

REPORT TO THE TRUST BOARD IN PUBLIC
24 March 2022

Title	Chief Executive Officer's Report
Author/Role	Chief Executive Paul Calaminus
Accountable Executive Director	Chief Executive Paul Calaminus

Purpose of the report

The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues over the past two months. The Board is asked to receive and note this report.

Key messages

This report contains details of CQC inspections of the Trust, awards and recognition and updates on changes and improvements to services across the Trust. The report also provides a brief update on national/regional issues.

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	This report provides an update of significant developments, activities and issues across the Trust.
Service User/ Carer/Staff	This paper provides an update on activities that have taken place across the Trust involving staff, patients and carers.
Financial	There are no financial implications attached to this report.
Quality	This report provides an update of significant developments relating to quality

1.0 Purpose

- 1.1 The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues.

2.0 Humanitarian Crisis in Ukraine and Surrounding Areas

- 2.1 All of us have been affected by the distressing reports from Ukraine and the surrounding areas as people flee and neighbouring countries try to cope with the needs of the influx of refugees.
- 2.2 ELFT staff have been keen to be proactive and to do what they can to support the humanitarian response. Some staff are personally affected as they have family and friends in Ukraine. Dr Mohit Venkataram has established a series of meetings for staff to come together to look at options to support fellow healthcare staff and the people of Ukraine. Some Ukraine and Polish staff members have networks in the affected areas so are in direct contact and aware of items and support needed.
- 2.3 The Trust has established an intranet page with links to organisations and charities that are leading of the humanitarian effort. Staff have been asked to look in store room and stock cupboard to identify sealed items close to their expiry date that can be sent to organisation gathering key items. The Trust has issued a callout to psychologists that speak Russian or Ukrainian to be part of a helpline rota for people to contact. We will continue to monitor the situation and offer appropriate support as needed.
- 2.4 The Trust has also reviewed all contracts with suppliers to ensure that government sanctions are fully reflected in our supply chain arrangements. We can confirm that we have not identified any contracts that are affected by the sanctions that have been imposed. There has also been an increased focus on cyber security linked to digital threats that relate to the war in Ukraine. The main actions related to this are the purchase of Dark Trace, a network tool to detect abnormal activity and isolate the user or device, the installation of advanced web filtering to limit access to inappropriate sites and the upgrade to the NHS Secure Boundary, which acts as a second layer check to monitor network traffic. In parallel, there has been increased business continuity planning across the Trust, co-ordinated through existing business continuity planning systems, and co-ordinated by Richard Harwin, Health, Safety, Security & Emergency Planning Manager. Actions relating to the war in Ukraine have been reviewed in the Audit Committee, Finance, Business and Information Committee, and the Digital Strategy Board.
- 2.5 The Trust has also been involved in planning to meet the healthcare needs of Ukrainian refugees, including those who are being brought to the UK specifically for medical treatment.

3.0 Coronavirus Update

- 3.1 *Consultation on Mandatory COVID Vaccination* The Government has announced the outcome of their consultation into the proposal for mandatory vaccination for health and social care staff. They are to revoke vaccination as a condition of deployment (VCOD) across all health and social care. The new regulations came into force on 15 March.
- 3.2 *Emotional Impact of VCOD* The Trust has held three sessions for staff and managers to come together to reflect on the sometimes difficult feelings that arose from the vaccination requirements, and the subsequent pause and change of position. The meetings have been difficult but there has been an appreciation that the Trust provided a space for staff and managers to express their views and feelings.
- 3.3 The Trust has been confirmed as the Lead Employer for COVID vaccination for the 2022-32 financial year, and the vaccination campaign has continued over the last two months. A spring booster vaccine will be offered across the UK to those aged 75 and over, older care home residents, and those over 12 who are immunosuppressed. COVID-19 vaccinations have also begun for 5 – 11 year olds who are Clinically Extremely Vulnerable (CEV), or live in a household with a CEV person.
- 3.4 The COVID vaccination status of people with Serious Mental Illness remains an area of focus, with particular concern about the low rates of vaccination for this group in North East London. To support in addressing this, the COVID vaccine status of inpatients is being checked on admission with vaccine being offered. Staff are also being asked to make every contact count by asking about vaccination status, explaining the benefits, listening to concerns, responding and offering direct support. Staff are being trained to be able to offer the COVID vaccine to service users when they attend for any appointment with services.
- 3.5 Last month, the Prime Minister announced that all COVID restrictions would end in England on 24 February 2022 and free mass testing will stop from 1 April. In the areas in which the Trust works it appears that rates of COVID remain significant, and this has been reflected in clusters of staff absence and continued COVID infection amongst service users. Staff are being advised to reduce the risks to themselves outside of work as much as possible and wear masks in crowded areas, wash or sanitise hands after touching communal surfaces. Infection prevention control guidelines in health and social care settings have not changed. Wearing face masks remains mandatory in health premises for staff and visitors.
- 3.6 To support families and friends to stay in touch with loved ones on our wards whilst keeping people safe, our Visitors guidance has been updated guidance setting out precautions to take to reduce risks. Visiting is at the discretion of the ward manager weighing up the emotional needs of the inpatient and visitors, and the need to reduce the spread of the virus to other inpatients.

- 3.7 Staff vaccination rates remain broadly as reported at the last board meeting (93%). Flu vaccination uptake is at 75%.

4.0 Operational Issues

- 4.1 Service pressures remain significant across mental health and community health services. There remain high levels of activity and acuity across adult and childrens' services as well as in our acute and primary care partners. In particular, we have seen cases where difficulties in providing social care support experience for young people have led to lengthy delays in our assessment suites. There have also been periods during which bed occupancy in mental health services has been above 90% due to increased levels of acuity and complexity that have in turn resulted in slower discharges from inpatient wards.

In both NEL and BLMK, our teams continue to work with acute partners, with a particular focus on discharge. There has been significant pressure across the acute system, and so a significant part of our team's work has been focused on supporting those people who are deemed to be Medically Fit For Discharge (MFFD) to leave hospital and ensuring our community services are offering alternatives to use of emergency care pathways such as 999 or ambulance conveyance to A&E.

Pressures on primary care have also remained significant, with some 10,000 calls a month to, for example, Leighton Road surgery, as compared to the more normal 7,000 per month.

- 4.2 At the request of system partners, the Trust has rolled out an online appointment booking system for Newham residents to book an appointment for a blood test, replacing the previous walk in system. This system has been successfully rolled out in a number of boroughs in North East London and offers a range of languages to enable non English speakers to successfully book an appointment. In part, this was introduced because of space constraints in phlebotomy clinic buildings that meant that social distancing and infection control requirements related to COVID were not able to be reliably maintained.
- 4.3 Urgent appointment slots are reserved to ensure that these can be processed on the day they are requested. These have to be booked via the GP, whereas routine appointments can be booked either with support from the GP surgery, or from home. Posters about the new booking system have been sent to all GP surgeries. These have a QR code for patients and/or surgery staff to instantly be able to book the blood test appointment. Additionally, thousands of credit card-sized cards have been issued that include the relevant information on how to book.
- 4.4 There has been some significant dissatisfaction with the new system, and the need to book an appointment. There have been occasions on which a routine blood test has not been available for ten days. Whilst this is within the target times for the service, this has caused dissatisfaction, especially when compared with the previous system of walking and waiting in a queue.

- 4.5 The blood test service leads are reviewing the situation and have introduced a phone line for people who are unable to use the online booking system to support the booking process. Whilst many local residents are using it successfully and have adapted after the first booking, the system will be reviewed after three months to establish whether or not the achieved outcomes have been realised and what further changes are required.

5.0 IHI Annual Visit

- 5.1 ELFT's strategic partner, the Institute for Healthcare Improvement (IHI) conducted their annual visit in February 2022 and met with staff, service users and carers to learn about improvement work happening across the Trust. They reflected on the way that improvement work was being openly shared, the leadership on people participation, the commitment to equity and taking a trauma-informed approach to staff wellbeing, safety and dignity. They offered some feedback on how to extend quality improvement (QI) into daily work within teams, into larger-scale change across the Trust, and in the development of a clear link between the new Trust strategy and improvement work. Further detail is included in the Quality Report.

6.0 Funding Award to Progress Anchor Institution Work

- 6.1 ELFT has been named as one of six Trusts nationwide to receive funding to progress their anchor institution work. We have been selected by the Health Foundation and NHS England and NHS Improvement to receive funding that will enable us to make progress on their anchor ambitions, test this approach, and generate new and valuable learning for the Health Anchors Learning Network (HALN).
- 6.2 Anchor institutions are large public sector organisations which are rooted in place and connected to their communities, such as universities, local authorities, and hospitals. Anchors have significant assets and spending power and can consciously use these resources to benefit communities. The aim of the funding is to support these NHS anchor institutions to deliver projects that will enable them to make progress on their broader anchor ambitions and contribute to tackling health inequalities. It is also hoped that it will lead to new and valuable learning for the other HALN participants, as well as others working on anchor activities across health and care.

7.0 £1.8m Fund Provides Grants to 37 Community Projects

- 7.1 Inspiring and diverse community projects from helping Asian elders living with dementia through to a boxing coaching wellbeing programme for children are among 37 groups to receive grants from a £1.8m ELFT fund. Voluntary, community and social enterprise sector (VCSE) organisations of all sizes supporting communities served by the Trust were invited to apply for grants of between £5,000 and £100,000.

7.2 The programme was launched to fund work led by the voluntary sector aimed at reaching communities who experience inequalities in access, experience and outcomes in mental health care. Mental health voluntary sector organisations were also invited to apply for funding if they are at direct risk of closing or losing capacity as a result of the COVID pandemic. Grants have now been awarded to voluntary and community sector organisations across City & Hackney, Newham, Tower Hamlets, Bedford, Central Bedfordshire and Luton.

8.0 Professional Nurse Advocates

8.1 The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues. The programme launched in March 2021, towards the end of the third wave of COVID-19. The Professional Nurse Advocate is a leadership and advocacy role designed to support nurses to deliver safe practice, improve staff wellbeing and retention, alongside improved patient outcomes. PNA training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. This programme is the first of its kind for nursing. So far 12 nurses in ELFT have completed the program and will be supporting the Trust in the review of how supervision is delivered.

9.0 Launch of New ELFT Learning Academy

9.1 A new online ELFT Learning Academy has been launched. The platform hosts all statutory and mandatory training, and essential training courses and will expand to hold all the Trust's learning modules.

9.2 Staff can undertake courses in a work setting or at home, and the platform is accessible via the intranet or via a link on their mobile phone. The response from staff has been positive with this platform experienced as a significant improvement on the previous provision.

10. Digital Mental Health Act

10.1 Since a legislation change in 2020, there has been a wider focus on digitisation of the Mental Health Act (MHA). A digital company called Thalamos has been working with the CQC and Metropolitan police to support them with this digitisation. We anticipate a number of benefits from moving to digital forms:

- A significant reduction in errors from misread handwriting, or from common mistakes in filling out the forms which will be prevented by the Thalamos user interface.
- Saving time and money by freeing up our staff members to provide direct care for service users
- Improved legal compliance to help to ensure a safer MHA experience for patients and the staff supporting them

- No more damaged or misplaced forms. This will protect patients' confidentiality and reduce the risk of unlawful detentions as all forms will be sent securely via encrypted email and uploaded against the patient record in Rio.

There has already been a successful pilot in City & Hackney and we are now ready to roll out to all sites. Thalamos will go live across ELFT on Monday 28 March, with forms added in a phased approach as users become used to the new process.

11.0 New Soft Facilities Management Provider at ELFT

- 11.1 The Trust is to change its facilities provider arrangements for functions such as cleaning, food provision, landscaping and maintaining environmental standards for our estate.
- 11.2 The new contract has been won by OCS, and is due to go live on 1 April 2022. All existing staff who are currently working in ELFT services and employed via G4S will transfer to OCS.
- 11.3 In selecting OCS, the Trust was particularly impressed with their track record in supporting equal rights, preventing acts of modern slavery, and commitment to treating all employees fairly and equally, including reducing the gender pay gap. OCS has also joined many other organisations committed to becoming a net-zero carbon footprint company by 2040. They are committed to employing local people too which is in keeping with ELFT being an Anchor organisation.

12.0 Celebrating Diversity and Raising Awareness

- 12.1 *Equalities Week and Equalities Conference* The Trust hosted an Equality Conference on 22 February led by ELFT Chief People Officer, Tanya Carter, and ELFT Chief Nurse and Deputy CEO, Lorraine Sunduza. The event included updates on our work with staff, patients and carers, discussion about how equality fits into the new Trust Strategy, what's been happening in the staff equality networks, progress on the Patient and Carer Race Equality Framework (PCREF) and group discussions. Attendees heard that Equality was among areas of good practice highlighted by the CQC in their recent inspection of the Trust. during our recent CQC inspection.
- 12.2 *LGBTQ history Month and Conference* The LGBTQ+ Staff Network hosted an LGBTQ+ Conference on 11 February. Attendees observed a minute's silence to remember an ex colleague, Dr Gary Jenkins, who was killed in a homophobic attack in Cardiff last year. The suspects were found guilty the week of the conference and the details of his death of at the forefront of everyone's mind.
- 12.3 *International Women's Day* A message to all staff was jointly issued by female directors in the Trust, Chief Nurse and Deputy CEO, Lorraine Sunduza, Chief People Officer Tanya Carter and Chief Digital Officer, Philippa Graves. A later message went out to staff to announce that Philippa is to be the Trust's

Menopause Champion in recognition of the timing of this change and the impact on the working lives of women often at the pinnacle of their careers.

13.0 NHS Race and Health Observatory rapid review on ethnic inequalities in healthcare

13.1 The NHS Race and Health Observatory (RHO) - Rapid Evidence review published in February 2022, focuses on ethnic disparities in multiple areas, including mental healthcare. The review highlights the challenges experienced by people from ethnic minorities in access, experience and outcomes. This report is the first of its kind to analyse the overwhelming evidence of ethnic health inequality through the lens of racism. It is a very important report and we will be using the findings to identify further areas for improvement at our Trust.

14.0 Integrated Care System developments

14.1 Zina Etheridge has taken up role as the new Chief Executive designate of North East London Integrated Care System (NEL ICS), which covers Havering, Redbridge, Tower Hamlets, Newham, Barking and Dagenham, Hackney and Waltham Forest boroughs. I would like to welcome Zina into her role in the leadership of the ICS.

14.2 NEL Integrated Care System (ICS) partners are in the process of designing the new system architecture in advance of anticipated “go live” on 1 July 2022. As part of this work is underway to develop mental health, community health, primary care and acute collaborative structures to work in partnership with the Integrated Care Board (ICB) and the seven place-based partnerships which are coterminous with local authorities.

14.3 The NEL Mental Health, Learning Disability and Autism Alliance (NEL MHLDA Alliance) is a key component of the developing NEL ICS operating model. The core aim of the Alliance is to improve outcomes, quality, value and equity for the entire population of people with or, at risk of, mental health problems and/or learning disability or autism in NEL. The Alliance is intended to allow us to build on what we currently do well, and to strengthen it: ensuring that people participation, clinical leadership, and quality improvement are deployed more systematically in order to deliver the Alliance core aim, supported by a much more integrated approach to the delivery of commissioning functions for the populations in scope.

14.4 Place based mental health partnerships will be the engine-room of the Alliance and The Trust has been testing new ways of more integrated commissioning in Tower Hamlets and Newham with commissioners embedded in providers and undertaking roles including system leadership, system planning, transformation, market management/provider development, and quality improvement

- 14.5 The Trust has worked with NELFT and the CCG to develop the high level structure of the Alliance, with draft terms of reference for the Joint Committee that it is proposed will form a key part of the Alliance structure; the Joint Committee will have powers delegated to it from the ICB. A more detailed operating model that will support its delivery is being developed and the work on this is regularly reported to the Integrated Care and Commissioning Committee.
- 14.6 The Trust is also working with NELFT, the Homerton, Barts Health and the Clinical Commissioning Group to develop a community health services alliance. Although this work is at an earlier stage than our work to develop a mental health alliance, Community Health Service partners believe there are significant opportunities in creating a strong vision for community health services across North East London, and are now working on next steps.
- 14.7 The governance arrangements for the BLMK ICS are currently under development; with terms of reference having been drafted for the Integrated Care Partnership (ICP) and Integrated Care Board (ICB). Cllr Tracey Stock has been named as Chair Designate for the Integrated Care Partnership.
- 14.8 Bedfordshire Care Alliance is a provider collaborative with NHS providers (Bedfordshire Hospitals NHS FT, Cambridge Community Services NHS Trust, East London NHS FT) with local authorities and primary care providers in Bedford, Central Bedfordshire and Luton, as well as a range of wider partners in and outside of the NHS, including the voluntary sector and is being developed as a committee of the ICB
- 14.9 The BCA's role is to work at scale across places in Bedfordshire to create a coherent health and care offer. It is focused on integrating and coordinating care across health and social care; services provided by acute, mental health, community, social care and primary care networks including primary care; physical and mental well-being as well as the wider factors contributing to health and well-being. Terms of reference have been developed and further work is being undertaken on BCA's operating model.
- 14.10 Across both Integrated Care Systems, the Trust is working with partners to develop operational plans for 2022/23, with initial plans submitted to NHS England on 17/3/22 and our final submission due 28/4/22. There are a range of planning priorities for 2022/23, including continued progress on the national mental health priorities for children and young people, perinatal, IAPT, crisis and community care for adults and suicide prevention; and reducing waiting lists, ensuring 2 hour response and developing virtual wards in community health services. We continue to work with partners to further develop and refine our plans over coming weeks.

15.0 Levelling Up the United Kingdom: White Paper

- 15.1 On 2 February, the Government published a White Paper that sets out measures to make integrated health and social care a universal reality for everyone across England regardless of their condition and of where they live. It sets out plans to join up care for patients and service users; staff looking for ways to better support increasing numbers of people with care needs; and organisations delivering these services to the local population.
- 15.2 The paper sets out the policy reforms intended to level up 'left behind' regions of the UK, as well as 12 'missions' to be achieved collaboratively across government and key stakeholders at a national and local level by 2030. These missions cover areas including boosting pay, jobs and living standards, spreading opportunity and improving public services, restoring a sense of community where it is most needed, and empowering local leaders and communities. It includes a goal of narrowing the gap in health life expectancy by 2030.
- 15.3 Existing health initiatives, including the new hospitals programme, social prescribing, and "Core20PLUS5" approach to tackling health inequalities in the NHS, are recontextualised in the paper to demonstrate their role in supporting the levelling up agenda.

16.0 Advert for Joint Chair

- 16.1 Following the agreement by the Council of Governors and Governors of North East London NHS Foundation Trust to appoint a joint Chair, this role is now being advertised. A candidate pack was developed by both trusts to support the recruitment of a joint Chair. The closing date is 19 April 2022.
- 16.2 The two Trusts already have a history of working in partnership and collaboration, and the Joint Chair role is designed to build on these foundations. Both will remain as separate statutory bodies and as the Chair of each individual Trust, the role has responsibility to lead both Boards of Directors and Councils of Governors, in delivering the long-term vision and strategy of each organisation.
- 16.3 By helping the two Trusts to harness each other's strengths and foster a culture of mutual learning and innovation, the role offers the opportunity to make a real impact within the communities we serve. In addition, the Joint Chair will have a key role in engaging with our wider systems, working across the places and communities in our ICSs and place-based systems to drive collaboration and partnership to improve outcomes for those we serve.

17.0 Key Changes in Leadership

- 17.1 Gill Williams, Director of Social Work, is to retire. Gill has worked in the Trust for many years, in a variety of leadership roles, most recently as the Trust's Director of Social Work. In this latest role, Gill has provided professional social work leadership and has taken forward a whole range of developments that aim to help make ELFT a Trust that is regarded by social workers as an excellent place to work and an excellent partner to local authorities.

- 17.2 Michael McGhee, Director of Community Services is also to retire. A social worker by background, Michael has led the development of community services in Newham, Tower Hamlets and Bedfordshire. These services came into their own during the pandemic providing vital support to acute hospital services not least by responding quickly in developing discharge hubs. Michael has played a huge role in developing many specialities with each service enabling community services to grow and thrive.
- 17.3 Dr Ben Wright, Consultant Psychiatrist, Chief Clinical Digital Officer and Clinical Lead for Improving Access to Psychological Therapy is also to retire. Dr Wright has played a key role in ensuring that technological systems introduced in the last ten years worked for clinicians and for service users. He led on one of the first IAPT services in the country established in Newham as a pilot and has combined his love of technological solutions with his high clinical standards.
- 17.4 Eugene Jones, Director of Transformation at ELFT, is moving to pastures new. He has been appointed as Chief Operating Officer at Southern Health which provides mental health, community health and learning disabilities services across Hampshire. Eugene joined ELFT as Director for mental health services in Luton in 2016 before moving to his current position.
- 17.5 I want to thank Gill, Michael, Ben and Eugene for the exemplary contribution to the work of ELFT and the NHS over many years. Their contribution has progressed patient care and they leave a lasting legacy. I wish them all the best for the future.

18.0 Lead Role at Queen's Nursing Institute for ELFT Nurse

- 18.1 The Queen's Nursing Institute (QNI) has appointed Newham-based Community Children's Matron Rebecca Daniels to lead development of new Transition to Community Children's Nursing (CCN) resources, to enhance the quality of life for children and families nationally.
- 18.2 Rebecca's new role will involve developing QNI resources for children and young people (CYP) with complex health needs in the community setting. She will also be the CCN representative in national planning the QNI is involved with, raising the profile and voice of the Children's Community Nursing workforce.
- 18.3 Rebecca will continue in post here at ELFT's Specialist Children & Young People's Service (SCYPS) and will manage her responsibilities for the new role alongside her work as Children's Matron there.

19.0 Action Being Requested

- 19.1 The Board/Committee is asked to **RECEIVE** and **NOTE** the report for information