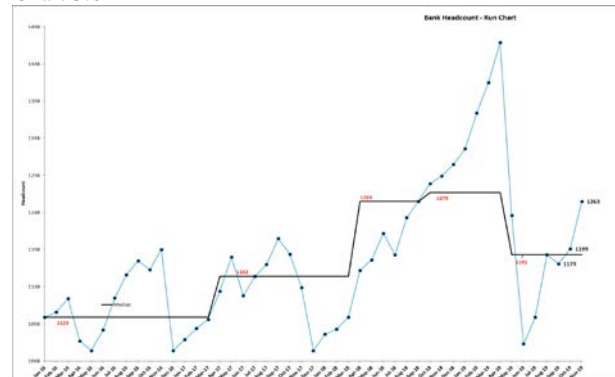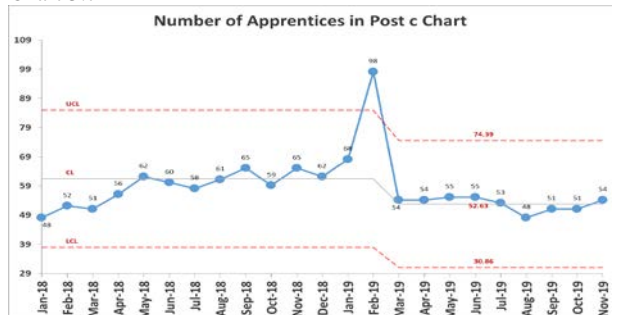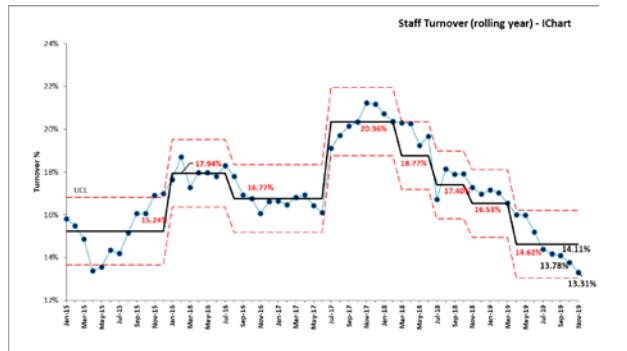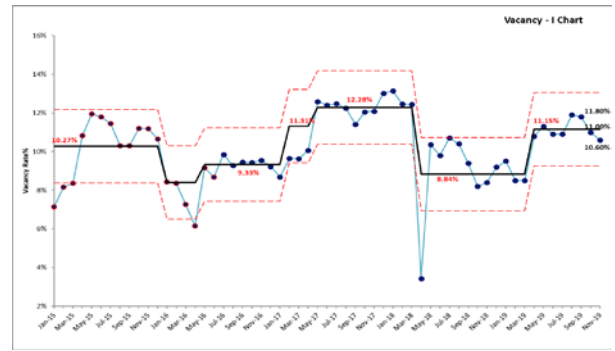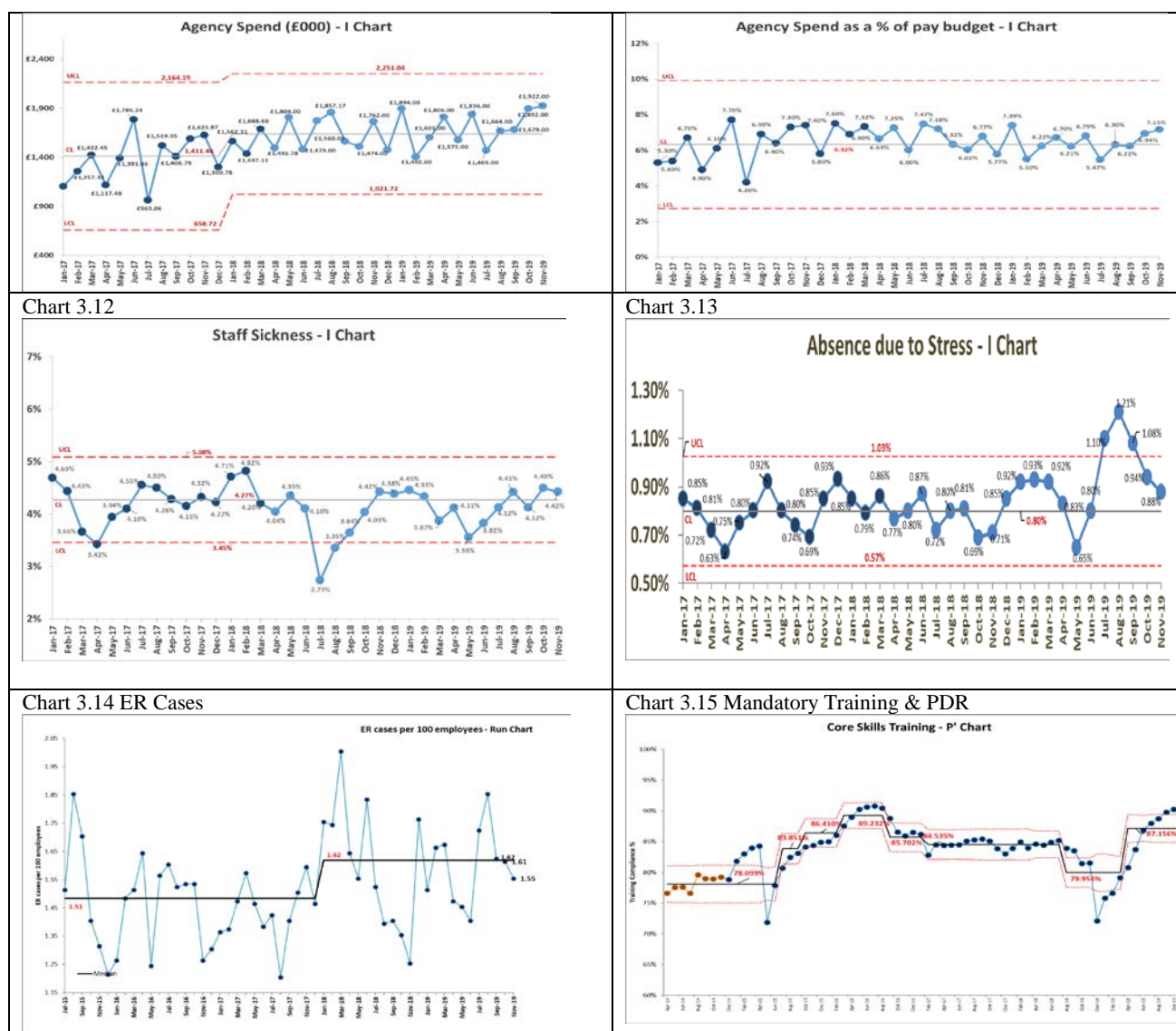|	
Chart 3.5 Trust Head count Trust Headcount - Run Chart	Chart 3.6 Bank Headcount - Run Chart
Chart 3.7 Number of Apprentices in Post c Chart	
Chart 3.8 Staff Turnover (rolling year) - IChart	Chart 3.9 Vacancy - I Chart
Staff turnover continues to decline for the fourth consecutive month and is 13.31% against a Trust target of 16% in November 2019.	The trust vacancy rate has reduced to 10.60% in November from 11.00% the previous month
Chart 3.10	Chart 3.11
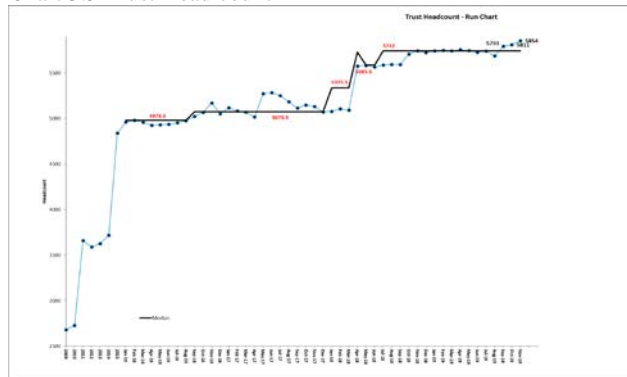
Agency Spend (£000) - I Chart

Agency Spend as a % of pay budget - I Chart

Chart 3.12

Staff Sickness - I Chart

Chart 3.13

Absence due to Stress - I Chart

Chart 3.14 ER Cases

ER cases per 100 employees - Run Chart

Chart 3.15 Mandatory Training & PDR

Core Skills Training - P' Chart

Board Assurance

Overview: At its meeting on 6 December 2019, the Appointments and Remuneration Committee noted the wide range of actions undertaken to mitigate the risks and the progress with these actions. The Committee agreed to recommend that the target score for both risks 5 and 6 be amended to **Moderate 4** (impact is downgraded to 4 major from 5 catastrophic; likelihood remains at 1 rare); there are no changes however to the current risk scores.

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	**Update:** • Turnover rate further reduced from 14.39% in July 2019 and then to 14.18% against a Trust target of 16%. • 2019 Workforce Race Equality Standards (WRES) submission showing positive improvements across all indicators. • Workforce Disability Equality Standards (WDES) Also shows some areas for improvement
Lead Committee	Appointments & Remuneration Committee	
Risk Score		
Current	12	

Target	5	• Developing Sustainability Transformation Partnerships (STP) Long Term Plan (LTP) submissions for both STP footprints
Recommendation	Target score to change to **Moderate 4 (4 major impact x 1 likelihood rare)**	• A new community Resourcing Team has been created to better meet the resourcing needs of Community Health Services. • A proposal to transform the Trust bank has been drafted and will be discussed at the November People & Culture meeting • People and Culture are going 'Agile' from December 2019 in order to improve the services provided.
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:** • Awarded the Greater London Authority London Healthy Workplace Award (LHWA) Award for Wellbeing – the next level achieving.
Lead Committee	Appointments & Remuneration Committee	• Shortlisted for the Health Service Journal (HSJ) Award for Employee Engagement Presentation. Award ceremony in November 2019
Risk Score		• Procured an online engagement platform called 'Go Engage' rolled out in June 2019 and the first Engagement report was submitted to the Appointments and Remuneration Committee in September 2019
Current	9	
Target	5	
Recommendation	Target score to change to **Moderate 4 (4 major impact x 1 likelihood rare)**	• Knife crime, gangs and county lines e-mail and questionnaire sent and a focus group has been arranged for 27 September 2019 c50 staff invited and wider communications on the intranet and we are developing our offer of support to staff • Through Someone Else's Eyes sessions have been arranged and we are targeting 1300 managers , led by the Executive Directors • Staff council being launched, the first meeting is in November • The second edition of the Wellbeing & Benefits magazine was published in October 2019 • Data cleansing exercise underway to validate continuous service in preparation of the Long Service Awards for 20, 30 and 40 years NHS service • Improvement of the disciplinary processes, implementation of the Fair Treatment Processes. Suspensions reduced from on average of 8-15 suspensions a month between 2016 and 2018 compared to 2 suspensions in July and 5 suspensions in October 2019 • Service user involvement in disciplinary processes.

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 November 2019 of £12,287k compared to planned operating surplus of £12,742k.
- Net surplus of £2,980k (1.0%) compared to planned net surplus of £2,813k (1.0%) after allocating non-recurrent support.
- Year to date favourable net surplus variance of £167k.
- Year to date performance on plan against control total (nil variance).
- NHS Improvement (NHSI) risk rating of "2" to end of November 2019.
- Cash balance of £96.0m as at the end of November 2019.

The contractual income detailed in this report is based on signed contracts for 2019/20 for all NHS contracts over £5m, and agreed or anticipated contract values for other contracts.

The Trust's 2019/20 control total is £5,683k including Provider Sustainability Fund (PSF) income of £3,319k (£2,364k excluding PSF income). The Trust has agreed the control total for 2019/20.

The Trust was notified by NHSI on 3rd July 2019 that it would receive an adjustment to the 2018/19 Bonus PSF amounting to an additional £167k. As the Trust were notified of this after completion of final accounts, the advice from NHSI is that the Trust should "record this immaterial 2018/19 item within...2019/20 accounts."

While this will have the effect of improving the Trust's overall net surplus and cash position, it will not benefit the Trust reporting against the 2019/20 control total; i.e. the Trust will still need to make a surplus of £2,366k in 2019/20 **excluding** the additional £167k, in order to qualify for 2019/20 PSF income. This is shown as separate line in the table below.

	Nov-19			Annual	Oct-19 Variance	Change
	Budget £000	Actual £000	Variance £000	Budget £000	£000	+/- £000
Operating Income	286,507	286,677	170	429,310	(76)	247
Operating Spend	273,765	274,391	(625)	408,734	(40)	(585)
Operating Surplus (EBITDA)	**12,742**	**12,287**	**(455)**	**20,575**	**(117)**	**(338)**
Interest Receivable	200	363	163	300	131	32
Interest Payable	(1,387)	(1,387)	0	(2,081)	0	0
Depreciation	(4,735)	(4,735)	0	(7,102)	0	0
Public Dividend Capital	(4,007)	(4,001)	6	(6,010)	6	(0)
Underlying Net Surplus / (Deficit)	**2,813**	**2,528**	**(285)**	**5,683**	**21**	**(306)**
Non-Recurrent Support Adjustment	0	285	285		0	285
Control Total Net Surplus / (Deficit)	**2,813**	**2,813**	**0**	**5,683**	**21**	**(21)**
2018/19 Bonus PSF Reported in 2019/20	0	167	167		167	0
Reported Net Surplus / (Deficit)	**2,813**	**2,980**	**167**	**5,683**	**188**	**(21)**

Expenditure Risk

The Trust is reporting an adverse variance of £625k against operating expenditure at 30th November 2019.

£285k was allocated via reserves as non-recurrent support against this shortfall in Month 8.

Financial Viability Programme

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 30th November 2019 were £4.88m, against which the Trust achieved £2.91m to the end of November 2019 (a shortfall of £1.97m year to date).

NHSI Agency Ceiling

The NHSI ceiling set for the Trust was £10.339m to the end of November 2019. The Trust is reporting expenditure of £13,719m, a variance of £3.381m from the ceiling (32.7%). This gives the Trust an agency risk rating of "3" at Month 8, but within the 50% variance that would trigger an agency risk rating of "4" and an overall risk rating of "3".

The Trust plan assumed agency spend would not fall within the agency ceiling at this stage, and variance from the planned agency expenditure is 13.4%. To address this, the procurement process is being streamlined. The number of agencies used by the Trust, will be reduced, and assigned to Tier 1 on ELFT's procurement framework- This could produce significant savings as only the Agencies on the framework (with agreed term and conditions) should be used as their terms are centrally negotiated.

The Trust is committed to finding ways to reduce agency expenditure during 2019/20, including moving from agency to bank where temporary cover is required. Already, ELFT has sought and is using, a preferred supplier of Agency Staff to address the gaps. All bookings of Medical and Allied Health Professional agency staff should be made via the iNGAGE system. There is an assurance process to ensure the payment arrangements between the Trust, the agency and the worker are tax compliant. The Trust has no such assurance that bookings placed outside the system comply with the relevant tax legislation, or indeed have been subject to the required pre-employment checks (DBS, professional registration, etc.). The Trust as the end user is liable for any tax shortfall arising where non-compliant arrangements have been used and would be at risk from significant fines from the Inland Revenue should any such cases arise.

All agency bookings above NHSI price caps and/or via an off-framework agency, whether booked through iNGAGE, require a formal waiver agreed by an Executive Director of the Trust. Directorate Management Teams are responsible for ensuring this process is followed. This is to ensure the Trust is compliant with NHSI rules.

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 £1,824k, mainly arising from the high agency costs are shown against Bedfordshire CHS. This is partly offset via a designated reserve, resulting in a net overspend of £611k. 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. Where particular departments are overspent, analysis has been provided to the Chief Finance Officer to enable discussions with colleagues as to what action can be taken.

Forecast

The revised plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of "1" (low) 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).

IMPROVED VALUE FOR MONEY

improve the utilisation of our estate

Chart 4.1

Space Utilisation Ratio (m2 per staff)
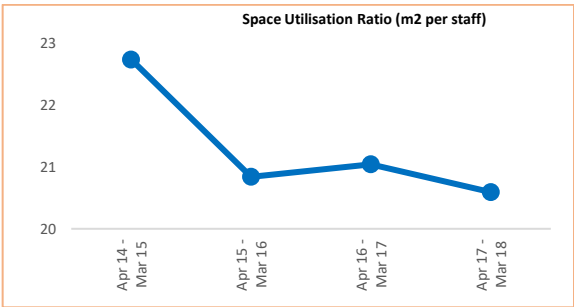
All budget holders will be held responsible for the management of their budgets

Chart 4.2

Cash in bank (£m) - I Chart

Chart 4.3

Net surplus (£000) - I Chart

Chart 4.4
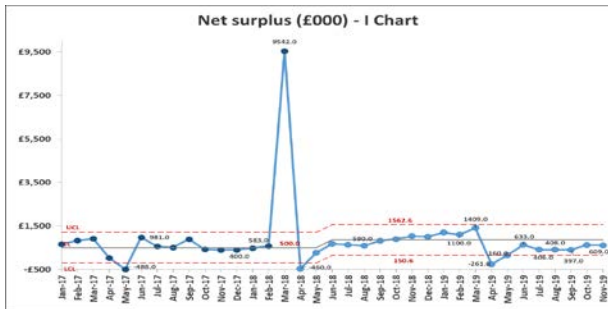

EBIT-DA (£000) - I Chart

Chart 4.5

Variance against plan (£000) - I Chart
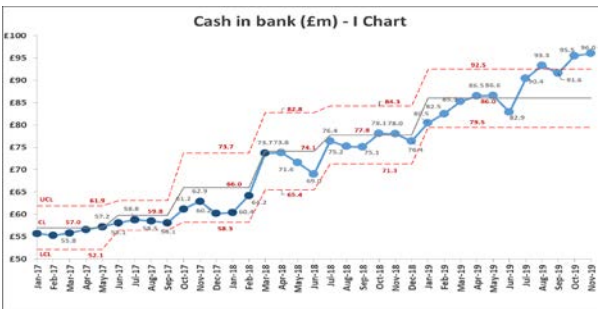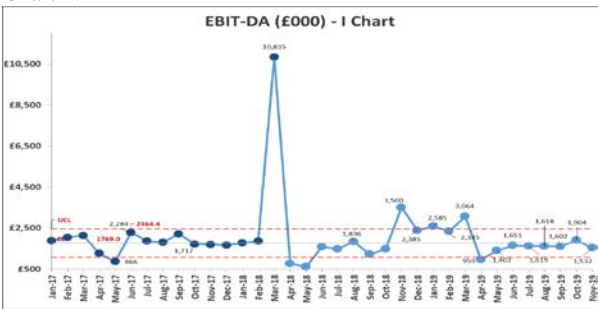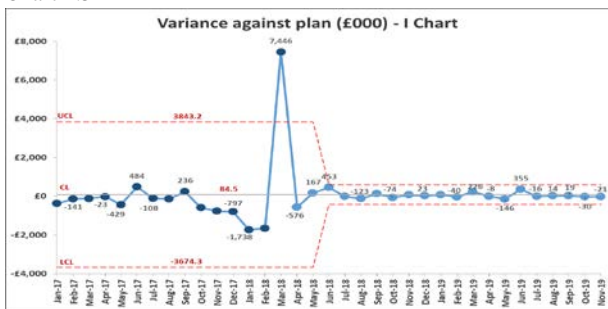
The trust will increase the efficiency and effectiveness or resource utilisation

Chart 4.6

Agency Expenditure (£000) - I Chart

Chart 4.7

Length of Stay Adult Mental Health - Average number of days I Chart

Chart 4.8

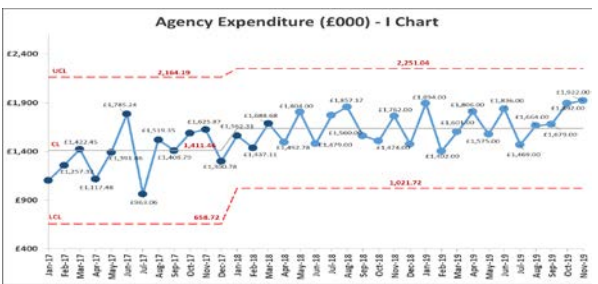Number of days posts are vacant i Chart
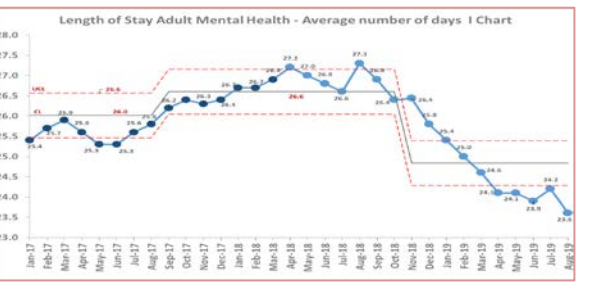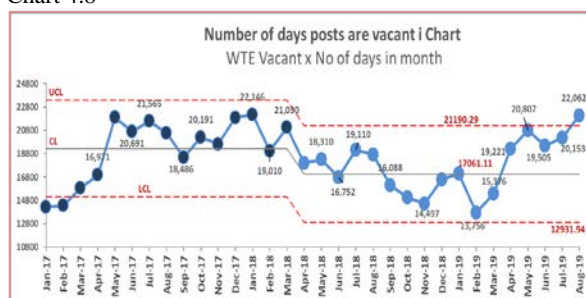WTE Vacant x No of days in month

Board Assurance

Overview: The Audit Committee undertook a deep dive on financial viability focusing on risks 7 and 8 at its meeting in November 2019 and were assured of the significant amount of work being undertaken through a staged approach to mitigate the risks and to support the successful delivery of the Trust's new approach to value and financial sustainability.

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:** Following the discussions on Financial Viability at the last Board meeting, the Executive Team has focused on the following additional areas to manage the development of a culture of financial viability:
Lead Committee	Finance, Business and Investment Committee	• Developing a training package for all Executive members to go through so all are aware of the principles of waste • Pairing of other Executive Directors with the Executive Director of Commercial Development in training staff for the QI delivery
Risk Score		
Current	25	• Developing a themed waste session for the DMT away day attended by approximately 400 senior managers across the Trust
Target	15	
Recommendation	None	• Improving the visibility of people participation in the waste management scheme development • Featuring the QI themes waste projects in the monthly blogs. Discussions have also been progressed with IHI on the development of the culture for financial viability. There was recognition in the Board and in the discussions with IHI that the change in culture will take some time In view of this the scores on the BAF have not been changed.
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	**Updates:** • New leadership roles are in the process of being recruited to lead and support the Trust work in this area. A Digital Board and a Digital Collaborative have been established to help support digital development
Lead Committee	Finance, Business and	

	Investment Committee		• A dedicated project board for the Dashboard Development work has been established to provide oversight and governance for this development
Risk Score			• Estates plans have been developed to support more mobile and integrated ways of working, particularly in Bedfordshire community services
Current	10		
Target	5		• The Trust has continued to roll out infrastructure improvements aimed at improving connectivity, reliability and cybersecurity.
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.

1. Single Oversight Framework (SOF)

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

% of People with a first episode of psychosis seen and allocated to EIS with a NICE-recommended package of care within 2 weeks of referral - Trustwide
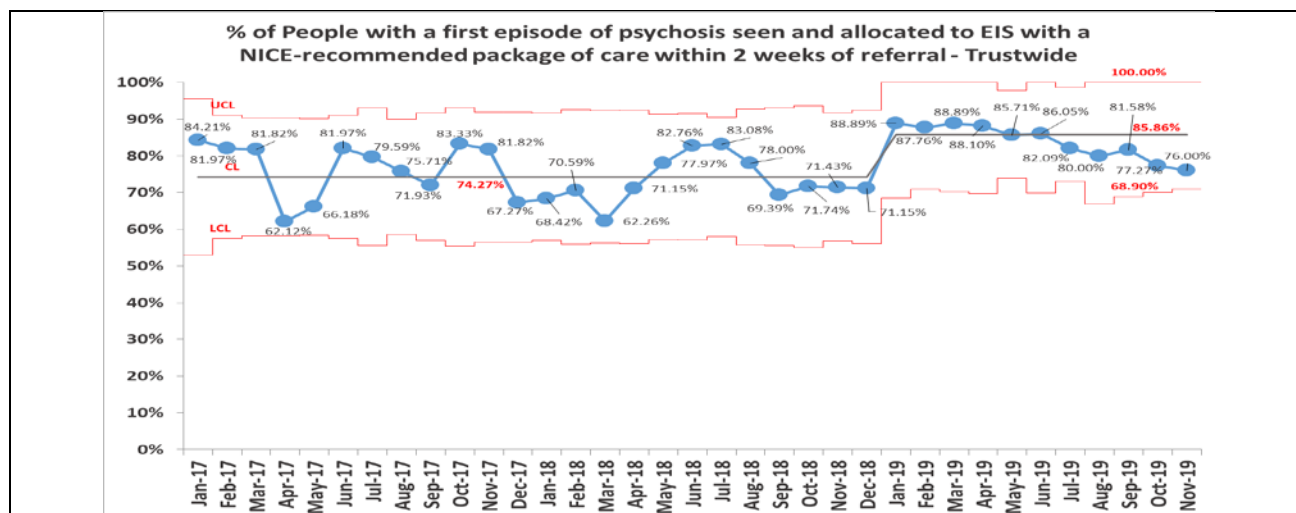
All directorates are meeting the target of 56%. In June, in order to align our reporting with the data shared through to NHS Digital (which is derived from the Mental Health Services Data Set), our operational definition changed resulting in a performance drop. One of the key changes was the exclusion of CAMHS internal referrals. This reduction in the size of the cohort caused the data to be more susceptible to variances in performance across the remaining cohort of patients.

The other issue affecting performance on this measure relates to when people are referred to the early intervention service without their knowledge. This sometimes makes it difficult for the service to engage with the service user. The early intervention teams have started to work closely with carers to identify new ways to engage and support better. Proactive team work is used to maintain standards with the Early Intervention prevention and recovery approach. Some of the new changes introduced include daily referral meetings, assertive approach towards engagement, being more flexible around where and when to meet with service users, and better information gathering from the referrer (including contact details for the service user).

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

IAPT - % starting treatment within 6 wks of referral - I Chart
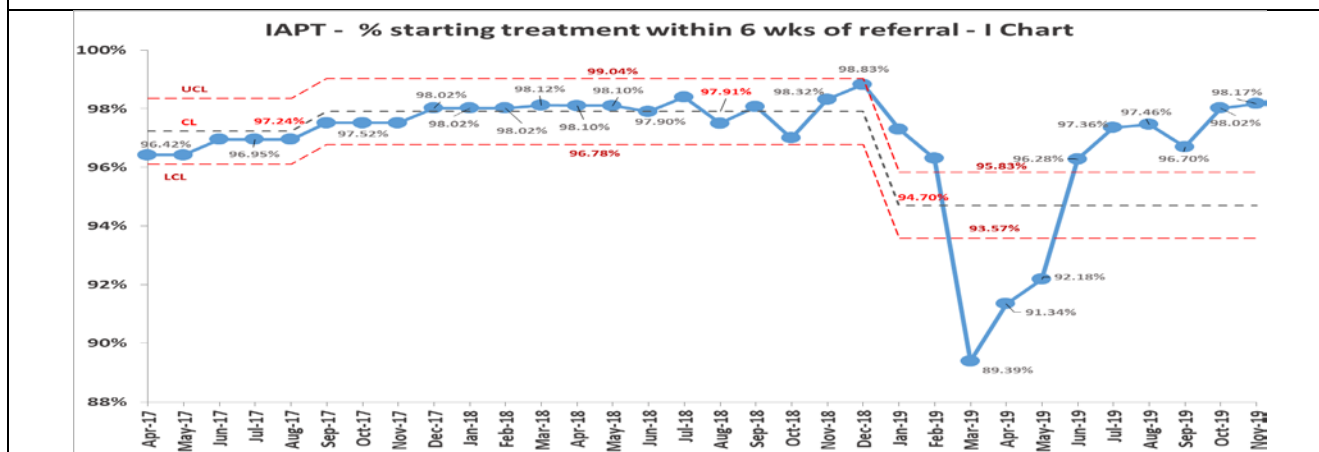
The drop in performance in March 2019 was related to the inclusion of Tower Hamlets IAPT data. Since March, Tower Hamlets has been improving to a position where performance is closer to the original levels prior to March 2019. It is expected that performance will be maintained at this position.

Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT
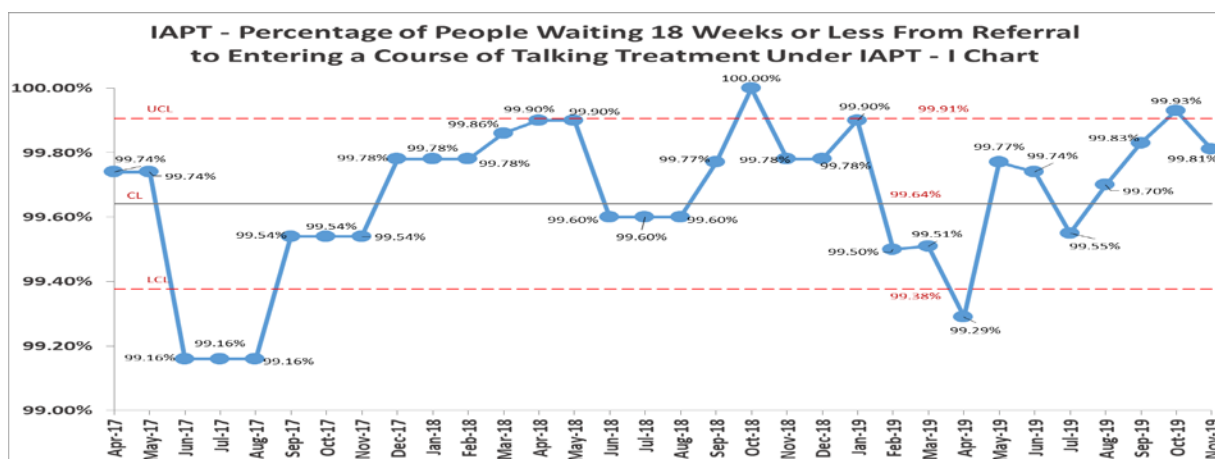
No significant change is expected in this data, performance above the target is expected to be maintained.

7.0   Recommendations and Action Being Requested

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