

Board of Directors Meeting

To be held in public

Thursday 26 May 2022 from 13:00-15:15

Events@No 6, Terrace Room, 6 Alie Street, London E1 8QT and by Zoom

AGENDA: meeting held in public

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Lived Experience Learning Academy	Note		
3	Declarations of Interests	Assurance	ALL	13:20
4	Minutes of the Previous Meeting held in Public on 24 March 2022	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Review	ALL	
6	Chair's Report	Assurance	Eileen Taylor	13:25
7	Chief Executive's Report	Assurance	Paul Calaminus	13:35

Quality and Performance

8	Quality Assurance Committee Assurance Report	Assurance	Prof Dame Donna Kinnair	13:50
9	Quality Report	Assurance	Dr Amar Shah	13:55
10	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:05
11	Prevention of Future Deaths Notice	Assurance	Dr Paul Gilluley	14:15

People

12	Appointments & Remuneration Committee Assurance Report	Assurance	Ken Batty	14:25
13	People Plan Report	Assurance	Tanya Carter	14:30

Finance

14	Finance, Business & Investment Committee Assurance Report	Assurance	Aamir Ahmad	14:40
15	Finance Report	Assurance	Steven Course	14:45

Governance

16	Trust Board Committees:	Assurance		14:55
	<ul style="list-style-type: none"> Audit Committee Charity Committee Integrated Care and Commissioning Committee <ul style="list-style-type: none"> - Bedfordshire Care Alliance People Participation Committee 		Anit Chandarana Aamir Ahmad Richard Carr Aamir Ahmad	
17	Board of Directors Forward Plan	Note	Eileen Taylor	15:05
18	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
19	Questions from the Public*		Eileen Taylor	15:10
20	Dates of Next Meeting*			
	<ul style="list-style-type: none"> Thursday 28 July 2022 Thursday 29 September 2022 Thursday 24 November 2022 Thursday 26 January 2023 Thursday 30 March 2023 			

*verbal update

Eileen Taylor
Acting Chair of the Trust

12:00 – 13:00	Lunch
15:25 – 16:10	A teatime presentation focusing on ‘creating change’ respect and dignity will follow the Trust Board meeting in public (Richard Fradgley/Tanya Carter) Introduced by: <ul style="list-style-type: none"> Tanya Carter Richard Fradgley Presenters: <ul style="list-style-type: none"> Diana Adu Patience Chabvuta Smira Javed Belinda Sherlock John Sterling

Board of Directors Register of Interests: 11 May 2022

East London NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

Name	Role	Interests Declared
Aamir Ahmad	Non-Executive Director	<ul style="list-style-type: none"> • Director and Trustee Place2BeCrisis • Volunteer, Shout (crisis support text line charity) • Psychotherapy Student, Regents University
Ken Batty	Senior Independent Director	<ul style="list-style-type: none"> • Chair of Trustees, Mosaic LGBT+ Young Persons Trust (receives funding from Lambeth CCG) • Chair of Nominations Committee, Royal College of Emergency Medicine • Director, 97 Langney Road Ltd • Director, Effingbat Properties Ltd • Director, Ken Batty in London Ltd • Fellow Royal Society of Arts (FRSA) • Vice Chair, Inner Circle Educational Trust • Trustee of Dr Frost Learning • Member, Queen Mary University of London (QMUL) Council
Paul Calaminus	Chief Executive	<ul style="list-style-type: none"> • Member of City and Hackney Integrated Commissioning Board. • Wife is a Civil Servant in Department of Health • Named Shareholder for Health E1 • Named Shareholder for Tower Hamlets GP Care Group • Named Shareholder for City & Hackney GP Federation • Named Shareholder for Newham GP Federation
Richard Carr	Non-Executive Director	<ul style="list-style-type: none"> • Director and part owner, Richard Carr Consulting Ltd • Managing Director of East Midlands Development Corporation • Interim Director of Corporate Services, Edinburgh City Council (part-time)
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co - Chair of the London HR Directors Network • Member Chartered Institute of Personnel Development (CIPD)
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Lead Director, Network Rail Infrastructure Limited
Steven Course	Chief Finance Officer / Deputy Chief Executive	<ul style="list-style-type: none"> • Director, Health & Care Space Newham Ltd • Wife is a physiotherapist working at March Physiotherapy Clinic (private practice)

<p>Professor Sir Sam Everington KBE</p>	<p>Non-Executive Director</p>	<ul style="list-style-type: none"> • GP Partner in Tower Hamlets since 1989 in Bromley By Bow Health • General Practice, based on the same site as the The Bromley by Bow Centre (Charity). • Chair of Tower Hamlet's CCG (Now part of North-East London CCG) 2013- • Vice Chair North-East London CCG 2021- • Deputy chair Tower Hamlets health and wellbeing board 2016- • Associate director NHS Resolution 2018- • Non-executive director of ELFT 2020- • Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • BMA Council member, 1989- • Vice President of the BMA, 2015- • Fellow and Honorary Professor of Queen Mary University of London 2015- • As a GP partners member of the MDDUS - insurance for the GP partnership • Vice President Queen's Nursing Institute 2016- • Vice President and Council member the College of Medicine 2019- • Board member NHS Strategic Infrastructure Board 2020- • Nesta Advisory Board 2018- • Member of the Royal College of GPs 1989- • HEE Chair medical apprenticeship committee 2020- • HEE member of GP pilot committee 2019- • Wife Linda Aldous is a Partner in Bromley by Bow Health and a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • (GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020-) • Director and Chair of MEEBBB Health CIC (A Primary Care Network, Tower Hamlets) • Stepson Jordan Aldous-Wilson is employed by Bromley By Bow Health as a receptionist <p>Business Partners:</p> <ul style="list-style-type: none"> • Rob Trimble, Chief Executive of The Bromley by Bow Centre is a non-paid partner of Bromley by Bow Health • Dr Julia Davis, GP business partner is paid by the GP Partnership to act as deputy CEO of the Bromley By Bow Centre (Charity) • Dr Savitha Pushparajah, GP Business Partner is a non-paid director of the Bromley By Bow Centre (Charity) • GP Business Partners, Dr Khyati Bakhai, Dr Selvaseelan Selvarajah, are Directors of Greenlight GP Connect Ltd Sept 2020- • GP Business Partner, Dr Joe Hall, Board Member of GP Care Group cic, Confederation of all general practices in Tower Hamlets
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Name	Role	Interests Declared
Richard Fradgley	Executive Director of Integrated Care	<ul style="list-style-type: none"> • Social Worker registered with Social Work England
Dr Paul Gilluley	Chief Medical Officer	<ul style="list-style-type: none"> • Board of LGBT Foundation • Member, British Medical Association • Member, General Medical Council • Member, Medical Defence Union • Member, Royal College of Psychiatrist • Member, Stonewall
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> • None
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> • Board Member, NHS Race and Health Observatory • Chair, SH24 (until May 2022) • Honorary Fellow, Faculty of Nursing and Midwifery RCSI • Leadership Fellow, Windsor Castle, Society of Leadership Fellows • Member, College of Medicine • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing
Mark Lam	Trust Chair	<ul style="list-style-type: none"> • Group Chair, Royal Free London NHS Foundation Trust • Chair, East London NHS Foundation Trust • Chair, North Middlesex University Hospitals NHS Trust (appointed from 30 October 2021) • Vice-Chair, UCL Health Alliance • Vice-Chair and Shareholder of Broadway Partners, a broadband telecommunications business. Broadway Partners is backed by the private equity firm Downing LLP (1 February 2022) • Non-Executive Director, Social Work England • Private business consultant • Hastings International Piano Trustee
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> • None

Name	Role	Interests Declared
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> • Director, AS Healthcare Improvement Ltd • National Improvement Lead for Mental Health and Chair of QI faculty, Royal College of Psychiatrists • Faculty Member with Institute for Healthcare Improvement, US • Honorary Visiting Professor, University of Leicester • Honorary Visiting Professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Associate, Faculty of Clinical Informatics Practitioner • Practitioner, The Chartered Quality Institute • Member, American Society of Quality • Wife is a GP on the bank at ELFT • Private teaching and consulting related to healthcare improvement
Lorraine Sunduza	Chief Nurse / Deputy Chief Executive	<ul style="list-style-type: none"> • Member of Unison
Eileen Taylor	Vice-Chair/Non-Executive Director (Acting Chair w/e 4 April 2022)	<ul style="list-style-type: none"> • Non-Executive Director of MUFG Securities EMEA Ltd
Dr Mohit Venkataram	Executive Director of Commercial Development	<ul style="list-style-type: none"> • CEO and Director, Compass Wellbeing CIC • Director, Health & Care Space Newham • Director, Stratford PCN Ltd • Partner, Leighton Road Surgery • Director, ELFT Charity • Member of Apna NHS • Wife works as a partnership tax manager at Towers and Hamlin
Deborah Wheeler	Non-Executive Director	<ul style="list-style-type: none"> • Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee) • Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality & People Committee) • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Member of NMC Assurance Advisory Committee for Test Competence • Son is an employee of ELFT

DRAFT Board of Directors

Minutes of the Board of Directors meeting held in public on Thursday, 24 March 2022 from 1.00pm at Events@No 6, Terrace Room, 6 Alie Street, London E1 8QT and by Zoom

Present:	Mark Lam	Trust Chair
	Paul Calaminus	Chief Executive
	Aamir Ahmad	Non-Executive Director
	Ken Batty (online)	Non-Executive Director
	Tanya Carter	Chief People Officer
	Richard Carr	Non-Executive Director
	Anit Chandarana	Non-Executive Director
	Steven Course	Chief Finance Officer and Deputy CEO
	Professor Sir Sam Everington	Non-Executive Director
	Richard Fradgley	Executive Director of Integrated Care
	Philippa Graves	Chief Digital Officer
	Prof Dame Donna Kinnair	Non-Executive Director
	Edwin Ndlovu	Chief Operating Officer
	Dr Amar Shah	Chief Quality Officer
	Lorraine Sunduza	Chief Nurse and Deputy CEO
	Eileen Taylor	Trust Vice Chair
	Dr Mohit Venkataram	Executive Director of Commercial Development
	Deborah Wheeler	Non-Executive Director
In attendance:	Dawn Allen (online)	Governor
	Roshan Ansari (online)	Governor
	Hajara Begum	Patient Story
	Paul Binfield	Associate Director of People Participation
	Gren Bingham (online)	Governor
	Shirley Biro (online)	Governor
	David Bridle	Medical Director, London Mental Health Services
	Eileen Bryant	Director of Nursing, Primary Care and Beds
		Community Health Services
	Avz Chitewe	Quality Improvement officer
	Tee Fabikun (online)	Governor
	Derek Feeley	Board Advisor
	Bernadette Fitzharris	People & Culture
	Sonia Kaur	Head of Resourcing
	Norbert Lieckfeldt	Corporate Governance Manager
	Cathy Lilley	Director of Corporate Governance
	Nicki McCoy	Corporate Secretariat Manager
	Glenn Mitchell	Deputy Head of Communications
	Beverley Morris	Governor
	Caroline Ogunsola (online)	Lead Governor
	Jamu Patel (online)	Governor
	Steph Quitaleg	Senior Executive Assistant
	Frank Rohricht	Medical Director, Research and Medical Education
	Archana Sanap	Healthroster Project Manager
	Gill Skrzypczak	Corporate Services Minute Taker

Humira Solomon (online)	Member of the public
Suzana Stefanic (online)	Governor
Felicity Stocker (online)	Governor
Ashley-Ann Walbank	People & Culture

Apologies: Dr Paul Gilluley Chief Medical Officer

The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

- 1.1 Mark Lam welcomed all to the meeting and gave assurance that appropriate infection control and Covid safety checks have been undertaken in the interests of protecting staff and attendees. Hand sanitisers and sanitizing wipes have been provided and social distancing will be observed. Masks should be continued to be worn unless speaking during the meeting.
- 1.2 Apologies were received from Paul Gilluley, with David Bridle covering in his absence.

2. Patient Story: Quality of Life and Dialog+

- 2.1 Paul Binfield introduced Hajara Begum, a service user who presented her experience of using Dialog+. She highlighted:
 - Dialog+ is a simple intervention to assess life and treatment satisfaction of patients, and to address concerns and need of help in the communication between the service user and clinician in community mental health care
 - It has a personalised, needs-based approach that enables service users to effectively utilise their own skills, capabilities and resources to co-produce their care planning.
 - She has been using Dialog+ over the past two years as part of her care plan
 - It has been important in improving the quality of care around her mental health and has helped her in building relationships with mental health professionals to identify areas of her life that can be improved with support
 - She is involved in a Quality Steering Group which supports staff and service users to feel confident in using the Dialog+ approach as she feels strongly that this intervention improves care planning outcomes as well as wellbeing
 - Her concerns over the length of time it is taking to introduce the system across the Trust.
- 2.2 In discussion, the Board:
 - Noted Dialog+ is a validated quality of life measure, which it was agreed to implement four-five years ago. It is a tool that can play a key role in achieving one of the Trust's strategic aims to improve quality of life
 - Noted the challenges around a need for a culture change, ensuring the technology is aligned and a clear organisational message going forward
 - Received assurance that there are commitments through the community mental health transformation programme to replace the current care programme; although this is a complex process, it is the right and important direction of travel for the Trust
 - Noted the adaptations that have been undertaken internally to develop use in physical health and disability services, including learning disability, and the keen interest from external partners around further developments

- Supported the use of this intervention, and the opportunities presented by both Dialog+ as well as Trialog for staff and supervision
- Expressed their gratitude to Hajara and Paul for their time and for sharing their experience and valuable insights.

3. Declarations of Interests

- 3.1 There were no interests relevant to the meeting other than those in the published register.

4. Minutes of the Previous Meeting Held on 27 January 2022

- 4.1 The minutes of the meeting held in public on 27 January 2022 were **APPROVED** as a correct record.

5. Action Log and Matters Arising from the Minutes

5.1 Action Log

The actions were noted as either closed, in progress or not due and there were no matters arising.

6 Chair's Report

- 6.1 Mark Lam invited Eileen Taylor and Deborah Wheeler to feedback on recent NED visits.

- 6.2 Eileen Taylor reported on a virtual visit to the Path to Recovery (P2R) service covering Bedford Borough and Central Bedfordshire, highlighting:

- This is one of the few remaining NHS teams delivering a comprehensive addiction service. It is a multi-disciplinary team undertaking deep investigations into their clients' issues and also working transition to community led initiatives when intensive treatment is no longer required.
- There was clear evidence to demonstrate their work in tackling the social determinants of health including assisting with housing and benefit issues, and providing support to families and friends.
- They are proud of the fact that there was a decrease in deaths during the pandemic; their project in Bedford to house the homeless in hotels during the pandemic; successfully embedding medical teams offering addiction; and mental health services into the hotels for the duration.
- Challenges include the volume of people accessing their service, a need to improve children's services and wanting to improve the voice of the service users. Also their premises are not fit for purpose.
- There is a real sense of team, with service users at the heart of everything they do. It was also encouraging to see how they use mistakes as a way to learn.

- 6.3 Deborah Wheeler reported on an online visit to Leighton Road Surgery, highlighting:

- A large number of staff joined the call, providing a wide-ranging discussion about the service and in particular their pride in the team work and dedication of staff throughout the pandemic to keep the service running.
- A major challenge to the service exists around GP recruitment and their reliance on short term locums. There is currently no clinical lead, creating gaps in the drive and commitment of the practice. Nurses are working hard to support the patients, covering visits where they can, in the face of increasing demand on the surgery.
- A consultation is underway around themselves and Cauldwell Surgery, which is the subject of staffside challenges. Staff at Leighton Road are happy with the proposals but feel it is being obstructed. Ongoing discussions with Exec

colleagues are taking place to progress and despite this challenge, they continue to be committed to delivering the best patient care they can.

6.4 In discussion, the Board:

- Acknowledged the recent improvement in the CQC rating of Leighton Road Surgery and the need to be more creative around the GP recruitment process.
- Received assurance that work is in place to ease the demand and capacity issues at Leighton Road, expanding staff experience and skills and engaging local consultants to cover vacant GP roles at the practice.
- Noted that this feedback reinforces the benefits of the NED visits, which will recommence face to face imminently.

6.5 The Board **RECEIVED, DISCUSSED** and **NOTED** the reports.

7 Chief Executive's Report

7.1 Paul Calaminus presented the report, highlighting:

- The effect on staff of the Ukraine conflict and the work being co-ordinated to support both them and other NHS organisations with the response.
- Also checking the possible impact of sanctions on our supply chain and reinforcing cyber security with additional protections, due to an expected increased risk.
- Likely to be continued work on healthcare needs for people coming from Ukraine.
- The removal of the Vaccination as a Condition of Deployment (VCOD) stipulation and the emotional impact this has had on staff; a series of events have been coordinated to support staff and teams who were impacted by this. The Trust continues to support the vaccination programme and encourage the take up of the vaccines.

7.2 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

8 Core20PLUS5: an approach to reducing health inequalities

8.1 Richard Fradgley introduced the report, highlighting:

- In line with the one of the Trust's core strategies, the Public Health, Quality Improvement and People Participation teams are about to launch a 'Pursuing Health Equity' programme. This will be open to all teams within the Trust to tackle in a practical and focused way any areas of inequality they find in the population.
- The recent workshop on Making Equality Count that brought together staff, staff networks, service users and carers to identify equality priorities for the year ahead.
- Work that the Public Health and Procurement teams have been undertaking to ensure that all contracts the Trust holds have social value elements embedded.
- Recent discussion at the Council of Governors meeting to identify equality priorities.
- The Trust is partnering with Professor Sir Michael Marmot at the Institute for Health Equity (IHE) to develop and take forward our programme of work to understand how best an NHS Trust can implement programmes of work to address the underlying causes of poor health (social determinants) and work to tackle inequalities.
- Working closely with system partners in Bedfordshire, Luton and Milton Keynes and in North East London to develop and mobilise our work to take forward the national inequalities priorities and Core20plus5

- The Trust's refreshed strategy developed after extensive engagement with service users, carers, staff, Governors and stakeholders, includes a number of key commitments to tackle inequalities

8.2 In discussion the Board:

- Acknowledged the importance of these initiatives and the ongoing work to understand in depth where inequalities exist in areas such as access to services, with focus on the 20% most deprived in our population.
- Noted the benefits of investment in long term conditions, early interventions in schools and embedding the awareness of physical health impacts on mental health within the Trust.
- Noted the importance of understanding where inequalities exist, specifically by place; where the variations are, what is causing these variations and how the work could reduce them, embedding this thinking in everything we do.
- Noted the need for a framework which focuses on specific targets, and the measures required to enable an understanding of where real progress is being made and how these relate to areas our service users and communities think are the real problems.
- Noted the importance of bringing in Triple Aim thinking, Quality Improvement and data in this work.
- Gave an assurance of full Board support in defining the focus on health inequalities and testing our relationships with structures, providing a clear leadership role in this area.

8.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report

9 Quality Report

9.1 Amar Shah presented the update, highlighting:

- Following a recent focus on how well we learn and take action following Serious Incident (SI) reviews, assurance can be given that key recommendations are acted upon and there are good mechanisms for sharing learning across the organisation.
- There are opportunities to create clearer processes around action planning and reducing the volume of actions, to ensure focus on stronger outcomes with work ongoing around this.
- The inclusion of an update on the action plan following the recent CQC inspection, and the Trust's response to the Ockenden Report.
- The annual visit from the Institute for Health Improvement over three days, following which the main reflections will be:
 - Supporting embedding Quality Improvement (QI) into people's every day work, not just around projects.
 - How we use QI in health equity and flow work to bring a systematic approach around measurements, in partnership with service users.
 - Staff experience; helping leaders to support teams to recover and rest, with measures around staff health and wellbeing.

9.2 In discussion, the Board:

- Acknowledged the assurance on SI reviews and noted the intention to bring reports back periodically to Quality Assurance Committee as part of the ongoing evolution of the patient safety strategy.
- Noted the partnering of the QI team with the work of the Sustainability Group and the Green Plan.

- Noted the importance of embedding learning from both the issues and the good practice highlighted in the CQC inspection across the organisation, and ensuring evidence and outcome improvements from the action plans are captured.
- Received assurance that a huge amount of work is ongoing in relation to the CQC findings.
- Commended the revised content of the reports and expressed gratitude to the team for their continually evolving and innovative work.

9.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

10 Performance Report

10.1 Amar Shah introduced the report highlighting:

- Positive indications around the reduction in incidents of violence and restraint.
- Pressure ulcer peak seen in January is beginning to reduce.
- Improvement in percentage of patients who would recommend our services.
- The beginning of data analysis from Dialog around key quality of life indicators and where we are making a difference, with further granular analysis the next step.
- New visibility on waiting lists and times, showing full numbers and the assurance that they are beginning to reduce. Where there are teams with no reductions, additional support is being provided to understand flow, with the next steps to examine different dimensions to identify groups not receiving equitable care.

10.2 Edwin Ndlovu further highlighted:

- The continuing pressures around bed occupancy and the increasing number of people of people accessing mental health services.
- Work continuing to embed the Integrated Discharge Hubs into the system partnership, ensuring they continue to be fit for purpose and sustainable.
- The increasing demand on children and young people's services, with the continuation of work around enhancing partnerships with social care and third sector voluntary groups, and ensuring our schools mental health teams are able to equip education staff with the ability and confidence to support mental health needs at early stages.

10.3 In discussion, the Board requested an addition to the May performance report which would help the Board to consider how we should be considering our waiting lists with an equality and equity lens.

ACTION: Amar Shah

10.4 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

11 Prevention of Future Deaths

11.1 David Bridle presented the report, highlighting:

- An update on actions following the tragic death of an 18 year old male in May 2020 who had previously been under the care of our Bedfordshire CAMHS service, where concerns around his transition to adult services were highlighted by the Coroner.
- This was already a recognised area for improvement within the Trust with more robust systems implemented around administration and earlier arrangements for transition. Also full time transition workers are being put in place with a dedicated person to liaise with the adult services and support every service user and their family as they approach transition.

- There has also been more close and effective engagement with local authorities to provide a system wide focus on the areas of difficulty.

11.2 In discussion the Board:

- Acknowledged the sad impact of this death on family, friends and staff who were involved in his treatment.
- Stressed the importance of ensuring that not only are actions taken forward and embedded, but that the impact is clearly identified as a real measure of our response.
- Noted the importance of learning across the local systems and also with other agencies involved, identifying any patterns and monitoring for assurance.
- Was assured that the issues raised by the Coroner's report had previously been identified as part of the Trust's own investigations.

11.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the update.

12 Mental Health Units (Use of Force) Act (Seni's Law)

12.1 Lorraine Sunduza presented the update, highlighting:

- This Act largely impacts on all mental health units around the responsibility to ensure transparency and openness in the use of chemical, physical or mechanical restraint, reduce the use of restrictive practices and work with care staff around 'time to think'; as well as on the wearing of body cams by the police.
- Paul Gilluley as Chief Medical Officer will be the named Board lead with Lorraine as Chief Nurse being the restrictive practice Board lead.
- A task and finish group has been set up to plan the implementation and will report back to Quality Assurance Committee, and a coms plan is being developed.
- The focus is on putting patients at the centre but also supporting staff and other service users, recognising the links this has to violent and aggressive behaviour.

12.2 In discussion the Board:

- Received assurance that there is an allowance within the Act for training and development to take place after the commencement date of 31 March 2022.
- Noted the connection to inequalities work, in looking at protected characteristics and beginning to measure the disproportionate amount of restraints for specific groups, and links in with the ongoing QI programme around reducing restraints.
- Noted that the required recording measures will help with benchmarking.
- Recognised the tragic circumstances surrounding the death of Seni, and the tireless campaigning of his family to produce this important and necessary piece of legislation.

12.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the update.

13 People Plan Update

13.1 Tanya Carter the update, highlighting:

- Publication of the quarterly Pulse survey results; a 16% response rate, 71% of staff would recommend ELFT as a place to work, 68% would recommend it as a place to receive care, an engagement score above the Picker average. Next survey will be in April.
- The establishment of a wellbeing forum with actions around accessibility and improved communications ongoing, following feedback from an audit on the services.

- The launching of a wellbeing survey to ascertain staff knowledge of the services, the impact and other areas that could be included in the offer.
- Work has commenced to develop a loans policy, recognising the financial difficulties caused by the current economic climate.
- Recruitment to the post of Head of Equality Diversity & Inclusion who starts in June; this role will straddle both staff and service users.

13.2 In discussion the Board:

- Noted the increase in grievances and disciplinary cases against BAME staff; however, received assurance that further analysis is underway with the QI team to establish whether it really is an increase or a special cause variation within our tolerance. Results will be taken to the Boards Appointments and Remuneration Committee.
- Noted the overall decrease in the number of discipline cases for both white and BAME staff.
- Was assured that even though there is a gap in the time between the staff survey closing and the results being published, People & Culture business partners are already using the data to plan work with the Directorate Management Teams.
- Commended the Trust values which shine through in the work of the People & Culture team.

13.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

14 Finance Report

14.1 Steven Course presented the report to the end of January 2022, highlighting:

- Reporting a net surplus of £578k, with the plan for breakeven by year end on track.
- Cash balance is £156m.
- Remain in the lowest risk Category 1 of the NHSE Oversight Framework.
- The financial viability improvement programme is £1.7m behind plan.
- A significant amount of unspent investments for 2021-2022 have been placed with CCGs and local authorities under Section 256 agreements, enabling us to access these funds to be spent on areas of most benefit in 2022-2023.
- UK Cloud remains a risk for which a provision has been made.
- Issues remain around temporary staffing, particularly in Bedfordshire mental health and community services.
- There are a number of projects to fund going forward, including the digital strategy.

14.2 In discussion the Board:

- Acknowledged the need to be realistic around the anticipated financial challenges, and to be prepared to respond to even more restraint.
- Commended the Chief Finance Officer and the Finance team in achieving the constructive approach with Borough partners around the Section 256 agreements.

14.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

15 Trust Board Committees

15.1 The Board **RECEIVED** and **NOTED** the assurance reports from:

- Appointments & Remuneration Committee
- Audit Committee
- Finance, Business & Investment Committee
- Integrated Care and Commissioning Committee

- Quality Assurance Committee

15.2 Anit Chandarana reported on assurances given by the Chief Finance Officer and the external auditors that this year's accounts remain on track to be completed in time; and will continue to be monitored.

16 Board of Directors Forward Plan

16.1 The Board **NOTED** the plan.

17 Any Other Business

17.1 None.

18 Questions from the Public

18.1 Questions received will be fully responded to offline.

19. Dates of Future Meetings

- Thursday 26 May 2022
- Thursday 28 July 2022
- Thursday 29 September 2022
- Thursday 24 November 2022
- Thursday 26 January 2023
- Thursday 30 March 2023

All meetings will commence at 1300 hrs with a tea-time presentation and continue to be held in person with a video conference facility until further notice.

The meeting closed at 3.20pm

ELFT
Action Log Trust Board (Part 1)

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
356	20-May-21	BLMK ICS Strategic Priorities	Nicola Kay (BLMK) to be invited to either a Board development session or to the Integrated Care & Commissioning Committee.	Paul Calaminus/ Richard Fradgley	26-May-22	Closed	ICCC received a brief overview on the progress with the development of the BLMK ICB and Bedfordshire Care Alliance on 10 Nov. Further discussion took place at the May ICCC meeting on the establishment of the BLMK ICS governance arrangements including the BCA terms of reference
363	24-Mar-22	Performance Report	May performance report to include an overview of how we should be considering our waiting lists with an equity and equity lens	/Amar Shah	26-May-22	In progress	Included in report to May Trust Board meeting in public
361	25-Nov-21	People Plan Update	Future Board seminar to revisit the changing cultures around staff expectations in the future, changing clinical requirements and transformation of people agenda in general	Tanya Carter	23-Jun-22		
362	27-Jan-22	People Plan Update	To undertake a special cause variation study around increase in the likelihood of BAME staff entering the disciplinary process during Covid.	Tanya Carter	23-Jun-22		Update to be provided to June Appointments and Remuneration Committee as part of the People Paper.
364							

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Chair's Report
Author	Eileen Taylor, Acting Trust Chair

Purpose of the Report

- To provide feedback on Governor discussions so that these inform Board decisions
- To provide updates on the key strategic points arising from Chair and Non-Executive Director activity as part of the Board's commitment to public accountability

Committees / Meetings where this item has been considered:

12 May 2022	Council of Governors Meeting
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Key Messages

This report informs the Board of key points arising from the Council of Governors and members discussions and the Chair's and Non-Executive Directors' most significant activities.

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	Council of Governor identifies annually its strategic priorities which will assist the Trust to improve experience of care at critical points in the patient journey
Improved population health outcomes	<input checked="" type="checkbox"/>	Board discussions on how we can best achieve our population health ambition within a changing context will enable the organisation to be better prepared. Governor's focus on member priorities emphasises improving population health outcomes
Improved staff experience	<input checked="" type="checkbox"/>	Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus
Improved value	<input checked="" type="checkbox"/>	Working collaboratively with our health and care partners will secure better integrated and more accessible care, thereby increasing value

Implications

Equality Analysis	Positive impact on reducing health inequalities through system partnerships
Risk and Assurance	Ensuring that we respond effectively to member feedback will provide additional assurance, minimise risk and improve accountability
Service User / Carer / Staff	Focusing on the Council's strategic priorities will support improving service user and carer experience and staff engagement
Financial	Increasing the potential for creating value by involving and working with others to maximising benefits of investments.
Quality	Improving in response to the experiences of Members will help drive quality improvements further.

1. Background/Introduction

- 1.1. This report updates the Board on the Council of Governors discussions so that these views inform Board decisions. It also provides information on the Chair's main activities and strategic outcomes of Non-Executive Director (NED) visits and Board discussions as part of the Board's commitment to public accountability.

2. Council of Governors Update

- 2.1. At its recent meeting on 12 May 2022, the Council:

- Received an update by Chief People Officer Tanya Carter on the themes in the 2021 National Staff Survey. The Trust is focusing on three priorities: equality, diversity and inclusion; retention and morale; and staff wellbeing, and an overview of the Trust's latest work on improving staff wellbeing and welfare was shared. Staff wellbeing was one of the Governors' chosen top five priorities for the current year and the Acting Chair expressed the Board's appreciation of the Council's steady focus on this important topic.
- Was joined by Marie Gabriel and Dr Rima Makarem (Chairs designate of NEL ICS and BLMK ICS respectively) who presented jointly on the role of the residents' voice within the ICS and how Governors can contribute to this.

In breakout rooms, Governors were asked to consider the following questions:

- Where do you see the opportunities for Governors to contribute to the residents' voice in the ICS, and
- What more would you recommend ICSs put in place to ensure that residents' voice is at the heart of everything they do?

Initial feedback from the groups included:

- The need for greater understanding of the ICS system, especially understanding of the interface with the residents they serve ("We need more communication and education on how this will work")
 - Recreating and reinvigorating the networks that existed pre-Covid which offered Governors opportunities to hear from their communities
 - Learning from outreach that has been shown to work, such as Covid Community Champions
 - Bringing Governors from across an ICS footprint together could be very powerful.
- Received, at a Council of Governors meeting held in private, a report from its Nominations and Conduct Committee on the annual performance review of the Chair and NEDs for 2021-2022; ratified their decision on the sabbatical request from the Trust Chair Mark Lam; approved a three months sabbatical request from Non-Executive Director Professor Sir Sam Everington; ratified their appointment of Eileen Taylor as acting Chair including changes to terms and conditions; and discussed progress on the recruitment of a Joint Chair with North East London NHS Foundation Trust (NELFT).
 - Said a very fond farewell to Chief Finance Officer Steven Course and Chief Medical Officer Dr Paul Gilluley for whom this was their final Council meeting with ELFT, acknowledging their significant contribution to the Trust and the support they had provided to the Council.

3. Paul Calaminus Named Among Top 50 NHS Provider Trust Chief Executives

- 3.1. I am delighted that ELFT Chief Executive, Paul Calaminus was named in the top six Chief Executives in the Health Service Journal's annual ranking of *NHS's top 50 provider Trust chief executives*. This ranking is recognition of Paul's leadership abilities and continued focus on patient-centred care, reducing inequalities and continuous improvement. Paul has led ELFT since March 2021.

4. Chair and NED Activities

- 4.1. Visits made by the NEDs since the last Board meeting include:

- Digital Team*
- East Ham Care Centre
- North Hackney CMHT*
- Community Children's Nursing Team*

* indicates a virtual visit

- 4.2. NEDs met with members of teams delivering critical services including clinicians, support colleagues, and managers. They took the opportunity to thank them for their professionalism, commitment, enthusiasm and meaningful contributions during the toughest health crisis this country has ever experienced.

In each of these visits, we learnt about what the teams were really proud of and how they are taking time to care for themselves as a team. The teams shared how the pandemic changed the way the services operates and how the services impact on people's quality of life. We also received feedback and helpful suggestions on how to improve services, which we follow up on with the relevant executive leads.

- 4.3. Following the Board Development Session attended by Michael Marmot on 28 April 2022, a short piece was published on social media and on the ELFT intra and internets announcing our ambitions to become a Marmot Trust. Professor Marmot's team used our post to announce their work with ELFT.
- 4.4. Our Marmot Trust work has identified that lack of access to a bank account can be a barrier to getting into good employment and is certainly a barrier to accumulating wealth. This is the case for those with no fixed address, but also for those who may not have been in the "system" for one reason or another. We are working with our communities to identify what those barriers are and I have initiated contact with UK banking regulators and the Chair of the UK Deposit guarantee scheme to consider how we can explore removing some of the barriers.
- 4.5. There continues to be demand from Trusts across the country to speak with the Chair and CEO about the achievement of the third consecutive outstanding rating from the CQC. Since the last Board meeting, we have met with the Chair and CEO of The Kent and Medway NHS and Social Care Partnership Trust and with the Cavendish Square Group of London Mental Health chairs. The discussions were broad ranging touching on the extensive preparations for inspections, how well the directorates know their services, inequalities and Trust culture.

5. Action Being Requested

- 5.1. The Board is asked to **RECEIVE** and **NOTE** the report for information.

REPORT TO THE TRUST BOARD IN PUBLIC

26 May 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 includes developments and Trust activities that impact on equalities for both staff and service users.
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	This report includes an update on the financial planning context for the Trust.
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 Coronavirus Update

- 2.1 The impact of COVID-19 has continued to reduce, with fewer inpatients admitted who are COVID positive (4 at the time of writing). Infection control measures remain in place, and have been updated to account for the latest national guidance in relation to newly admitted patients, isolation and monitoring. There is specific guidance to be followed for people identified as vulnerable due to health conditions that affect immunity, such as liver disease and renal failure.
- 2.2 Staff testing remains in place, and Lateral Flow Test kits are available at no charge via the Government portal. The wearing of masks is required by all staff as is wearing appropriate PPE, regular handwashing/sanitising and maintaining a 1-2 metre distance where possible.
- 2.3 *COVID Vaccines and Booster:* A COVID Booster is being offered to the over 75s and immunosuppressed at the Westfield COVID Vaccination Centre. First and second dose vaccines are also being offered to the 12-15 Year Cohort and the 5-11 Year Cohort. Vaccinations remain available to anyone who is not yet vaccinated, and we continue to encourage those who are not vaccinated against COVID-19 to receive a vaccination.
- 2.4 *People with Serious Mental Illness Remain Amongst the Lowest Vaccinated:* People with a serious mental illness remain one of the groups that is less likely to be vaccinated, and there are particular issues in some areas in North East London. In response to this, a specific programme of work has been started in partnership with primary care to target this group of service users, the COVID vaccine status of inpatients is being checked on admission with vaccine being offered, community contacts are being used to check vaccination status and a vaccination bus is attending key sites to deliver the vaccine.
- 2.5 *Vaccination Recruitment Event:* As the lead employer for the NEL COVID Vaccination workforce, the Trust is leading on the planning of an online Careers Day on 24 May 2022. Approximately 900 people joined the COVID vaccination workforce throughout North East London. For many, this was their first NHS job. The online Careers Day aims to offer access to over 30 health and social care employers in the region. It will also offer online training in applying for jobs, preparing for interviews and managing the interview. There will also be short films from people talking about their journey into the health service.

3.0 Service Pressures

- 3.1 There have been significant pressures on services over the last two months. These have been reflected in the volume of referrals into community teams across community health and mental health services. The number of people attending general practices also remains high. In-patient services have also experienced higher than usual occupancy levels during the last two months.
- 3.2 This pressure has been reflected across the NHS. Ambulance services have reported delays in responding to emergency calls and issues with transferring people into emergency departments. Emergency Departments have been experiencing very high

levels of activity, and acute hospitals operating at high levels of occupancy. There have been increases in waits in Emergency Departments and Section 136 suites.

- 3.3 ELFT staff in both community and mental health services remain very involved with local acute partners in assessing patients in Emergency Departments, including ensuring that where possible people can receive treatment at home. Our teams are also working on acute hospital wards to ensure that holistic care plans are in place, and to expedite discharge from hospital to community settings.
- 3.4 A task group has been established to bring together mental health and acute trust colleagues to focus on areas for innovation and service development in response to these challenges.
- 3.5 Thanks are due to all of those who continue to work to address these challenges, and to do so in a way that continues to provide person centred care.

4.0 Staff Survey 2021 Results

- 4.1 Despite the extremely challenging year our staff have endured during the COVID-19 pandemic, our staff survey results were positive. The survey was carried out in the autumn (2021) by the Picker Institute on behalf of the Trust to ensure anonymity. Overall, the Trust performed well when compared against peers, with the highest staff engagement scores amongst London mental health trusts, and amongst the highest in the country.
- 4.2 39 question responses were not significantly different to the previous year, six question responses were significantly better than the previous year and 11 question responses were slightly worse than the previous year. More detail about the Staff Survey will be presented in the People section of the Board meeting.
- 4.3 The Trust is above the Picker average in terms of the number of staff who would recommend ELFT as a place to work. Staff reported that they felt able to make improvements in their work and felt they were working well to share objectives. They reported that they feel involved in deciding changes that affect their work and feel that their appraisal helped to agree objectives for work.
- 4.4 Our less positive scores were around staff experiencing bullying and harassment or discrimination from patients/service users, their relatives or members of the public. In addition, staff reported feelings of burnout and shortages of staff in some areas. These areas reflect the importance of the work that is being done across the Trust on issues of equality, anti-racism, trauma informed approaches, and staff well-being, alongside the continued focus on effective recruitment to vacancies.

5.0 Becoming a Marmot Trust

- 5.1 ELFT is partnering with the Institute of Health Equity to become the first NHS 'Marmot Trust' and test the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment. This work has started at ELFT as part of our commitment to addressing health inequalities and promoting social justice for the communities we serve.
- 5.2 The work is based upon the ground-breaking Marmot Review report *Fair Society, Healthy Lives* by Professor Sir Michael Marmot which recognised that disadvantage and subsequent poor health starts before birth and accumulates throughout life.

- 5.3 Sir Michael set out eight principles to reduce inequalities. The eight principles are:
1. Giving every child the best start in life
 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives (education and training)
 3. Create fair employment and good work for all
 4. Ensure healthy standard of living for all (pay, income and financial support)
 5. Create and develop healthy and sustainable places and communities (environmental sustainability; healthy places; social isolation and community development and engagement)
 6. Strengthening the role and impact of ill health prevention
 7. Address structural racism
 8. Tackle climate change.
- 5.4 Several towns and cities have adopted these principles and become Marmot Cities. ELFT is now working to become the first Marmot Trust in the country. Adopting the Marmot Review principles and framework is a hugely exciting step forward in the delivery of our Trust strategy and our mission to improve the quality of life for all we serve.
- 5.5 We are piloting this work in Luton and Newham. We are working closely with our partners in local authorities, the voluntary sector and local businesses. In Luton, we are focussing on increasing access to good quality employment and training for young people and adults as well as our service users. In Newham the focus is on the wellbeing of children and young people and to prioritise children and young people's emotional, physical, social and learning development. All Marmot work will be developed using a collaborative approach, quality improvement (QI), people participation (PP) and health equity focus.
- 5.6 We are really excited to learn from all our partners in taking this work forward and to see how we can best contribute to improve the wellbeing of the populations we work with. Work already underway at ELFT

6.0 Cost of Living

- 6.1 Conversations are taking place within the Trust Executive and the Wellbeing Forum to explore how staff can be further supported in light of the cost-of-living challenges. This includes reviewing how we can adjust travel expenses, initiatives around food banks for staff and service users, interest free staff loans and access to effective and practical help for people. We also continue to operate the Hardship Fund. A wellbeing survey has been sent Trust wide so that staff can help to further inform the support we offer.

7.0 Health and Care Act 2022

- 7.1 The Health & Care Bill now has Royal Assent. This means that every part of England will be covered by an Integrated Care Board (ICB) and Integrated Care Partnership (ICP) building on the existing non-statutory ICSs across England. The ICBs will be going live on 1 July 2022.
- 7.2 The nomination process for membership of ICBs has now begun in both Bedfordshire, Luton and Milton Keynes (BLMK) ICS and North East London (NEL) ICS. In both ICSs, there is a place for a Trust representing mental health and community health perspectives on the ICB.

8.0 Mental Health and Community Health Services Alliance Development

- 8.1 With the Health & Social Care Act now having received Royal Assent, the Trust continues to work closely with system partners to mobilise Integrated Care Systems (ICSs), in line with the requirement for Integrated Care Boards (ICBs) to be in place for 1 July 2022.
- 8.2 In North East London, the Trust is working with North East London Foundation Trust (NELFT) and North East London CCG to mobilise our plans for a North East London Mental Health Collaborative, through which the two Trusts and the ICB will work in a much more integrated way to plan and deliver services for people with, or at risk of, mental health conditions in North East London. A key feature of our new way of working will be developing new and refreshed borough based mental health partnerships to plan to meet local needs with service users, carers, communities and partners. We will also develop new clinical networks/learning systems across the seven boroughs, where there are opportunities for our teams and professionals to share learning on what works best, and to identify and tackle unwarranted variation.
- 8.3 We are also working with NELFT, the Homerton NHS FT and Barts Health to develop our vision and plans for a community health services collaborative.
- 8.4 In Bedfordshire Luton & Milton Keynes (BLMK), we are working with health and council partners to develop the Bedfordshire Care Alliance, which will plan and deliver health services for the population of Bedford, Central Bedfordshire and Luton. We are also working with Central North West London NHS FT to build on and strengthen our existing mental health collaboration across the BLMK ICS.

9.0 Annual Planning

- 9.1 The Trust's Annual Plan process is continuing, with a revised date of 20 June 2022 for annual plan submissions. This follows the announcement of amended funding envelopes that seek to address some of the inflationary cost pressures that were manifest in previous planning submissions.
- 9.2 The Trust had submitted a plan that showed a small deficit driven largely by such inflationary pressures. We are currently in the process of revising this plan, in line with the new planning timescales and guidance. As part of this process, it is clear that agency cap requirements will be reintroduced to try and support best value for money in the use of temporary staffing along with other cost control measures including internal audit focus on financial control processes.

10.0 Big Conversation – Estates and Environment Plan

- 10.1 Work is continuing on the development of the Trust Estates and Environment Plan. As part of this development, the Estates team have been carrying out a consultation to gain the views of staff, service users/patients, carers, governors, members and the public.
- 10.2 Online meetings have taken place, and an online questionnaire was also available. The consultation was promoted via the ELFT website, social media, internal communications channels and *Trusttalk* magazine. All data collected will be collated and incorporated into the new plan which is due to be presented to the July meeting of the Trust Board.

11.0 Third Anniversary of The Lighthouse

- 11.1 May marks the third year that The Lighthouse has been operational in Leighton Buzzard. The Lighthouse is a co-produced mental health drop-in service staffed by fully qualified NHS mental health professionals and trained volunteers in Leighton Buzzard, Bedfordshire.
- 11.2 They provide face-to-face sessions outside of normal business hours and offer a warm welcome and caring approach to anyone feeling lonely and isolated, needing advice about their own mental health or concerned about someone else. They host a gardening project and a monthly quiz.
- 10.3 The team work in partnership with the Luton and Bedfordshire Recovery Colleges as well as other local charities and services. No referral is needed to the service. Attendees do not need to have a mental health diagnosis or live in Leighton Buzzard.

12.0 International Nurse Recruitment

- 12.1 The Trust welcomed three nurses from India who have joined ELFT as part of an international nurse recruitment initiative lead by NHSE. The nurses were personally welcomed at the airport by two lead nurses from ELFT and settled into their accommodation. They will be working in Bedfordshire Community Services.

13.0 Key Changes in Leadership

- 13.1 *New Role for Chief Medical Officer:* Dr Paul Gilluley, our Chief Medical Officer has been appointed to the new role of Chief Medical Officer at the new North East London Integrated Care Board. Paul has been at ELFT for a number of years, in critical leadership roles in forensic services and more recently as Chief Medical Officer. He played a crucial role during the COVID pandemic providing clear guidance to staff throughout and in his leadership of the vaccination programme in North East London. I would like to thank him for all his leadership both in forensic services and as Chief Medical Officer for the Trust.
- 13.2 *Interim Chief Medical Officer Appointed:* Dr David Bridle, our current Medical Director for London, will step into the role of Interim Chief Medical Officer for the Trust at the end of May. David is a Consultant Psychiatrist who has worked in a number of leadership roles within the Trust, including as Associate Clinical Director in Newham Mental Health Services, Clinical Director in City and Hackney Mental Health Services, and, most recently, as the Medical Director for London Mental Health Services. His recent clinical work has been within the Primary Care Liaison services.
- 13.3 *New Role for Chief Financial Officer:* Our Chief Financial Officer and Deputy Chief Executive, Steven Course, has been appointed to the new role of Chief Finance Officer for Norfolk and Waveney Integrated Care Board. Steven has been in the Trust for a number of years, both as Chief Financial Officer and Deputy Chief Executive. He has not only supported us as an organisation to deliver good value for money, but has done much to develop and support the Trust in its work, particularly in the BLMK system. I would like to thank Steven too for all his leadership as both Deputy Chief Executive and Chief Financial Officer.
- 13.4 *Interim Chief Financial Officer Appointed:* Samanthi Gibbens has been appointed as Interim Chief Financial Officer for ELFT. Samanthi joined the Trust in April 2022 as Deputy Director of Finance, having held Assistant Director of Finance roles at Whittington Health NHS Trust and Camden & Islington Mental Health Foundation Trust during the last eight years. She has gained a broad range of experience over 20 years

across the health sector including the Department of Health, London Regional office, North Central London Strategic Health Authority and East & North Hertfordshire NHS Trust.

13.5 *New Director of Social Work:* Mary Brazier started as Director for Social Work in April 2022. Mary qualified as an ASW (Approved Social Worker) in 2001 and continued to practice as an AMHP until this year. She is the co-chair of the British Association of Social Workers (BASW) England Mental Health Thematic Group. Mary has come from Oxford Health NHS FT where she was the Trust's first Associate Director of Social Care in 2018.

13.6 I would like to take this opportunity to welcome David, Samanthi and Mary into their new role.

14.0 Awareness Days

14.1 There have been a number of important awareness days during the month. The first of these was *National Administrative Professional Day*. The Trust marked National Administrative Professional Day on 27 April with an online event attend by around 300 administrative staff. The event featured a film montage showing various people from across the Trust saying Thank You to their administrative colleagues. The event featured live tributes and information about plans to create a formal administrative career pathway and training structure for this important part of the ELFT workforce.

14.2 *International Nurses Day:* An online event featuring a programme of presentations took place on 12 May to celebrate nurses in the Trust. The event led by Chief Nurse and Deputy CEO Lorraine Sunduza, showcased the Trust's Queen's Nurses, New Advanced Clinical Practice roles, Advanced Care Planning, Admiral Nurses, Professional Nurse Advocates and more.

14.3 *Dying Matters Awareness Week:* Staff across the Trust hosted pop-up stalls to talk to colleagues and visitors about the important of end of life conversations and planning. Personal accounts of care planning, bereavement and loss written by staff were publicised on the ELFT website and on social media. Thank you to everyone who took the time to write or talk about this sensitive subject.

14.4 *Mental Health Awareness Week:* The theme for this year's Mental Health Awareness Week was loneliness. This was an opportunity to promote the Trust's Befriending Service and the part it can play in reducing loneliness in our communities. The service is open to anyone over the age of 18 using our services and can be access via the ELFT telephone befriending service.

15.0 Action Being Requested

15.1 The Board is asked to:

- **RECEIVE** and **NOTE** the report for information

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Quality Assurance Committee: 9 May 2022 – Committee Chair's Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director and Chair of QAC
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 9 May 2022.

Key messages

Covid-19 Update

- Currently whole of NHS remains at level 4 incident management; however, the government is currently reviewing whether this should be lowered. Full infection control measures are in place both in our clinical and corporate services
- Although continuing to see a reduction in the number of our service users and staff testing positive for Covid, many staff members are experiencing mental health challenges
- There continues to be a high demand on all our services with a high level of activity and occupancy levels around 95%
- As part of system working are currently working on winter planning for 2022-2023, taking forward the learning from the last two years.

Prevention of Future Deaths

- Assurance was provided that following the two incidents, SI investigations were immediately undertaken and actions put in place to address the areas identified as requiring improvement. These action plans are reviewed and updated following the issue of the Coroner's report
- Assurance was also provided that the Trust will provide feedback to the Coroner on his/her assertions where appropriate
- *An update on the PFDs included as an agenda item at May Trust Board meeting in public*

Learning from Deaths Q4

- There were 595 deaths of which 496 were unexpected and 99 unexpected deaths
- Of the 99 unexpected deaths, 18 resulted in SI investigations
- Eight of the 31 inquests opened in the quarter were concluded; with two Coroner's verdicts of suicide
- Main areas identified for learning from the SIs and inquests included disruption of service delivery may have been caused by change of care coordinators in a short space of time; failure to complete observations and four week medication review on discharge from the ward; no follow up appointment and no place in place for support
- There were 14 learning disability deaths, all notified to the Learning Disability Mortality Review (LeDeR)
- There were 19 reported Covid-19 related deaths; all the deceased had underlying health conditions and were receiving palliative or end of life care
- 177 Structured Judgement Reviews were completed for 177 of the expected deaths. Overall cancer was the most common cause of death in both males and females, and deaths were higher in males
- Assurance was provided that the themes will be triangulated across the Trust to ensure increased compliance with follow up protocols as well as improved communications.

Patient Safety

- Report provides assurance that following reviews, issues and learning are being taken forward and monitored through action plans

- Challenges with completion of reports primarily due the high level of staff absences. The position is monitored at weekly grading meetings and a recovery plan is in place
- Consideration to be given to providing an overarching quarterly patient safety report that will combine both the Learning from Deaths and Patient Safety reports; this will be taken forward by the Director of Patient Safety as part of the Trust's patient safety strategy.

Quality and Safety Ockenden Report

- The Ockenden review into the Shrewsbury and Telford Hospital NHS Trust maternity services outlined 15 immediate and essential actions to improve maternity care across England for Trusts with maternity services requiring Board oversight; the actions focus on maternity services but there are clear links to perinatal mental health services
- ELFT perinatal services comprise of an inpatient perinatal service and community perinatal services; in addition the Trust is piloting Ocean, the new maternal mental health services
- A key recommendation that the Trust will be focusing on is sharing and embedding learning across the networks and systems
- Although not covered in the Ockenden report, will be focusing on health inequalities in maternity and perinatal services linking into the Trust's work on the Core20PLUS5 approach to reducing health inequalities.

Adult Mental Health Services

City & Hackney

- Achievements
 - Despite continuing bed pressures and length of stay challenges, received positive feedback from service users and carers on maintaining high quality safe inpatient care
 - A number of national accreditations achieved against the backdrop of another challenging year
 - Eight neighbourhood teams established working with primary care networks and local place communities to delivery community based care
 - Complex needs transformation work
- Key issues and variations:
 - Clinically led improve patient flow group established to understand reasons for variations in patient flow (time from referral to appointments which has seen a significant increase since the pandemic) and ADHD demand and capacity, to oversee further improvements and ensure clinical ownerships
 - Significant increase in crisis line calls partly due to increase social isolation exacerbated by the pandemic
 - Embedding neighbourhood approach and working with partners, stakeholders and service users to understand the effectiveness of this approach
 - Challenges with recruitment across the service
 - Staff burnout and exhaustion with the service taking a renewed focus on staff wellbeing.

Newham

- Achievements
 - Working in collaboration on transformation; have operationalised six CIMHS teams and working with London Borough of Newham to improve adult and older adult discharge
 - New service developments including MBTD service now in operation and ASD offer in development
 - Innovation in recruitment with a QI project with Our Newham
 - Improved waiting lists and returning to face to face as the first option for all community appointments
- Key issues and variations:
 - Health inequalities across mental health services, e.g. investment and commissioning gaps (to manage ADHD demand and capacity)
 - Workload pressures, limited resources and multiple priorities can lead to variable responses in quality of care
 - Recruitment difficulties and vacancies create a variation to the staff models – taking a more creative risk approach

- Waits are outside the desired levels for memory clinic and SPS
- Reviewing to ensure estates are fit for purpose
- Staff wellbeing with the service taking a renewed focus on staff wellbeing

Tower Hamlets

- Achievements
 - Service accreditations
 - Positive feedback following CQC visit in older adult services
 - Community transformation continues at pace with closer working with PCNs
 - Developing relationships with local communities and the voluntary sector
 - Bed management (not using private sector)
- Key issues and variations:
 - Have a working project in inpatient services to Improve care planning and embedding Diaolg+ consistently across community and inpatient services
 - Teams are working with communities to provide equality in access for different services
 - High bed occupancy
 - Staff fatigue due to pandemic response, and difficulties in staff recruitment to some services.

Board Assurance Framework: Improved Experience of Care – Risk 4

- **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*
- Although Covid-related pressures and disruption are declining, demand for services remains high in crisis services and bed occupancy consistently high above 90%; therefore no changes to the risk score.

Previous Minutes

The approved minutes of the previous meeting are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Quality Report
Author/Role	Auzewell Chitewe, Associate Director of Quality Improvement Katherine Brittin, Associate Director of Quality Improvement Duncan Gilbert, Head of Quality Assurance
Accountable Executive Director	Dr Amar Shah, Chief Quality Officer

Purpose of the report

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is contained within the integrated performance report, which contains quality measures at organisational level.

Committees/meetings where this item has been considered

Date	Committee/Meeting
	None

Key messages

The quality assurance (QA) section of this report triangulates insight from a range of different sources of intelligence and feedback, for the 9-month period from August 2021 to April 2022. The key strengths that emerge are of service users feeding back positively about being listened to and cared for well. Staff have fed back their positive experience of feeling supported within their team, and being able to contribute to continually improving their service. The main themes emerging that represent opportunities for improvement relate to feedback about waits for access to services (telephone calls and appointments), the provision of information and the environments in which care is provided. Staff have fed back about having to wait longer than expected for IT equipment, the digital infrastructure, the environment in which care is being provided and the challenges with recruitment to vacant posts.

The report provides detail about the work that is already ongoing to reduce the length of time people wait to be seen by our services, the improvements to our estate that have taken place, the improvements to our digital infrastructure and the mechanisms for assuring and improving the quality of information that is available for service users.

The quality improvement (QI) section provides a summary of how we are applying QI to achieve our strategic objectives as a Trust. There are signs of positive application of quality improvement within teams, both within the structure of a project to solve a complex problem, and also within everyday thinking and work.

The Pursuing Equity programme has just launched, with 24 teams taking part. This will provide support to teams to identify areas of disparity, and apply coproduction and quality improvement to address these inequities. A programme on Optimising Flow is due to launch next month, which will support services and pathways to utilise coproduction and quality improvement to manage demand and improve access in innovative ways.

Efforts to equip all staff with improvement skills and capability are integral to creating an environment where our people have agency to improve outcomes and experience for our service users. The report details the work underway to deepen and extend our improvement capability across the Trust.

With respect to improving value, the report outlines how we are applying quality improvement within our Green plan, and supporting financial viability in their work with teams to identify and remove waste.

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	Marmot Trust work
Improved experience of care	<input checked="" type="checkbox"/>	Large scale QI programmes on pursuing equity, and tackling waits and flow
Improved staff experience	<input checked="" type="checkbox"/>	Supporting team health and wellbeing, and improving the experience of new starters
Improved value	<input checked="" type="checkbox"/>	Environmental sustainability and reducing agency spend

Implications

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly identify or address inequity or disparity.
Risk and Assurance	There are no risks to the Trust based on the information presented in this report. The Trust is currently compliant with national minimum standards.
Service User/ Carer/Staff	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance. However, nothing presented in this report which directly affects our finances.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1. Quality Assurance (QA)

- 1.1. In September 2021 we conducted a thematic analysis, triangulating various data sources to provide an overview of quality issues emerging during the 12 months from 1 August 2020 to 31 July 2021. This report presents a similar, follow-up, analysis, to examine what has changed since then in terms of the context of experience as well as the impact of actions taken to improve. It covers the 9-month period from 1 August 2021 to 30 April 2022.
- 1.2. As previously, the report brings together the thematic findings from Patient Experience Reported Measures (PREM) and Executive Walkrounds, along with complaints, feedback received via 'Care Opinion' (a website on which anyone can share their experience of care, in their own words) and the findings of the recent 'People Pulse Survey' which has enabled staff to provide their feedback.
- 1.3. Each walkround features a conversation that is structured around standard questions:
 - a. What are you proud of as a team?
 - b. What gets in the way of you enjoying your day at work?
 - c. What are you working as a service to improve?
 - d. Are you aware of the Trust's new strategy? What work are you doing or thinking about doing that would improve the health of the population you serve?
- 1.4. Our PREM surveys typically ask service users to rate the following statements based on their experience of care:
 - a. I feel listened to by the team
 - b. I feel I have been given enough information regarding my care
 - c. I feel involved in decisions about my care
 - d. The professionals involved in my care talk to each other and work well together
 - e. What can we do to improve the care we offer?

2. Feedback from Executive walkrounds

- 2.1 Analysis of this data by service type and directorate has shown that the themes of feedback during this period were very similar across all services visited. Below are the key themes:

What are you proud of?	What gets in the way?
<p>The team</p> <ul style="list-style-type: none">- Working well together- Supportive and flexible- Proud to be working in the team <p>Innovative adjustments to the pandemic.</p> <p>Working together with service users</p> <p>The positive feedback received from service users and carers</p>	<p>IT Challenges</p> <ul style="list-style-type: none">- Connectivity- Old equipment- Long waiting times on orders- Not knowing what support is available <p>Challenges arising from the ways of working adopted during the pandemic</p> <ul style="list-style-type: none">- Digital poverty among service users- Challenges with working remotely <p>Extent of workload</p> <p>Quality of the working environment</p> <p>Recruitment difficulties, leading to staff shortages</p>

3. Feedback from People Pulse Survey

- 3.1. As of January 2022, NHSEI has mandated a new national quarterly pulse survey. The nine core questions are mandated. For this quarter, the survey launched on 4 January 2022 and ran until the 1 February 2022. The questions were different to the previous survey, which looked closely at staff wellbeing and support. Therefore, meaningful comparison is not possible. Detailed analysis of this data is contained in the People report.
- 3.2. Overall observations from the survey are:
- Staff continue to feel that patient care is the trust's top priority and that they are able to make suggestions and improvements to enhance care provision
 - There is a slight disparity in that respondents were less positive about looking forward to going to work compared to how enthusiastic they were about their job, which may be worthy of exploration.

4. Feedback from Patient Reported Experience Measures (PREM)

- 4.1. During the past 12 months, mainstream services (excluding the mass vaccination centre) have collected around 900 responses from service users each month. The table below outlines the themes from analysis of qualitative PREM feedback:

What has worked well?	What could have been better?
- Friendly, caring and kind staff	- Long waiting times – for phone to be answered and/or appointments
- Staff keen to help and care for service users	- Communication between staff
- Service was efficient	- Inconsistencies among staff, some not as understanding and good at listening
- Service is informative, respectful and professional	- Service needs more staff
- Clear information provided	- Staff would benefit from additional training/skills

5. Care Opinion

- 5.1. The number of people using Care Opinion to give feedback is currently fairly low, around ten in the last 12 months. However, this open means of collecting feedback means that the data is rich in detail. With such low numbers, whilst thematic analysis is less valuable, there is useful detail about the impact of poor or good experience, which is acutely felt and clearly articulated.
- 5.2. The service users providing negative feedback on their experience were most often frustrated by:
- Poor access to services and/or cancelled appointments
 - Poor 'customer care'
 - Disappointment with the standard of care provided
 - Not feeling effectively communicated with
- 5.3. The service users providing positive feedback were happy that:
- They felt a good rapport with their care giver
 - They experienced positive outcomes to their care and treatment

- 5.4. Since April 2022 the Trust has enhanced its subscription to Care Opinion, opening up greater functionality and support. The Quality Assurance Team is currently leading a project, working with clinical services and their service users, to engage with the platform and optimise it as a means of understanding, learning from and responding to patient experience. We expect the quantity and quality of feedback to increase across the trust over the next 12 months.

6. Complaints data

- 6.1. The key themes from complaints over the 9 month period were:
- Communication / information provision
 - Attitude of Staff / Customer care
 - How individual care is managed and coordinated
 - Access to Services and waiting times
 - Diagnosis and treatment.
- 6.2. The themes from complaints have remained consistent for some time and appear unaffected by the Covid pandemic. However, the average number of complaints received each month increased during the pandemic to an average of 44 each month. There are early signs that this may have reduced over the last nine months.
- 6.3. Some further feedback is received via informal channels, such as social media. Social media platforms are monitored by the Communications Team, and responded to as appropriate. Such feedback is not formally collated, but when items of feedback amount to complaints or compliments, they are channelled to those internal process.

7. Looking at the data in the round

- 7.1. Bringing together all five data sources, it is evident there are common themes across the spectrum of data visible during this period:

Strengths to build on	Areas for improvement
<ul style="list-style-type: none">- Many service users feel listened to and cared for- Many service users experience a well organised and efficient service- Many staff continue to be motivated to provide a great service- Staff continue to feel able to bring about improvements- Services and service users continue to work in partnership	<ul style="list-style-type: none">- There are long waits for some services- Some staff and service users remain dissatisfied with the environments in which care and treatment are provided- Staff and service users are experiencing the impact of challenges in recruitment, leading to shortage of staff, waits or cancellations of appointments, and perception of overworked or stressed staff.- Information provision and communication with service users and carers is very important and could be better

8. Actions taken to improve

8.1. Access and waiting times

The pandemic has had a considerable impact on service users, staff, and services and one aspect of this has been an increase in waiting times. This has been related to increase in demand for some services, the need to redeploy or prioritise capacity to certain services

during the acute waves of the pandemic which then created backlogs of referrals, and the impact of staff absence and difficulties recruiting, which have reduced service capacity. The recent challenges with ambulance and emergency department waiting times may also be impacting on the feedback about patient experience that we receive. We are also seeing unprecedented demand in our primary care services, which is likely impacting on patient experience.

Across East London NHS FT, we are continuing to apply our quality improvement method to help us solve the complex challenge of managing increased demand and longer waiting lists, working through the issue systematically and involving our staff and service users to help understand the system and identify new ideas that we can test. Services with longer waits and backlogs than normal have robust recovery plans in place, which are monitored locally within directorate management teams. There are standard principles in place to ensure that all community-based teams prioritise and triage referrals in a consistent way, and to ensure that we are monitoring and preventing risk of harm for those that are awaiting assessment and/or treatment. There is regular oversight of waits, demand, access and backlogs within directorate management meetings and through our internal performance management system. This is complemented by ensuring that our teams have access to high quality data so that they have a robust understanding of who is waiting for care, and how long they have been waiting. Assurance on our progress with reducing waits for our services is contained within the performance report to the Board.

8.2. **Environment**

Over the last year the trust has completed 35 Capital schemes, and 4 maintenance projects with a total capital spend of £14.5m. The Estates team has used the NHS Property Appraisal 6 facet survey to prime estates in regard to use, condition and compliance with health technical memoranda, and reviewed estates governance and risks. In response the team has:

- Established an estates leadership group
- developed incident management procedures
- held an Estates away day

In addition, we have mobilised and onboarded OCS as our new soft services provider. OCS has plans to invest in the new partnership, offering a central facilities management hub which will improve food choice and ordering to provide a better service user experience, as well as providing a space for laundry facilities.

The new Estates Strategy will continue to focus on ensuring that areas of patient care are to an appropriate standard, within the confines of our available capital, and on a prioritised basis. The Estates Strategy refresh has been commenced, with a draft document aiming to be completed in early 22/23. This will be monitored and audited by a steering group and will have sign off through the FBIC and Board. Currently a number of stakeholder sessions are taking place with staff and service users to gain their views and ideas of how estates may be improved and future proofed.

Four workshops were held across London and Bedfordshire at the end of April, seeking feedback from staff and stakeholders on such questions as:

- Are our services in the right locations?
- Are our buildings efficient and do they support our carbon objectives.
- What is important to people when they visit our premises?
- Are there new design and architectural ideas out there that we should be investigating?
- Have we got the right type of spaces for staff to take breaks and rest?
- Do our buildings create a calm and therapeutic place for people to be treated and cared for?

- Do they help staff to do a good job?

A new forum of collaboration and regular update / feedback will be established between Chief Operating Officer, Chief Nurse, Chief Financial Officer and Director of Estates to openly discuss and resolve estates, estates operations and estates environment matters.

8.3. **Recruitment**

The Trust generally carries a vacancy rate of between 6 to 9% which is viewed as 'healthy'. However, there are areas and/or roles that are particularly difficult to recruit to, and retain staff in, leading to a vacancy rate higher than this. For example, vacancy in Community Health Services can be higher than 15%. We also know that community nurses, GPs, psychologists, occupational therapists are all in high demand within the labour market.

To address the areas and professions that experience particular challenges, a Trust recruitment and retention strategy exists. A delivery group is chaired monthly by the Chief Operating Officer and reports via the People Delivery Board and the Board's remuneration committee. The purpose of the group is to take a locality / place-based approach to reviewing and enabling strategies that contribute to:

- Agency reduction/usage
- Bank transfers to permanent contracts
- Scrutiny of, and support for, the workforce plan of new roles/services as a result of new funding
- Recruitment strategy more generally for existing vacancies, ensuring that ELFT has a strong employer brand and a reputation for the best place to work
- The Trust's 'anchor institution' agenda
- Reduction in turnover.

Currently the working sub-groups are prioritising two quality improvement; one of which aims to reduce time to hire and the other aims to improve candidate experience by ensuring everything is ready for new starters on day one.

Newham have been able to recruit 40 successful appointments for local Newham residents and the Coborn adolescent unit has achieved a step change from reporting regular staff shortages to a healthy vacancy rate. The group are also working to increase involvement in a Trustwide work experience programme and T-levels to encourage young people into NHS careers.

The group are working on increasing awareness of new role such as physician associates and prescribing nurses that may be able to offer an alternative means of closing staffing gaps. Remuneration also features as a workstream and 'career progression grades' and 'golden hellos' are currently being reviewed and scoped as possible incentives for candidates to choose ELFT.

8.4. **Communication and information provision**

There are some good examples of services working innovatively to improve effectiveness of communication with, and information provision for, service users and their carers.

For example, in Tower Hamlets Community Health Services, the Continence Service user group is revising the information that they provide with a view to simplifying it and ensuring that the messages are clear and easily understood. As part of this work, the management team have now involved the local Working Together Group in reviewing and providing friendly challenge to the content of information leaflets. The Continence Group is also putting together an annual plan of events that they intend to visit to share information about their service.

Community health services are also creating short videos to tell the local community about the services they provide, and how to access them. The Continence service have just completed their video, and further clips are in the making for Care Navigation, Falls Prevention and the Gardening for Health group.

Information provision features as a standard in our internal CQC self-assessment process and the Service User Led Accreditation programme. This helps us ensure that all services have information available, and provides a service user perspective on the quality of the information provision. The programmes also highlight good practice that can be shared and support services to close any gaps and raise standards through the resulting action plans.

8.5 Digital infrastructure

A full network and infrastructure equipment survey has been completed by an independent third party. This is now entering a business-as-usual cycle integrated into Digital change control processes, regular weekly virtual surveys and monthly physical onsite visits. Insights gained from this in-depth source of knowledge is beginning to be utilised for data-driven decision-making in a range of areas from incident response to service improvement programme and financial planning.

The Wi-Fi improvement programme continues to address critical areas of failure, with many more sites having end of life Access Points replaced and heat map surveys completed. In parallel there is a programme board being formed to govern the developing plans for the future state which includes the installation of new wi-fi controllers and 250 modern Access Points. The first year of our digital strategy has now been delivered, with a review due to take place at the digital strategy board. The second year will encompass a deeper dive into specific areas, starting with our primary care services.

Cyber security continues to be a major area of concern with attacks increasing in volume and complexity. To address the high threat levels, an industry leading software has been procured and is currently in the build and test phases. It is anticipated that this will 'go live' early in quarter 2 and subject matter expert contractors are in place to support this.

9.0 Quality Improvement

Quality improvement is an approach applied by people across ELFT to identify and solve problems, with staff, service users and often external partner agencies collaborating around a shared goal. Over 100 quality improvement projects are active at any time, reflecting the extensive use of quality improvement on 'what matters most' to our service users and staff at team level. This report focuses on providing assurance to the Board on the application of quality improvement to help deliver our strategic objectives.

9.1 There is increasing evidence of use of quality improvement (QI) in all aspects of work, extending beyond QI projects. Examples include:

a) *Use of tools to understand and make changes in a system*

- In City & Hackney, process mapping has been used to understand how pathways are working within the neighbourhoods as part of the community mental health transformation programme
- Bedfordshire Crisis teams have been using driver diagrams to develop their change strategy and Plan, Do, Study, Act (PDSA) cycles to test ideas for COVID secure work in non-inpatient settings
- The Trust-wide end of life care steering group have used driver diagrams to help develop their strategy

b) *Structural changes to create capacity for improvement*

- Bedfordshire Wellbeing Service has included time for improvement as part of job planning
 - Pathway 2 Recovery addiction service is encouraging people to use QI to “try just one thing” differently in their area of work.
- c) *Opportunities for learning and storytelling*
- Community Health Services have developed a Microsoft form to gather and share stories of improvement
 - Newham Mental Health management team are creating an improvement wall in their management corridor to share stories and engage teams
 - Tower Hamlets learning disabilities service is working with quality and performance managers to help use data more effectively for decision making
 - Forensics senior management team are supporting teams to use PowerBI to help them understand their service and areas for improvement. Teams regularly use root cause analysis tools and the use of small focused ‘huddles’ are widespread across the directorate.

10.0 Improved Population Health

ELFT is working towards becoming a ‘Marmot Trust’ which will play an important role in promoting a fair society and reducing inequalities in our local communities. The work is being tested in two areas. Luton is focusing on improving employment opportunities while Newham’s focus is on ensuring children and young people have the best start in life. Two recent workshops were held and the public health team are being supported by QI to design the work, with change ideas, measurement, and a learning system.

11.0 Improved Experience of Care

11.1 *Addressing Inequalities*

The ‘Pursuing Equity’ QI programme was launched in April with the aim of supporting teams to identify inequities in access, experience, and outcomes for service users and staff and to use quality improvement to generate and test ideas to address this.

The first session was attended by 40 participants, representing 24 teams across the Trust. The teams are working towards improving access and equity in health services for service users and staff from the Black, Asian, and Minority Ethnic (BAME) community, the LGBTQ+ community, women, veterans, and the elderly. Below are a few examples of the teams that attended and what they are working on:

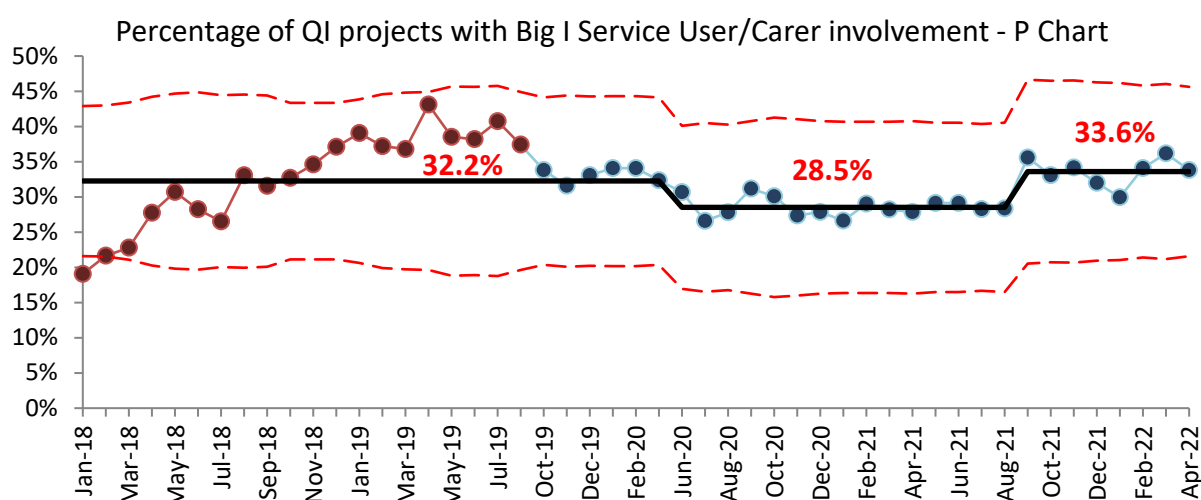
- Newham mental health services are seeking to improve access to care for children and young people from diverse ethnic communities.
- The Veteran’s Alliance is working towards improving accessibility for veterans and their families to IAPT services and have successfully tested staff identifying veterans at the point of referral.
- Forensics are working towards improving equity for female inpatients so that they have access to the same facilities for physical activity as males
- The LGBTQ+ network is working on increasing awareness of the network and improving their reach
- Bedfordshire and Luton services are aiming to increase representation in the eating disorder service.
- Mental health services in Newham and Tower Hamlets are aiming to improve access for those from ethnic minorities
- The Bedfordshire and Luton people participation working together group are working on an anti-racism project
- Primary care is working to improve access to cervical screening and are testing using outreach centres

All these teams will have access to support from quality improvement, people participation and public health. The first steps are to ensure meaningful service user involvement, and accessing quantitative and qualitative data to get a better understanding of the issue.

11.2 *Build approach to co-production and people participation*

The people participation team and the QI department continue to collaborate to improve service user involvement in quality improvement work. Across the Trust, Big I involvement in QI projects (where there is a service user or carer as an active and equal member of the improvement team) has improved from 28.5% to 33.6%. Some of the change ideas that have contributed to this are:

- Sponsors, Improvement Advisors and QI Coaches pro-actively supporting service users and carers to lead improvement work and projects
- Directorate management teams have made the meaningful involvement of service users a requirement for project approval
- QI training to all people participation leads (PPL) and highlight training at all Working Together Groups so that PPL's have a good understanding of improvement and can apply to their daily work
- The Head of People Participation has co-designed and facilitated the people participation areas of all QI training programmes



11.3 *Reducing waiting times and improving access to services*

The Optimising Flow QI programme, designed in partnership with performance, people participation and the QI department, launches in June and will support teams to apply quality improvement in order to manage demand, improve flow and access to services. 27 teams have registered so far, with representation from the majority of directorates across the Trust.

Directorate	Teams	Area of improvement
Bedfordshire and Luton Community Mental Health	2	<ul style="list-style-type: none"> • Biggleswade and Dunstable teams are seeking to manage the number of referrals within their existing resources
Bedfordshire and Luton Crisis Mental Health	1	<ul style="list-style-type: none"> • Psychiatric liaison team will work on improving communication and patient pathway flow
City and Hackney Mental Health	5	<ul style="list-style-type: none"> • Maternal mental health services focusing on managing referrals and waiting lists for their psychology service

Directorate	Teams	Area of improvement
		<ul style="list-style-type: none"> Learning disabilities team working on reducing waiting times for interventions for service users in Hackney and ensuring service users get the right service at the right time Specialist psychotherapy services are reviewing caseloads, administrative process, induction process and use of rooms
Tower Hamlets Mental Health	1	<ul style="list-style-type: none"> The psychological therapies service is working on reducing waiting times for second appointments
Newham Mental Health	2	<ul style="list-style-type: none"> Ruby triage ward is working on patient flow through inpatient unit and managing admissions Ivory ward is working towards improved recruitment and retention of staff
Community Health Bedfordshire	2	<ul style="list-style-type: none"> Therapies teams will work on improving the percentage of people receiving treatment within 18 weeks
Community Health Newham	2	<ul style="list-style-type: none"> The musculoskeletal (MSK) physiotherapy team are seeking to reduce waiting times for follow up appointments The foot health service is working on improved management of large waiting list with reduced capacity and recruitment issues
Community Health Tower Hamlets	5	<ul style="list-style-type: none"> The Continuing healthcare team are seeking to improve flow and time taken to achieve nursing home placement The admission avoidance and discharge service are testing developing therapy assistants to manage demand The Living well team are improving flow of reablement patients The extended primary care team will test ideas to reduce inappropriate referrals The Continence service is seeking to reduce waiting times for assessment and treatment
Forensics	1	<ul style="list-style-type: none"> The administrative team at the John Howard centre are trying to improve workflow efficiency
Primary care	1	<ul style="list-style-type: none"> The directorate management team are working towards improved recruitment and retention of staff
Specialist services	4	<ul style="list-style-type: none"> The child development service are working towards reducing non-attendance at appointments East London Community Eating Disorders are working on improving demand and capacity Newham CAMHS are focussing on improving the processing of referrals and management of allocation within the service

Below are some examples of ideas already being tested by these teams:

- Primary Care has reduced their vacancy rate from 22% to 16% with an aim to get to 10% by December 2022. They have tested improving clarity in messaging and created a staff wellbeing champion to better understand what matters to staff to improve retention.
- Community Health Tower Hamlets 'Living Well' service is planning cross-prescriber training to ensure increased capacity to manage demand
- IAPT are testing using virtual appointments with staff based remotely in other parts of the country to improve capacity and to meet demand

12.0 Improved Staff Experience

12.1 *Building improvement capability*

The Trust strategy aims to “develop and build the workforce by offering lifelong learning”. Building improvement capability for staff and service users gives people a way to improve their experience and outcomes, which impacts on engagement and joy in the workplace.

Over the next two months, each directorate will identify the next group of staff and service users to develop improvement skills at different levels of depth. To support this, dashboards are available for each directorate to see their QI skills by staff band, by gender and ethnicity to ensure that we are supporting and enabling equitable access to improvement training.

12.2. The Trust provides three main QI trainings:

Pocket QI, a one-day foundation level training that all Trust staff and service users can attend, so that everyone across the Trust is equipped with the basic skills to enable involvement in improvement. Pocket QI is a crucial first step into how we improve at ELFT. Pocket QI has returned to a face-to-face format, and is also available virtually to external participants.

Improvement Leaders Programme, a five-day course over six months, wrapped around application to a real-life quality issue. Wave 11 completed at the end of April with 84 staff and service users graduating from the programme, which adds to over 1150 people trained at this level since 2014. Work that has been supported through this programme includes:

- Informatics department has improved access to self-service data analytics (PowerBI) across the Trust, trebling the number of staff accessing and using data, through conducting live interactive workshops and offering staff support sessions.
- Newham Mental Health has seen a 28% improvement in the proportion of accurate 'on call' handovers from junior doctors and has reached 100% in the last seven months
- IAPT has been working to improve the quality of service for long covid sufferers by offering a long covid group, increasing clinicians' confidence in treating those with covid and improving their data quality.

Participant feedback from the Improvement Leaders Programme demonstrated that 100% of the 66 respondents felt it was 'very likely' or 'likely' they would use QI to help work through complex issues (with 49% responding 'very likely'). 85% agreed or strongly agreed that they felt able to lead a QI project and 85% agreed or strongly agreed that their learning would help improve outcomes in their area of work. Dr Guatam Bagga (GP clinical lead), stated *"I feel better equipped using QI methods especially when analysing data which has helped for informed decision making in my area"*.

Improvement Coaching Programme trains staff and service users to take on the role of a QI coach. The Trust has over 100 active QI coaches who support teams with their quality improvement work. Recently two service users who are now qualified QI coaches with lived experience have been appointed within Bedfordshire and Luton crisis and inpatient services, with another QI coach due to graduate in the current cohort. This will promote service users to become more actively involved in improvement. 25 new QI coaches graduated in May as part of the 7th cohort of this programme.

13.0 Improved Value

13.1 Environmental Sustainability

A priority for the Trust is to improve environmental sustainability, through the Green plan, which is being supported by quality improvement. There are now six workstreams, each with a change strategy visualised with a driver diagram, identifying key areas of focus.

An initial focus has been on a pilot site at Beech Close. The pilot site has been testing change ideas around energy consumption, such as switching to alternative energy efficient lighting and using timer switches to reduce energy waste. A QI project across pharmacy sites is focusing on waste reduction. They are exploring using alternative low

carbon medicines. In addition they are in the process of reprocurring contracts to suppliers that have a lower carbon footprint and are developing a measurement plan around medication carbon usage. Sustainability is also being integrated into all QI training offers.

13.2 *Financial Viability*

This month, the financial viability team is launching the first of three workshops, with intent to support staff to use QI to identify and tackle waste, increase productivity, and reduce cost. So far, ten teams have signed up, including people participation, corporate governance and infection prevention and control. Teams will be supported to test ideas and measure impact. The intention is that these sessions will be a test to scale up Trust wide. To support the learning, waste workshops will be offered bi-monthly across the Trust for any departments seeking to reduce waste in their area starting in July.

14.0 **Celebration**

To recognise and celebrate quality improvement work across the Trust, individuals and teams have been supported to submit their work for upcoming awards. A project on Morrison ward focused on physical health which has achieved an aggregate weight loss across the unit has been nominated for RCPsych 'QI team of the year' award and the Nursing Times 'nursing in mental health' award. City & Hackney integrated learning disabilities service has reduced time from referral to allocation by 93% and time from referrals to assessment completion by 77%. This work has been nominated for the RCPsych 'QI team of the year' award and the HSJ 'patient safety' award. One of our QI coaches with lived experience has been nominated for the RCPsych patient contributor award. The ELFT quality department (QI and QA) has been shortlisted for the quality team of the year award at the International Quality Awards.

15 **Action Being Requested**

The Board is asked to **RECEIVE** and **CONSIDER** any other assurance that may be required.

Performance report

May 2022

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Dr Amar Shah, Chief Quality Officer

PURPOSE OF THE REPORT

To provide assurance to the Board on overall performance of the organisation, in delivery of the Trust strategy.

KEY MESSAGES

The performance report provides a strategic overview of performance on four key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people). Each theme includes a small number of Trustwide measures, together with a narrative to describe progress, challenges and actions. The appendix contains our system performance dashboard, with measures related to population health, quality of care and value for each of the key populations that the Trust serves. This helps us understand the performance of each population that we serve. Narrative to explain unusual variation is contained in the overview of performance within the relevant theme.

Where are we doing well, and what have we learned?

The percentage of service users being followed up within 72 hours of discharge from an inpatient ward has continued to demonstrate improvement, exceeding the national 80% target in March for the first time (82%). This reflects work across all our mental health directorates to test new ideas to ensure reliable follow-up and contact.

The rate of physical violence in inpatient wards continues to reduce as we have reintroduced the standard practice emerging from our previous violence reduction quality improvement work. The number of restraints increased in February before returning back to normal levels in March. This is attributed to a small number of challenging service users with complex needs.

The total waiting list across the Trust continues to reduce and average waiting times have increased across many of our community-based services as teams prioritise those who have been waiting the longest. Twelve of the 43 teams with recovery plans are seeing their waiting lists reduce, despite most teams facing challenges with capacity versus demand.

Early Intervention Services continue to exceed the national target of 60% of services users commencing treatment within 2 weeks of referral, achieving 68% in March.

KEY MESSAGES (continued)

The proportion of service users who would recommend our services has remained stable. The percentage of people being seen within IAPT who achieve recovery has exceeded the national 50% target, achieving 52% in March. Responses to the standard Patient Experience Questionnaire in IAPT have seen an increase in March, but remain stable overall.

Overall, paired Dialog scores over 18 months show that in both community and inpatient settings we are supporting an improvement in quality of life and outcomes. The report provides more detail about areas of variation we are seeing across directorates. CAMHS services continue to progress well with capturing paired outcomes for service users, achieving 78% in March. Perinatal Services is also continuing to successfully capture outcome measures and are exceeding the national (CQUIN) target of 40%, with teams currently achieving 51%.

Where are we identifying challenges, and what are we doing about it?

Waiting lists remain stable in 9 services that have developed recovery plans, and 19 are seeing a continual rise in their waiting list. The main factors beneath this relate to the same issues highlighted previously; high demand; capacity challenges caused by staffing gaps; and recruitment difficulties. Teams with growing waiting lists have signed up for the new QI flow programme starting in June to provide additional support and encourage services to share learning and develop creative solutions.

The percentage of incidents resulting in harm has been high over the past 3 months. This is believed to be related to the slight increase in pressure ulcers reported in Bedfordshire, together with an overall reduction in total incidents reported across the Trust since January 2022.

Across Perinatal services, there has been a decrease in the number of service users from minority groups accessing the service. Further exploration is underway to improve access for minority groups, which has dropped to 30% in March, as part of the perinatal equalities group work stream.

The number of service users supported into employment by Individual Placement Support (IPS) services remains stable but low. Services are expecting this position to increase as a range of initiatives are launched to improve employment opportunities. Work has begun with Luton council, voluntary sector and businesses in Luton to work towards increasing employment and training opportunities for people in Luton, as part of our efforts to become a Marmot Trust.

Appendix 3 of this report includes a new section, requested at the March 2022 Board, to help us look at our waiting lists through an equity lens. This is a first attempt at analysing our waits for adult community mental health and CAMHS with regard to gender, ethnicity and area of deprivation. The intent was to identify if there were any areas of disparity between the referrals we receive into the service, and those who seem to be waiting longer for assessment.

Executive Summary

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

Improved patient experience	<input checked="" type="checkbox"/>	The performance reports supports assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, patient experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

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

Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of March 2022 and provides data on key compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Introduction: How this report is structured

1

Summary of organisational performance

The report is organised around a small number of key themes (safety; access and responsiveness; experience and outcomes; children and young people). Each section contains 3-5 indicators aggregated at Trust level, together with a summary of current performance (progress, issues and actions).



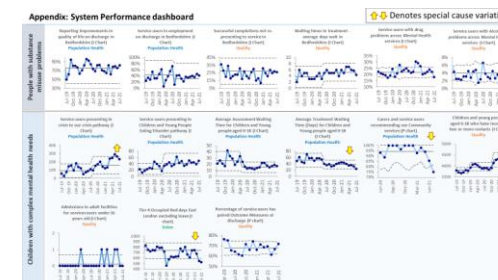
Key indicators related to the performance theme

Narrative describing current performance – including progress, challenges and actions

2

Appendix 1 – System performance dashboard

This dashboard demonstrates our impact on key measures of population health, quality of care and value for the main populations that the Trust services. Highlighted arrows draw attention to areas where we are seeing change (improvement, deterioration or instability)



Each row contains the measures related to a population that we serve

Highlighted arrows to show areas where we are seeing instability, with assurance of actions provided in the initial narrative

3

Appendix 2 - What is our performance against national assurance indicators?

This provides the Board with assurance of our performance against the measures that form the new System Oversight Framework within the NHS

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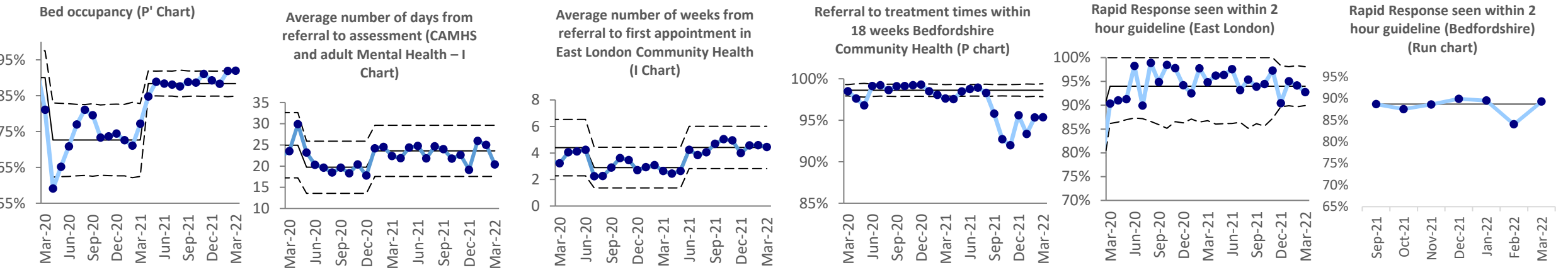
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Appendix 3 – Viewing waiting lists through an equity lens

This additional section for May 2022 provides the Board with an initial look at our waiting lists through an equity lens, to identify any disparities based on gender, ethnicity or area of deprivation

Waiting lists and Equity

Access and Responsiveness

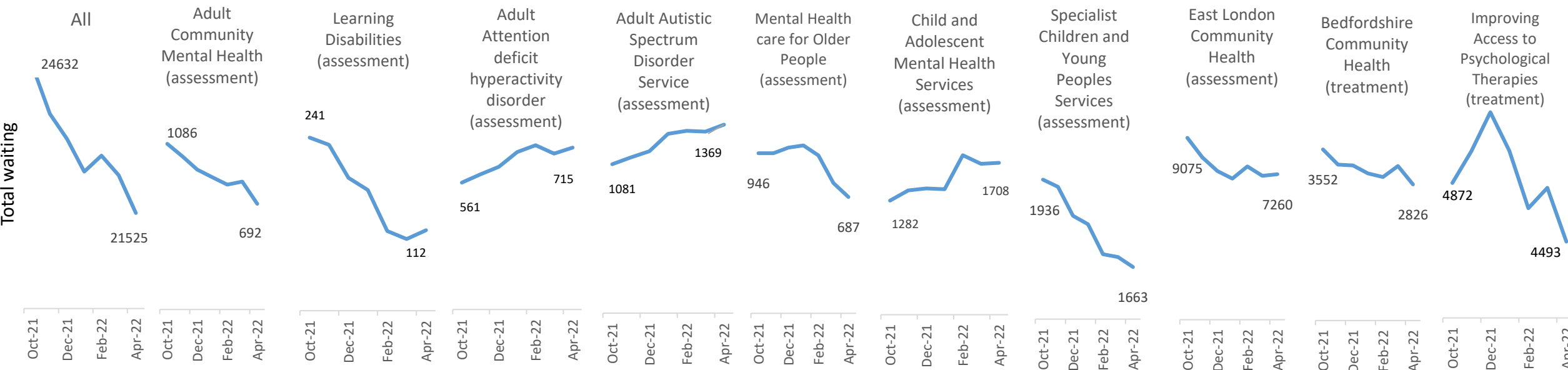


Inpatient bed occupancy across most services continues to remain high, with an average of 92% in March. The themes highlighted in the previous report continue to persist, particularly regarding social care delays and limited availability of specialist placement accommodation for service users with complex needs. There are also a greater number of admissions of people who are currently on remand, awaiting court proceedings. This group typically have longer admissions, which are being exacerbated by delays in court procedures.

In order to manage admissions and length of stay as effectively as possible, all services hold daily meetings to problem-solve or escalate rapidly. Alternatives to admission are always considered, such as crisis cafes and home treatment. Our lead rehabilitation Consultant is reviewing long-stay inpatients in order to establish if there might be more appropriate care environments available to meet their needs. Across Bedfordshire, services are working closely with CCGs and acute providers to manage patient flow across the system. Services are exploring restarting a programme that operated last Winter in which ten community step-down beds were created through collaboration with a local accommodation provider in Bedfordshire. This facility allowed service users who were awaiting funding or experiencing delays in receiving social care support to be transferred to these beds for up to four weeks.

Rapid response within two hours for Community Health Services remains stable, achieving 92% in East London and 89% across Bedfordshire services during March. The reduction in February across Bedfordshire is related to high covid sickness in the service which has since resolved.

Access and Responsiveness



The charts above provide a summary of the total number of service users waiting to be seen across the Trust. The overall waiting list for assessment and treatment is decreasing. There has been progress in reducing waiting lists and backlogs across several services including Tower Hamlets Mental Health and Memory Assessment Services across Luton & Bedfordshire. Across CAMHS, ADHD and autism services, the total number of service users waiting continues to rise. The services that have large waiting lists have produced recovery plans to help plot trajectories based on their current demand and capacity estimates, and are utilising quality improvement to develop and test creative ideas. A Trustwide Quality Improvement (QI) programme on flow is due to start in June to support to improve flow, manage demand and redesign pathways to enable greater access.

Forty-three services across the Trust have developed recovery plans for their waiting lists, 15 of these are seeing a reduction, 9 remain stable, and 19 are increasing. All services have a process to prioritise referrals based on urgency and complexity, and a system of reviewing their waiting lists to manage risk of harm. Of those experiencing a reduction, Memory Services across Luton and Bedfordshire and Tower Hamlets Learning Disabilities have seen the greatest reduction. The Memory Services in Bedfordshire managed to secure additional clinic space to increase their capacity in January and a funding proposal for additional staffing was submitted this month to expand the number of appointments the service can offer. The service is working with primary care colleagues in Central Bedfordshire to provide early diagnosis for service users that do not have co-morbid conditions. In Tower Hamlets, the Learning Disabilities service has started working with the CAMHS team to understand the complexity of service users that are likely to enter the service in the future, in order to plan for future demand and improve the young person’s transition from CAMHS to the Learning Disability service.

Access and Responsiveness

Across East London, the City & Hackney Dementia service, Early and Quick Intervention in Psychosis (EQUIP) psychology team, Newham Memory Clinic, and Tower Hamlets Memory services have also managed to reduce their waiting lists. The EQUIP psychology team has been successful with recruitment and appointed an additional psychologist to enhance assessment and treatment capacity. These services continue to signpost referrals to other providers if appropriate. In Tower Hamlets, the memory service is exploring the feasibility of offering an interim diagnosis, pending a brain scan, where there is significant evidence that a patient presents Mild Cognitive Impairment (MCI) or dementia.

Across Luton and Bedfordshire community mental health, Dallowdowns CMHT has seen a reduction in their backlog. The service has developed a new triage system, with Voluntary Care Social Enterprise sector (VCSE) workers triaging referrals and reducing the time to first appointment. Across East London, community health services waiting lists have largely decreased, specifically the Newham diabetes services and the Tower Hamlets enhanced primary care teams (EPCTs). The Newham Diabetes service has managed to recruit an education lead to solely focus on delivering group education classes. A QI project has begun in the EPCT service to streamline the pathway and recruitment processes. The service has also implemented a caseload and waiting list audit tool to review caseloads and waiting lists each week.

Several services have waiting lists that remain stable, including Leighton Buzzard CMHT and Older People CMHTs in Luton, Mid-Bedfordshire, and South Bedfordshire. Leighton Buzzard has recently managed to recruit two social workers and care coordinators to undertake non-medical assessments, to increase staffing capacity. Older People CMHTs across Luton and Bedfordshire are streamlining the pathways across the four CMHTs and undertaking training to ensure consistent approaches to clinical effectiveness. Across East London, waiting lists for the City & Hackney Specialist Psychotherapy Service (SPS) and the Tower Hamlets Autism service remain stable. To manage the safety of service users, the SPS has developed a comprehensive crisis and contingency risk management plan by using the Outreach service to ensure regular appointments with service users are available. The Tower Hamlets Autism service continues quality improvement work to refine the screening process and reduce referral time. Eating Disorder services have stable backlogs. In East London, the service is exploring options around guided, online anorexia-focused family therapy (FT-AN) and has reconfigured the assessment clinic to ensure capacity for 1 urgent assessment per week.

Waiting lists for several services continue to grow. This includes Biggleswade CMHT, Dunstable CMHT, Triage and Brief Intervention (TABI), Bedford Older People CMHT, as well as City & Hackney ADHD, and Newham and Tower Hamlets SPS. The TABI team is currently focusing on a data cleansing exercise to tackle data quality issues in order to improve the accuracy of its waiting lists. In Biggleswade, the team has vacant occupational therapy and psychology positions. The “blended team” pilot which now contains a social prescriber, two care connectors and a pharmacist allows the service to consider the best person to make the first contact with a service user depending on their level of complexity. In Dunstable, the corporate performance team is directly supporting the service to understand the steps in the pathway and identify areas for improvement. This has developed into a year-long QI project focusing on flow. The City & Hackney ADHD service has created a new triage process for new referrals whereby doctors in the neighbourhood teams carry out the triaging, which will reduce the wait for assessment. The SPS service in Newham has started a QI project focusing on access from Primary Care Networks (PCNs) to SPS to improve the quality of referrals and streamline the pathways. In Tower Hamlets SPS, recruitment is currently underway and the service plan to be fully staffed in the next 2 months. With the support of the borough director, the service has been able to over-recruit to fill vacancies.

Access and Responsiveness

Waiting times have continued to increase in Newham and City & Hackney CAMHS. In City & Hackney, the service has extended to see families on Saturday and works closely with Homerton hospital to develop a Single Point of Access. In Newham, five assistant psychologists are being recruited to work alongside a project manager to review waiting lists using a traffic light system of urgency and complexity, referrals, and front door processes. This team will also look to categorise young people into cohorts that might be suitable for group work, sign-posting to alternative services, or discharge. This will help transition young people who have successfully completed treatment and can be managed safely in primary care. This will create capacity for the service to assess and treat more urgent and complex cases.

The IAPT Cognitive Behavioural Therapy services in Bedfordshire and Tower Hamlets continue to see high referral numbers. Recruitment in Tower Hamlets has been more successful, so there has been less need to increase capacity through the subcontractor, Xyla. In Bedfordshire, counselling capacity has been temporarily reduced due to changes in the service model to test changes to the current pathway. IAPT are also developing a new entirely remote team, which will provide flexible capacity to meet demand across the services.

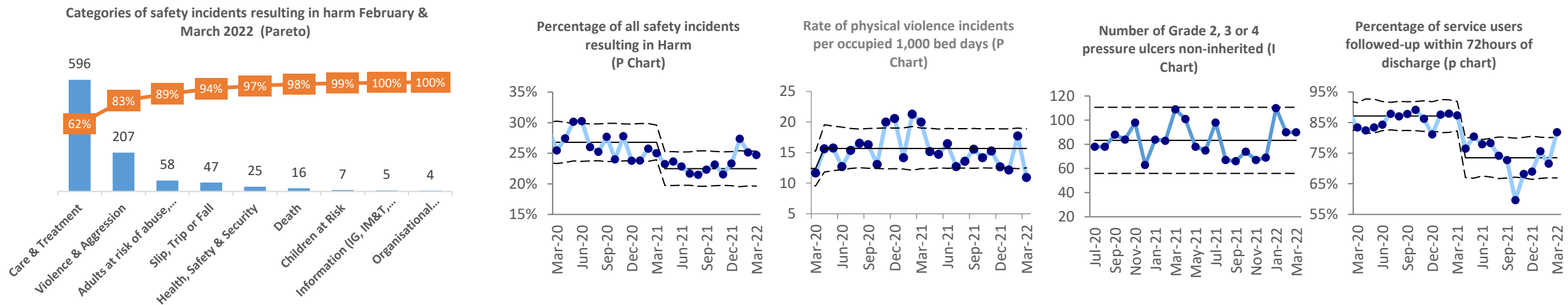
Community Health Services (CHS) have experienced the greatest increase in waiting lists. In Newham, the waiting list for the Foot Health Service and Physio MSK have increased. The Foot Health service is currently collaborating with the Tower Hamlets service for additional support and is liaising with Business Development to explore options of outsourcing. The Physio MSK service has managed to increase the number of follow-up appointments by offering more therapy classes and predicts that their backlog will be cleared by October 2022. Across Bedfordshire CHS, all services have seen an increase in their waiting times. These include Adult Speech & Language Therapy (SLT), Podiatry, Wheelchair Services, Physiotherapy, and Occupational Therapy. Recruitment is the main challenge across these services and they continue to actively signpost service users to alternative services where appropriate. The Podiatry service is undergoing a caseload cleanse in routine podiatry where there are minimal waits for the adult podiatry caseload. Currently, 80% of service users are seen within 18 weeks. Both the Wheelchair and Occupational Therapy services are hampered by delays related to the supply of equipment due to global supply chain disruptions. The teams have produced leaflets for service users outlining that they can privately purchase their equipment to support the high demand and expedite delays where possible.

Data on waiting times for 3 CMHTs in Luton is currently pending due to the recent CMHT transformation which has resulted in caseloads being moved from CMHT to new PCN teams. These include Wardown CMHT, Stockwood CMHT, and Brantwood CMHT. Despite having experienced a decrease in their waiting times over the past 3 months, performance and informatics are currently liaising directly with the local performance teams in Luton to ensure that the data is accurately captured and that the visibility of all waiters is not lost.

Despite fluctuations in perinatal service waiting times, 80% of service users are currently seen within 28 days. This is below the 95% target, primarily due to a high number of staff vacancies. The service expects this to improve as new staff come into post over the next few months.

A year-long QI programme on flow is commencing in June, sponsored by our Chief Operating Officer and Chief Quality Officer, to provide an additional learning system for the many teams who are working on this topic. This will support the collation and sharing of change ideas that have been tested and successfully implemented in different teams. Appendix 3 of this report provides an initial insight to the Board on our waiting lists through an equity lens.

Safety



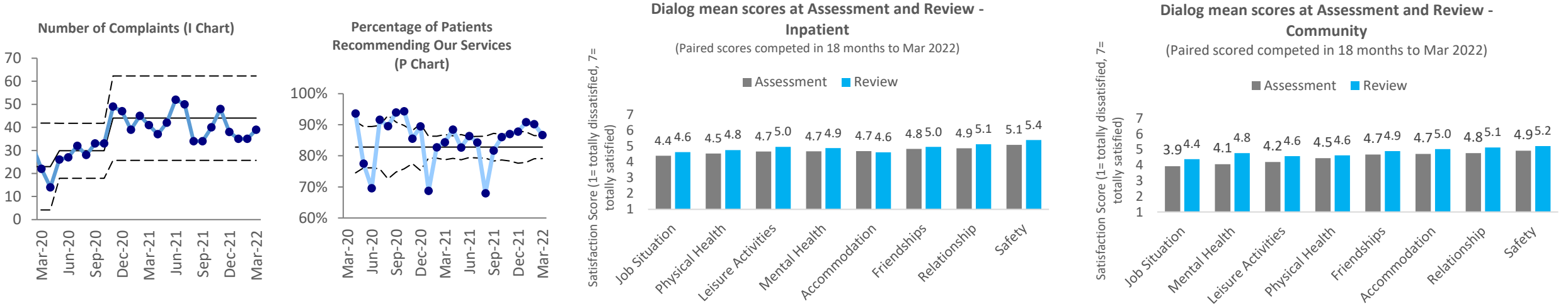
The Pareto chart above shows the distribution of reported incidents by category during February and March. This highlights that 62% of all reported incidents related to care and treatment, 21% related to violence and aggression and 6% related to adults at risk of abuse or neglect. The main care and treatment themes were pressure ulcers, self-harm incidents, moisture associated skin damage and overdose of medication. The last three months have seen an increase in the percentage of safety incidents resulting in harm. This is believed to be related to the slight increase in pressure ulcers reported in Bedfordshire, and also an overall reduction in total incidents reported in January.

The overall number of pressure ulcers remains stable although some teams continue to struggle with staffing vacancies and increased complexity of service users on the caseload who are at risk of developing pressure ulcers despite preventative measures being in place. Across Bedfordshire, low harm pressure ulcers (category 2 and Suspected Deep Tissue Injury - SDTI) are showing an increase, but these have not deteriorated into moderate harm pressure ulcers (category 3 and unstageable), which is reassuring. However, there are early signs that the number of moderate pressure ulcers are starting to increase across Tower Hamlets and Newham in the last few weeks. This is believed to partly relate to a focused piece of work on improving accurate pressure ulcer categorisation and reliability of skin checks being completed at every contact. This has included Datix training and services often report a rise in the number of recorded incidents after training and awareness sessions are delivered. Further investigation on three weeks of data for moderate harm pressure ulcers (category 3 & unstageable) indicate that all equipment and preventative measures were in place for those patients on the end-of-life pathway. Additional support was provided to the team to correctly categorise the pressure ulcers utilising wound photography. Investigations are also being conducted where there has been a delay in documentation at the first assessment and where residential staff did not escalate a delay in equipment.

The rate of physical violence on our inpatient units continues to fall as a result of a range of initiatives that had been detailed in previous reports. The rate of restraints increased above normal levels during February as a result of higher occupancy levels and a few service users with complex needs.

The percentage of service users followed up within 72 hours of discharge has continued to improve, reaching 82% in March and exceeding the national 80% target for the first time. This reflects improvements across all services, particularly in City and Hackney. City & Hackney held a “reset” meeting in January and have implemented new processes similar to other services, where wards were given responsibility to follow up all discharges. This led to the introduction of named 72-hour follow-up champions to oversee follow-up care. The service is working with these champions to improve monitoring procedures, reviewing any instances where standards are not met and feeding their findings back to their teams regularly during team huddles.

Experience and Outcomes



The number of complaints remains stable and has now been below the average of 44 for seven of the past eight months. The top complaint themes continue to relate to communication, attitude of staff, assessment, access to services and clinical management. Lessons are routinely shared across different forums to support improvement.

The percentage of service users who would recommend our services remains high at 87% in March. There has been a further 3% increase in number of responses received monthly, largely related to Newham, Tower Hamlets and Specialist Children & Young People’s Services. The Quality report contains a deep dive analysis into the themes from service user experience feedback, triangulated with other forms of service user and staff feedback.

The Dialog outcome charts show the results of paired outcome measures for service users who have received care from both community and inpatient mental health services. For inpatient services, the top three dissatisfaction domains are employment, physical health, and leisure activities, whereas, for community services, it is primarily related to employment, mental health, and leisure activities. This is based on 2136 outpatient and 401 inpatients paired scores. Overall, the data shows improvement in average scores between initial assessment and subsequent review for both cohorts of service users across all dissatisfaction domains, more pronounced in community teams. It should be noted that inpatient analysis is based on a relatively small cohort of service users with paired scores. Furthermore, most inpatient services are still working to integrate the use of Dialog as part of a single care planning tool for the whole multidisciplinary team. The Care Programme Approach (CPA), which governs current care management, is being replaced with a new care model that is yet to be announced. It is believed that this refresh will support mobilising Dialog further across mental health services for all service users. Over the next two months, teams will be able to view change in Dialog scores over time, at service user level and at service and directorate level, through PowerBI. This will enable clinicians and teams to be able to better monitor impact on outcomes and quality of life.

Looking at the Dialog data at directorate level shows some variation. In City and Hackney, Newham Mental Health, and Forensics, some paired Dialog scores have deteriorated.

Experience and Outcomes

In City and Hackney, dissatisfaction is primarily related to housing, followed by physical health, friendships, and safety, whereas in Newham, it is primarily related to mental health, accommodation and safety. The themes reflect some of the challenges services are facing in terms of finding suitable accommodation placements, particularly for service users with complex needs. In some cases, out-of-borough housing placements have been identified, which can leave service users isolated from their family, friends, and social networks, negatively impacting their experience, relationships, and sense of safety. In Hackney, there have been reports of service users living in sub-standard accommodation because repairs have not been completed in a timely manner due to disruptions in global supply chains. There have also been instances where service users with complex physical health issues have been inappropriately transferred from acute trusts to mental health wards, necessitating one-on-one care that has proven difficult to manage. As mentioned in previous reports, work is being done with our acute partners to improve transfer protocols for service users with physical health issues, as well as with inpatient staff to help address the physical health needs of complex service users. City and Hackney are working closely with The London Borough of Hackney to recommission the provision of supported accommodation and other supported living schemes within the Borough, to improve the quantity and quality of housing for service users.

Across Forensic inpatients, service user dissatisfaction relates to accommodation, leisure activities, relationships and friendships, whereas across Forensic community services it relates primarily to relationships, employment, and friendships. During the pandemic, limitations on social interactions and family visits have had an impact on relationships. More face-to-face contact with family members and social interactions is now taking place. For many inpatient service users, the main social interactions are with other service users and this is encouraged through weekly User Involvement Groups. There are also similar sessions for community service users. Feedback from service users has highlighted that they are less interested in voluntary work opportunities and therefore the service is prioritising the creation of paid opportunities, such as interpreting and administrative roles, by collaborating with Compass. In terms of inpatient accommodation, there is a programme of estates work which includes adding additional communal bathrooms to our acute wards. The service has met with the Director of Estates and completed an options appraisal for the development of the John Howard Centre site. A team of architects has been commissioned to offer advice around this.

The percentage of service users receiving support from employment services through Individual Placement Support (IPS) remains stable, achieving 10% in March. A range of initiatives are underway to improve employment opportunities. As part of our work to become a Marmot Trust, we are collaborating with the Institute of Health Equity (IHE) and Luton Council to enhance employment and skills opportunities in Luton.

The percentage of service users in settled housing across mental health services remains stable. There remain some data quality issues that are skewing the data and showing a decline due to incomplete accommodation information, particularly in Tower Hamlets and Luton & Bedfordshire. The teams are carrying out a data cleansing exercise and training staff to record information correctly. We are predicting this to take a further 2-3 months to rectify.

The percentage of service users who achieve recovery within our IAPT services has increased above the national 50% target over the past two months, reaching 52% in March. There has been a small improvement in staffing levels which has increased capacity, although recruitment challenges continue to persist, especially in Bedfordshire. The overall access to IAPT continues to remain high and the percentage of service users from minority ethnic groups accessing IAPT remains stable. Across IAPT services, 92% of service users who completed the Patient Experience Questionnaire responded positively during March.

Experience and Outcomes

Our frail and long-term conditions indicators show that patient experience is at 87.5%. The Friends and Family test (FFT) was stopped during the pandemic and restarted in November. The service has held meetings with service users to review Patient Reported Experience Measures (PREM) and FFT responses to see how they can better capture feedback. In Newham and Tower Hamlets, services are using QR codes as well as SMS text messages to gather feedback. In Tower Hamlets, the teams are phoning service users directly and overall themes are being monitored by the quality team to support improvement.

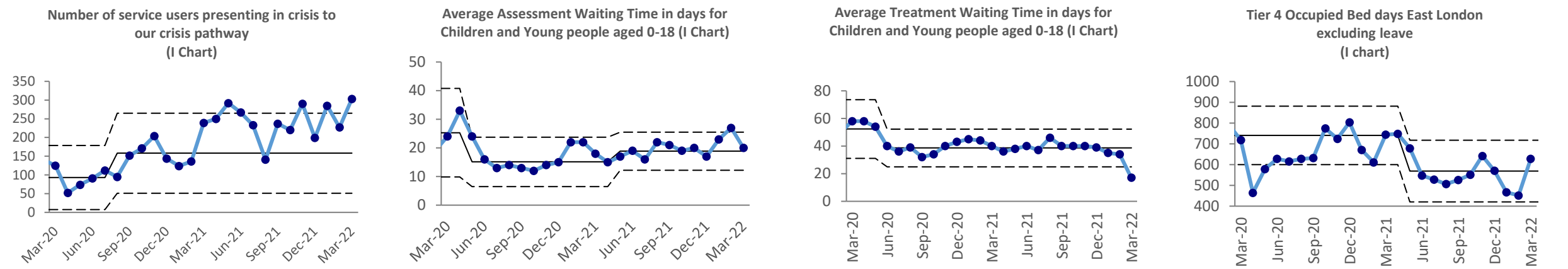
The percentage of service users with an advanced care plan has increased in both Bedfordshire and East London. In Bedfordshire, the reduction in service users dying in their preferred place was related to the number of people requiring hospital admission for investigations or alternative care plans. The number of inappropriate referrals to the Intermediate Care Team has reduced by 10% over the last 3 months, which is encouraging. This is attributed to the Transfer of Care service, where staff proactively liaise with both Bedford and Luton and Dunstable Hospitals to identify appropriate referrals to expedite timely discharge from wards once medical optimisation has been achieved.

CAMHS continues to progress well with capturing paired outcomes for service users, achieving 78% in March.

Perinatal Services are also successfully capturing outcome measures and are exceeding the national (CQUIN) target of 40%, with teams currently achieving 51%. Further exploration is underway to improve access for minority groups, which has dropped to 30% in March. Services have identified data recording issues with capturing correct ethnicity information on our clinical system. A member of the administration team is now leading a piece of work to ensure that recording is improved. This is being supported through the perinatal equities steering group and the public health team. The number of women receiving more than one contact has seen a slight increase this month as most vacancies in the service have been filled. This data does not yet include the Ocean Service (Maternity Mental Health Service) which is provided in conjunction with an acute provider, and this is expected to show an increase in contact activity when this data is included in the overall position.

Several service users with learning disabilities continue to be placed out of borough for specialist placements to support assessment and treatment plans. All of the placements relate to service users who need specialist locked rehabilitation services, Assessment and Treatment units, or prison stepdown units that are commissioned centrally by NHS England. All service users who are admitted out of the area are supported with in-reach from the community teams to work towards discharge. Admission activity for both commissioned beds and out of area placements continued to be monitored and agreed with commissioners.

Children and Young People



CAMHS continues to see a rise in the number of crisis and community referrals across most services. Services have reported an increase in children and young people presenting in the urgent care pathways and a higher proportion of young people with autism and learning disabilities. These service users are more complex cases with higher levels of risk, requiring liaison work with social care, schools and partner agencies and therefore take longer to assess. This has impacted capacity and waiting times within services.

As mentioned in the January report, several initiatives are underway to address these challenges, including collaboration with system partners and local authorities to implement a multi-agency approach to improving access and care delivery. This will allow teams to better allocate resources and use an integrated, person-centred approach to direct young people to the most appropriate service. The development of a multiagency collaborative and Single Point of Entry continues to support young people on the waiting list while they wait for specialist care, and appropriately redirect children and young people who do not meet the threshold for CAMHS.

Assessment waiting times have seen a rise during February as more service users who have been waiting the longest were seen, particularly in Newham and City and Hackney, where waiting list challenges are the greatest. Treatment waiting times have continued to reduce below normal levels because of creative ideas to improve pathways and strengthen the community offer for early intervention and treatment. This has included teams reviewing how they allocate and balance resources to address assessment and treatment waiting lists concurrently to avoid negative consequences along the care pathway. New funding is assisting teams in recruiting additional staff to increase capacity and further investment across Newham CAMHS home treatment has been approved for 12 months to strengthen community provision with intensive support teams to provide therapeutic support to young people and their families in their homes, allowing them to manage their illness and avoid admission or return home sooner than would otherwise be possible. Recruitment remains a barrier to mobilising new investment. There are numerous vacancies across most teams, and some positions have proven difficult to fill despite multiple attempts. This reflects the national picture, and services are continuing to implement creative recruitment plans, including the creation of new roles to meet the needs of the service.

CAMHS continues to meet national access targets despite the increasing demand. In relation to local waiting times targets, in Tower Hamlets, 89% of service users are seen within 5 weeks, in City & Hackney, this correlates to 59% and in Newham, 57% of service users are seen within 9 weeks. The target across all services is 95%.

Children and Young People

Average waiting times for urgent referrals to Eating Disorder services have decreased while waiting times for routine referrals have remained stable. Average waiting times for urgent referrals to Eating Disorder services have decreased and are starting to stabilise while waiting times for routine referrals have remained stable.

Specialist Children and Young People Services (SCYPS) continue to see a reduction in their waiting list for the Autism Spectrum Disorder service, because of the recovery plan which includes additional clinical capacity and the establishment of new clinics and sites. The waiting list has reduced from 1400 in January 2021 to 710 in March 2022.

SCYPS Speech and Language Therapy (SLT) waiting list is steadily increasing. The service is currently prioritising the Parent and Child (PAC) sessions between April and June to reduce waiting lists for this specific therapy as it is currently in the highest demand. The Joint Strategic Needs Assessment in Newham has highlighted that the percentage of children within schools presenting with speech, language and communication challenges is more than 40%. To manage this demand, the Speech and Language Therapy service continues to signpost new referrals to a parent workshop called Talking Tots which is run by Health Visiting. The service is applying quality improvement to reduce waiting times from referral to treatment from 19 months to 6 months by January 2023.

The quality and experience indicators for SCYPS highlight that 100% of parents and service users are satisfied. As shown in the population health indicators, approximately 50% of children with neuro-disabilities are receiving annual reviews promptly. This position is stable but remains lower than the previous average. The new Consultant Lead for this pathway has started a review of the current pathway and caseload. This is both a clinical and administrative review to ensure that data on the clinical system is accurate. A Healthcare Assistant is currently supporting clinicians on a 6-month trial, and initial feedback is that this is a positive role. Figures are increasing again, but this will take time due to the number of children on the caseload.

The number of Tier 4 occupied bed days continues to fluctuate depending on staffing levels, acuity and demand within the North Central & East London provider collaborative. Overall, the provider collaborative has reduced the number of young people being admitted out of area. Initiatives are underway to support children and young people locally in order to prevent admission, including the intensive eating disorders pathway in community eating disorder services and the expansion of CAMHS crisis.

Building work on the Tier 4 CAMHS unit in Luton and Bedfordshire is progressing well and a dedicated project manager has been recruited to oversee delivery. The re-provision of all Adult Community Services occupying the first floor of Calnwood Court has been successfully completed. Work on the initial 8-bed General Acute Unit (due to open in September 2022), complemented by community services including Crisis Home Treatment, Intensive Home Treatment Teams, Dialectical Therapy Groups, and other services will provide a comprehensive offer for young people across BLMK. The new General Acute Unit will be a provision for young people from the age of 12 up to their 18th birthday, presenting with acute and severe mental disorders/mental health difficulties. These may include complex trauma, significant deliberate self-harm, major mood disorders, psychoses, complex psychiatric disorders (including neurodevelopmental disorders), eating disorders and severe obsessive-compulsive disorders.

The full 12 general acute unit beds and 6 PICU beds will be developed as part of the Bedford Health Village inpatient development programme. This new service development is being coproduced with children and young people, families and their carers who have experience of inpatient admission. Young people are helping ELFT and Central North West London plan the ethos of the unit, recruit the staff and develop the care model. The service will offer five clearly defined pathways; Psychosis and bipolar disorder; Eating disorders; Complex neuropsychiatric disorders; Complex trauma/severe emotional dysregulation; Anxiety disorders (e.g. Severe OCD).

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 3 – Viewing our waiting lists through an equity lens

Appendix 1: System Performance dashboard - overview

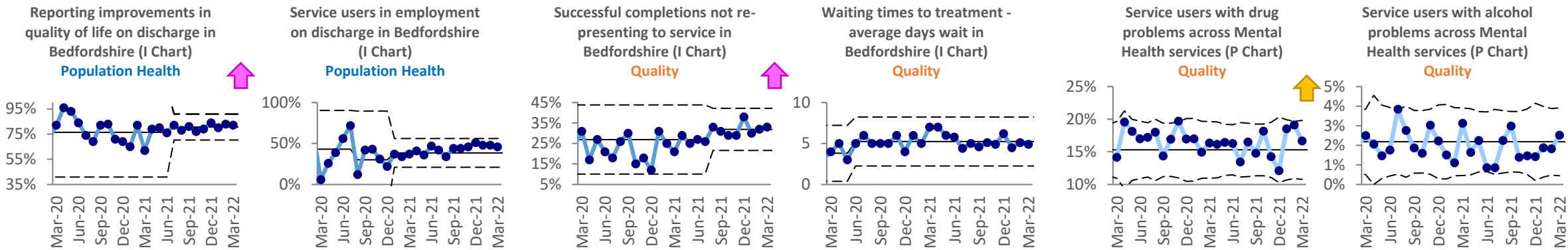
Special cause variation (👆👇) and when it's of potential concern (👈👉)

		Average	
People with substance misuse problems			
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	81%	↑
Service users in employment on discharge in Bedfordshire	Population Health	39%	
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	32%	↑
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.3	
Percentage of service users with drug problems across Mental Health services	Quality	15.3%	↑
Percentage of service users with Alcohol problems across Mental Health services	Quality	2.2%	
Children with complex mental health needs			
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	158.1	↑
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	18.9	↑
Average Treatment Waiting Time (days) for children and young people aged 0-18	Population Health	38.6	↓
Carers and service users recommending our Community services	Quality	94.7%	↑
Children and young people aged 0-18 who have received one or more contacts (caseload)	Quality	5328	↑
Admissions to adult facilities for services users under 18 years old (monthly)	Quality	3.1	
Tier 4 Occupied Bed days East London excluding leave (in month)	Value	568.4	↓
Percentage of service users has paired Outcome Measures at discharge	Quality	68%	↑
Average waiting time (days) for urgent referrals to CYP Eating Disorders services	Population Health	3.3	↑
Average waiting time (days) for routine referrals to CYP Eating Disorders services	Population Health	19.5	
Dementia			
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	17.4	
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%	↓
Dementia Diagnosis Rate	Quality	7.9%	
Average waiting time (in days) from referral to assessment	Population Health	142.5	
Percentage satisfaction with service, service users and carers	Quality	91.3%	
Children with complex health needs			
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	48.9%	
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%	
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	108.5	
Children receiving ASD diagnosis within 2 or less appointments	Value	75.5%	↑
People receiving end of life care			
Service users on End of Life Pathway (end of month)	Population Health	1,392	
Service Users referred to Continuing Healthcare as a fast track in month	Population Health	78.9	↓
Percentage of service users with Care Plan in place (advanced) in East London	Quality	83.6%	↑
Percentage of service users with Care Plan in place (advanced) in Bedfordshire	Quality	90.4%	
Percentage of service users who died in their preferred place of death	Value	73.8%	
People who are frail or who have multiple long term conditions			
Percentage of service users who have recorded a positive experience	Quality	98.6%	↓
Rapid Response seen within 2 hour guideline (East London)	Quality	94%	
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3	
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	90%	↓
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	22.7%	↓

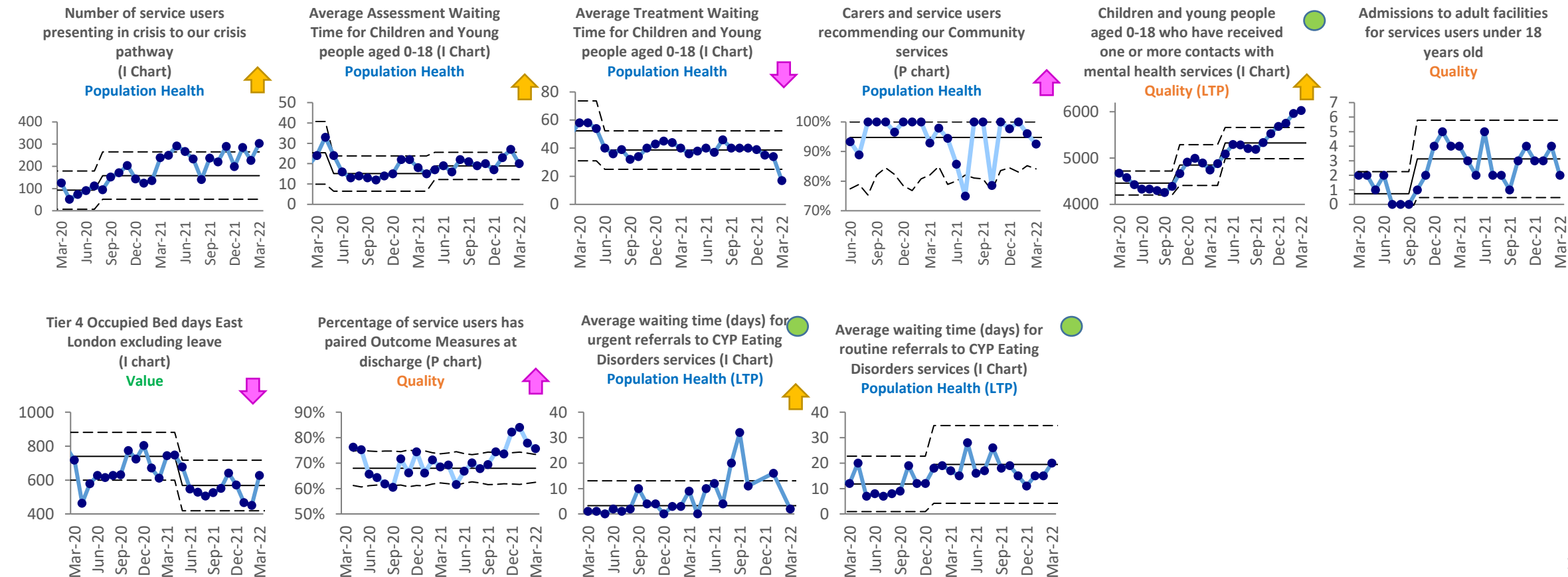
		Average	
People with common mental health problems			
Percentage of service users moving into recovery	Population Health	51.9%	⬇️
Percentage access by minority groups	Population Health	35.7%	
Percentage of positive comments to PEQ	Quality/Experience	91.5%	
Average wait times to treatment (in weeks) from assessment	Quality/Experience	8.22	⬆️
Average wait times to (in weeks) to assessment	Quality/Experience	0.9	
Number of people accessing IAPT services (in month)	Value	2,993	
People with a learning disability			
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	5.9	
Percentage of service users that would recommend this service	Quality	91.9%	
Occupied bed days used in month by service with Learning Disability (Monthly)	Quality	210.9	⬆️
Number of specialist out of area inpatient placements (Monthly)	Value	1.9	⬆️
People with Severe Mental Illness			
Percentage of service users receiving Individual Placement Support – IPS	Population Health	12.4%	
Percentage of service users in employment	Population Health	6.3%	
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face)	Population Health	68.7%	
Percentage of service users in settled accommodation	Population Health	45.6%	⬇️
Percentage of service users followed-up within 72hours of discharge	Quality	74.7%	⬆️
Percentage of Inpatient service users with paired outcome measures showing improvement.	Quality	28.3%	
Psychological Therapy Service average wait times to (in weeks) to 1 st assessment in East London	Quality	7.9	⬆️
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	17.5	
Number of restraints reported per occupied 1,000 bed days (monthly)	Quality	19.7	⬇️
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	15.6	⬇️
Bed occupancy	Value	88.4%	
Woman who are pregnant or new mothers			
Number of women receiving one + contact with specialist mental health services	Population Health	633	
Number of service users seen in the month from minority communities	Population Health	41.3%	⬇️
Percentage of community perinatal service users seen within 28 days	Quality	86%	
Percentage of patients undertaking Core10 showing improvement	Quality	54%	
Percentage of Service Users not attending their initial appointment	Value	18%	
Stable Long Term Conditions (East London)			
Average weeks waited for initial appointment with the foot health team		4.4	
Average weeks waited for face to face appointment with the Diabetes Service		19.2	
Average weeks waited for initial appointment with the MSK and Physiotherapy teams		7.7	⬆️
Average weeks waited for initial appointment with the Continence Service		6	
Stable Long Term Conditions (Bedfordshire)			
Percentage of referral to treatment times within 11 weeks with the Continence Service		49%	⬇️
Percentage of referral to treatment times within 11 weeks with the Speech and language therapy		75%	⬆️
Percentage of referral to treatment times within 11 weeks with the Wheelchair Service		50.5%	⬇️
Percentage of referral to treatment times within 11 weeks with the podiatry team		66%	⬆️
Percentage of referral to treatment times within 11 weeks with Physio		99.6%	⬇️

Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (▲▼) and when it's of potential concern (▲▼)

People with substance misuse problems



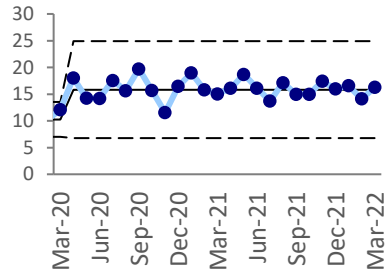
Children with complex mental health needs



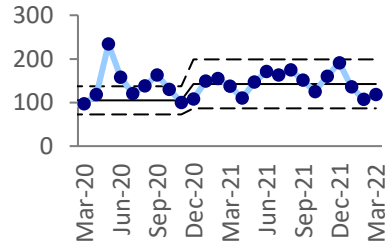
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

People with dementia

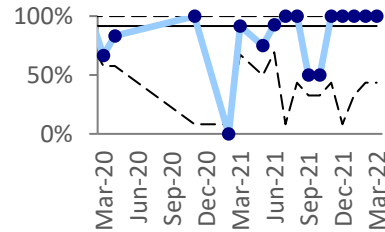
Average wait (in weeks) from referral to diagnosis (I chart) **Quality**



Average waiting time (in days) from referral to assessment (I chart) **Population Health**

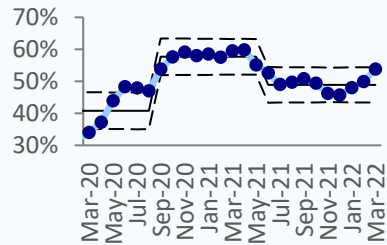


Percentage satisfaction with service, service users and carers (I chart) **Quality**

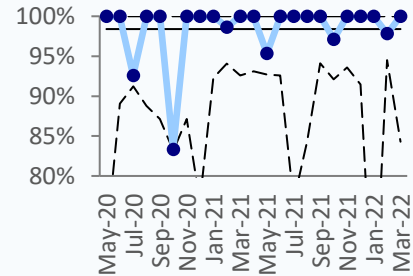


Children with complex health needs

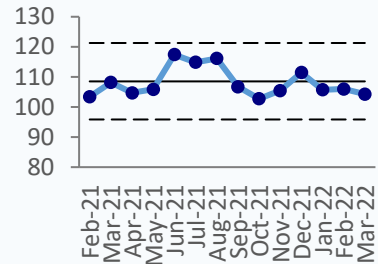
Complex neuro disability receiving a clinical review within past 12 m (P Chart) **Population Health**



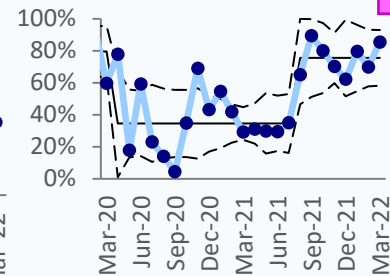
Percentage of service users and parents satisfied with services (P Chart) **Quality**



Average weeks waited from Autism Spectrum Disorder referral to first appt. (I chart) **Quality**

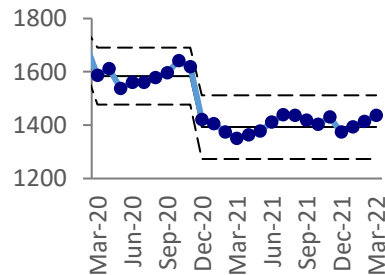


Children receiving ASD diagnosis within 2 appointments (P Chart) **Value** ↑

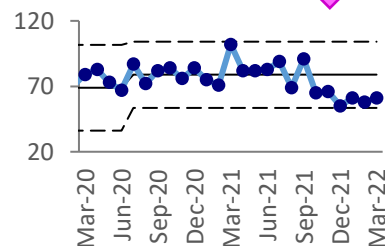


People receiving end of life care

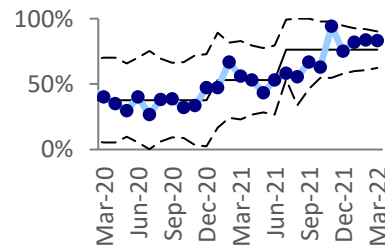
Service users on End of Life Pathway (I chart) **Population Health**



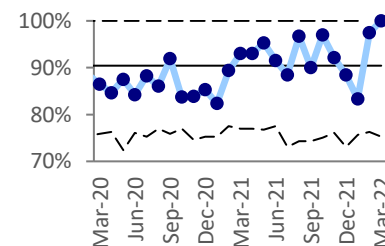
Service Users referred to Continuing Healthcare as a fast track in month (I chart) **Population Health** ↓



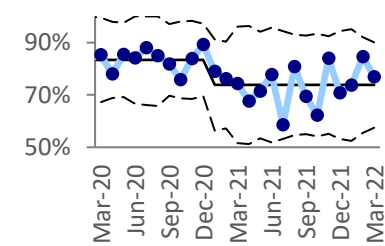
Service users with Care Plan in place (advanced) in East London (P Chart) **Quality** ↑



Service users with Care Plan in place (advanced) in Bedfordshire (P Chart) **Quality**

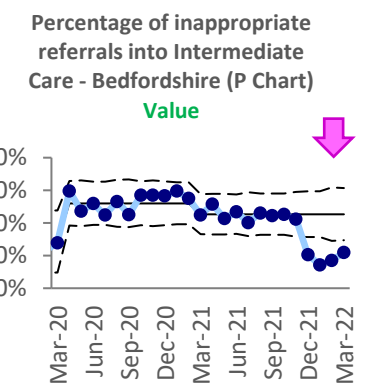
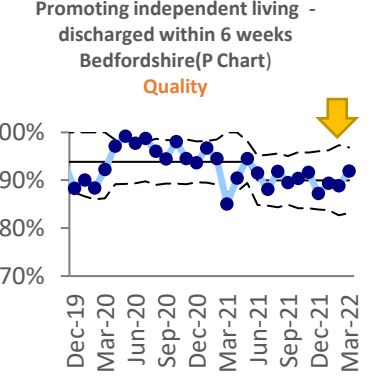
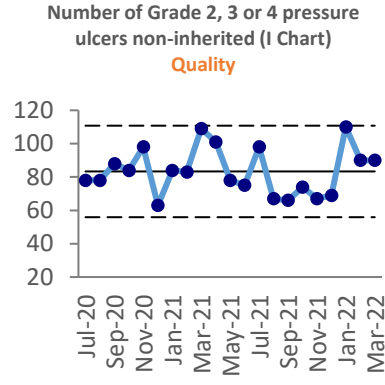
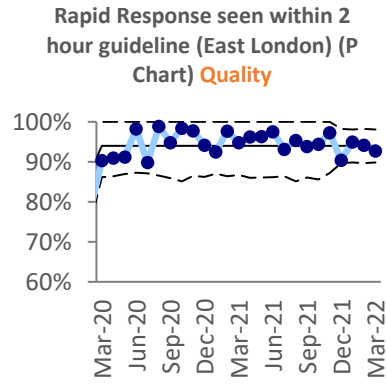
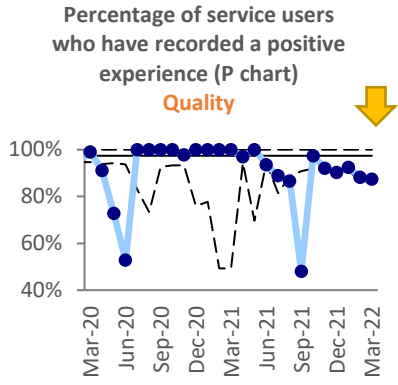


Service users who died in their preferred place of death (P Chart) **Value**

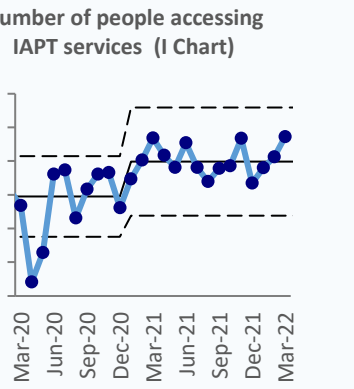
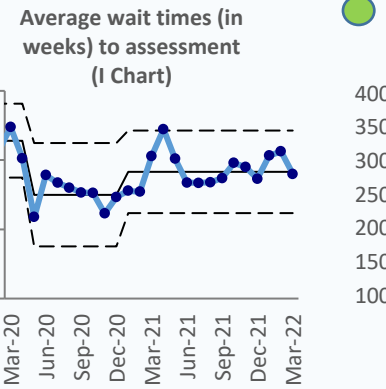
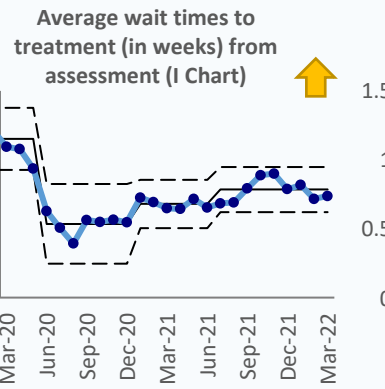
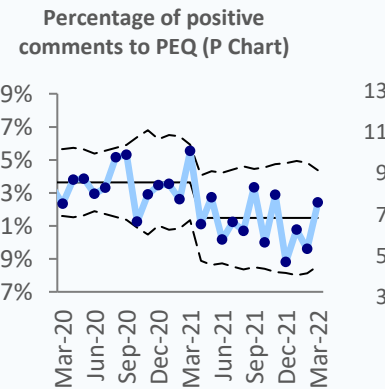
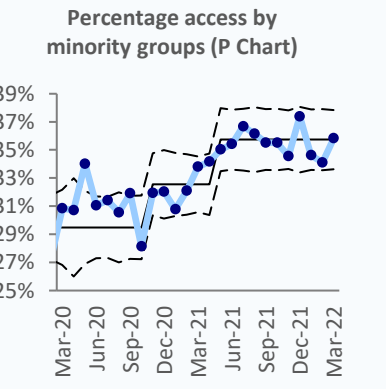
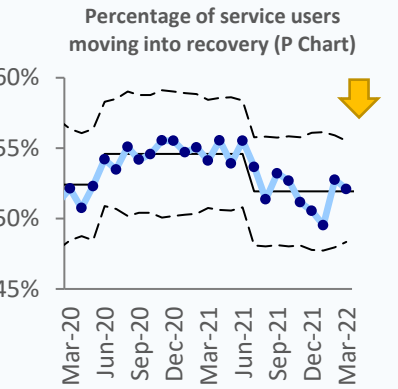


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

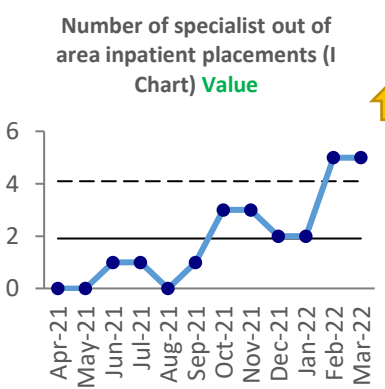
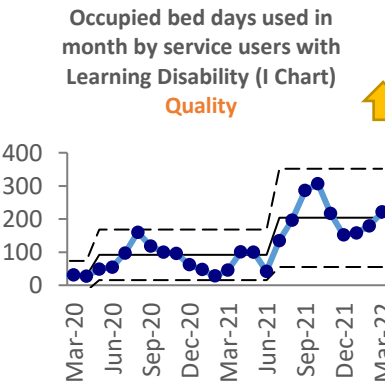
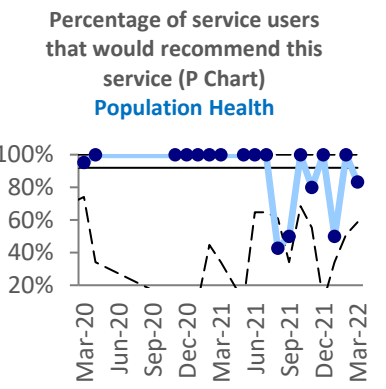
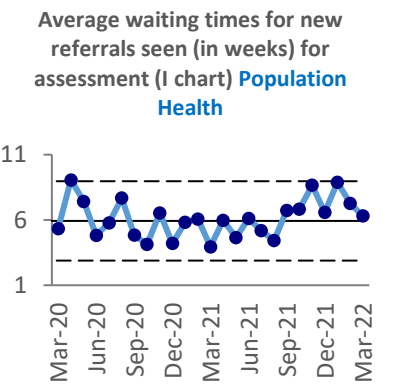
People who are frail or have long term conditions



People with common mental health problems



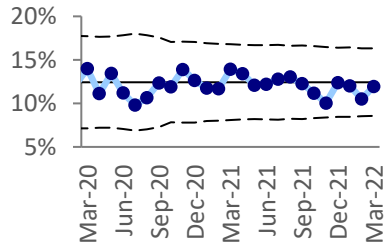
People with a learning disability



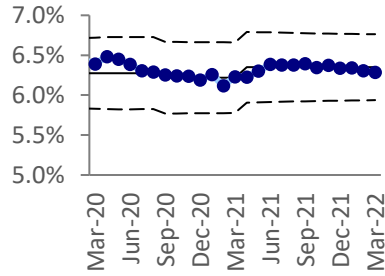
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness

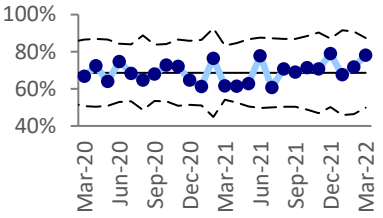
● Percentage of service users receiving Individual Placement Support (P chart) Population Health



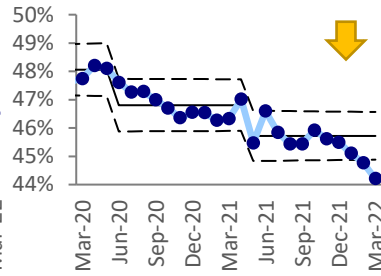
Percentage of service users in employment (P chart) Population Health



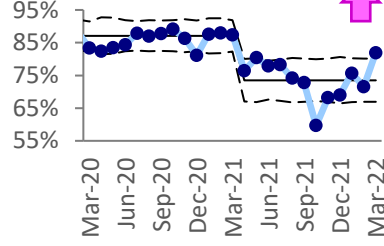
● Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) Population Health



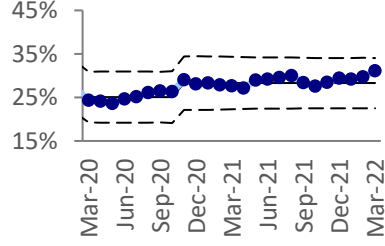
Percentage of service users in settled accommodation (P chart) Population Health



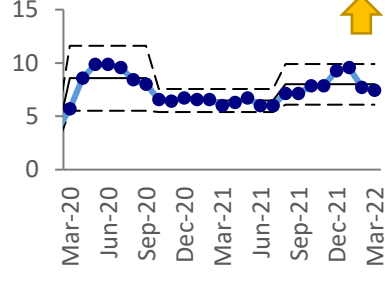
● Percentage of service users followed-up within 72hours of discharge (p chart) Quality



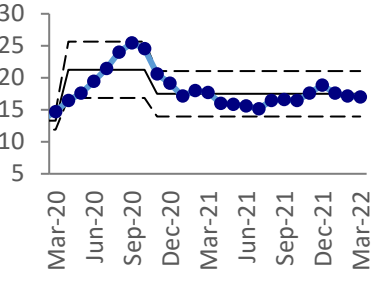
Inpatients with paired outcome measures showing improvement (P Chart) Quality



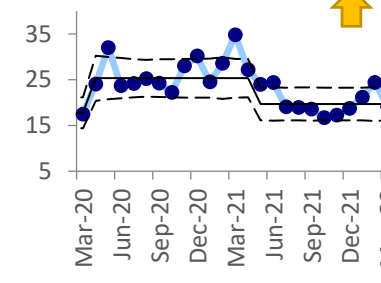
PTS average wait times to (weeks) to 1st assessment in East London (I chart) Quality



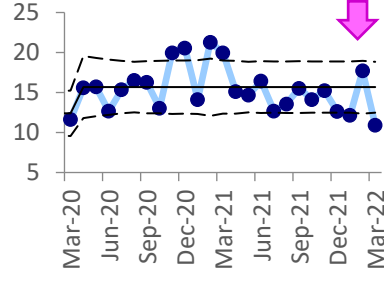
PTS average wait times (weeks) to treatment in East London (I chart) Quality



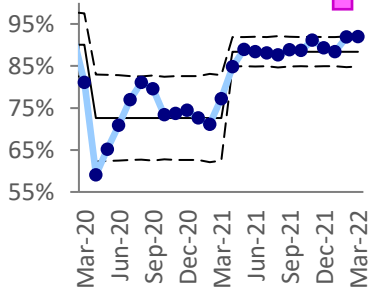
Number of restraints reported per 1,000 occupied bed days (P Chart) Quality



Rate of physical violence incidents per occupied 1,000 bed days (P Chart) Quality

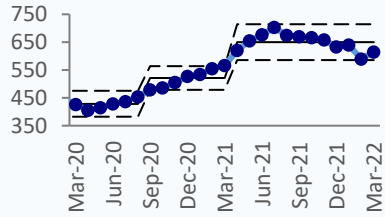


Bed occupancy (P' Chart) Value

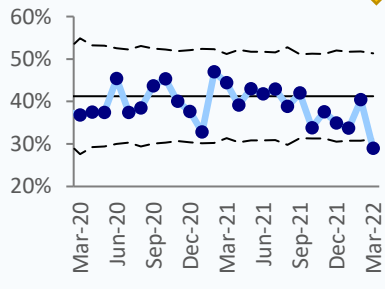


Woman who are pregnant or new mothers

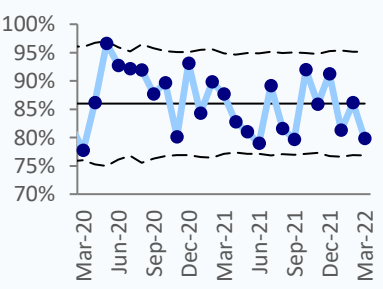
● Number of women receiving one + contact with specialist mental health services within 12 months (I Chart) Population Health



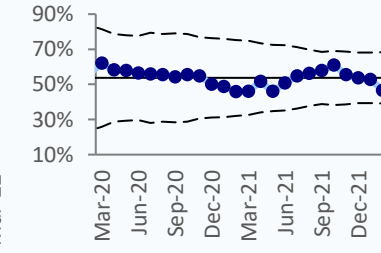
Service users seen in the month from minority communities (P Chart) Population Health



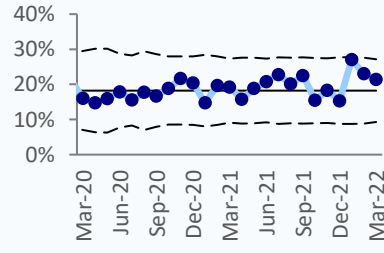
Percentage of service users seen within 28 days (I Chart) Quality



Percentage of patients undertaking Core10 showing improvement (P Chart) Quality

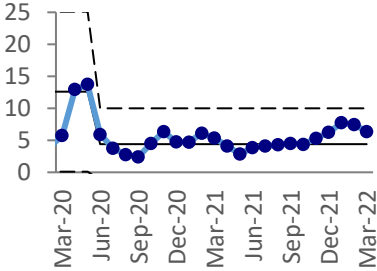


Percentage of Service Users not attending their initial appointment (P Chart) Quality

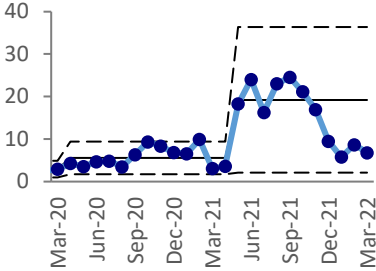


People with stable long term conditions (East London)

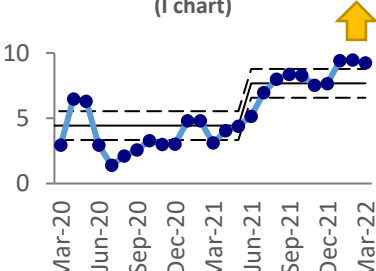
Average weeks waited for initial appointment with the foot health team (I Chart)



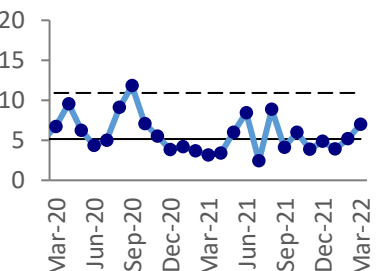
Average weeks waited for face to face appointment with the Diabetes Service (I Chart)



Average weeks waited for initial appointment with the MSK and Physiotherapy teams (I chart)

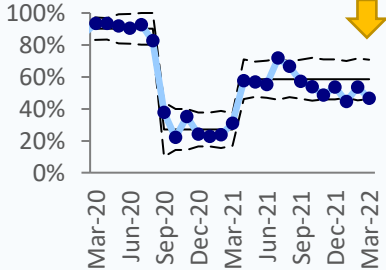


Average weeks waited for initial appointment with the Continence Service (I Chart)

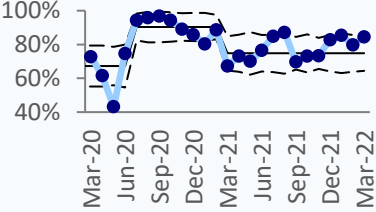


People with stable long term conditions (Bedfordshire)

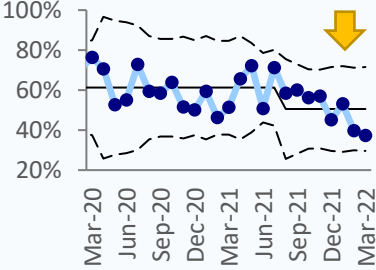
Referral to treatment times within 11 weeks with the Continence Service (P Chart)



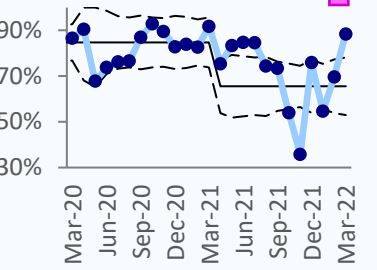
Referral to treatment times within 11 weeks Speech and language therapy (P chart)



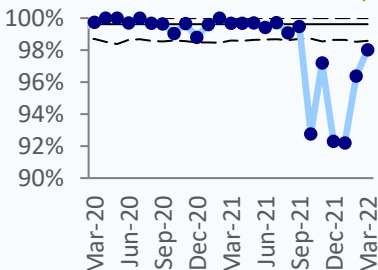
Referral to treatment times within 11 weeks Wheelchair Service (P chart)



Referral to treatment times within 11 weeks with the podiatry team (P chart)



Percentage of referral to treatment times within 11 weeks with Physio (P chart)



Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

NHS England and NHS Improvement have published a new approach to NHS System Oversight in June 2021 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board's attention.

No.	SOF Oversight Theme	Responsible Services	Measure	Comments
1	Quality, access and outcomes	Mental Health	NHS Long Term Plan metrics for mental health which include access measures for CYP, Perinatal, IAPT, EIS, Employment support, physical health checks, crisis and acute care, liaison services, criminal Justice and Adult inpatients	Key national Mental Health LTP metrics have been included in relevant population measures, with commentary on any variance included in the report. No concern
2	Quality, access and outcomes	Community Services	2-hour urgent response activity	No concern
3	Quality, access and outcomes	Community Services	Discharges by 5pm	Further guidance is being sought to clarify the scope of this measure and how it should be reported.
4	Quality, access and outcomes	Primary Care Services	Access to general practice – number of available appointments and proportion of the population with access to online GP consultations	No concern
6	Quality, access and outcomes	Primary Care Services	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Further guidance is being sought to clarify the scope of these measures and how they should be reported.
7	Preventing ill health and reducing inequalities	Primary Care Services	National public health indicators including monitoring of vaccinations, cervical screening, diabetes, cardiac high risk conditions, and weight management, Learning disability physical health checks	No concern. There are some areas of underperformance, but plans are in place to address this.
8	Quality, access and outcomes	Corporate Services	CQC rating, hospital level mortality indicator, Potential under-reporting of patient safety incidents, National Patient Safety Alerts not completed by deadline, MRSA, Clostridium difficile infection, E. coli bloodstream infections, VTE risk assessments	No concern
9	People	Corporate Services	Quality of leadership, staff survey perceptions of leadership & career progression, people promise, health and wellbeing, bullying and harassment experience, flexible working opportunities, staff retention and sickness, flu vaccination uptake, proportion of female senior leaders and from BAME backgrounds, and ethnicity coding.	Data with regard to people is now contained within the people report. The measures related to people for the SOF are not yet clear, and the intention will be to include these in the people report once this is possible.
10	Finance	Corporate Services	New indicators include underlying financial position, run rate expenditure, and overall trend in reported financial position	Further guidance is being sought to clarify the scope of these measures and how they should be reported. Data and assurance related to financial performance is now included in the separate finance report.

Appendix 3: Waiting lists through an equity lens

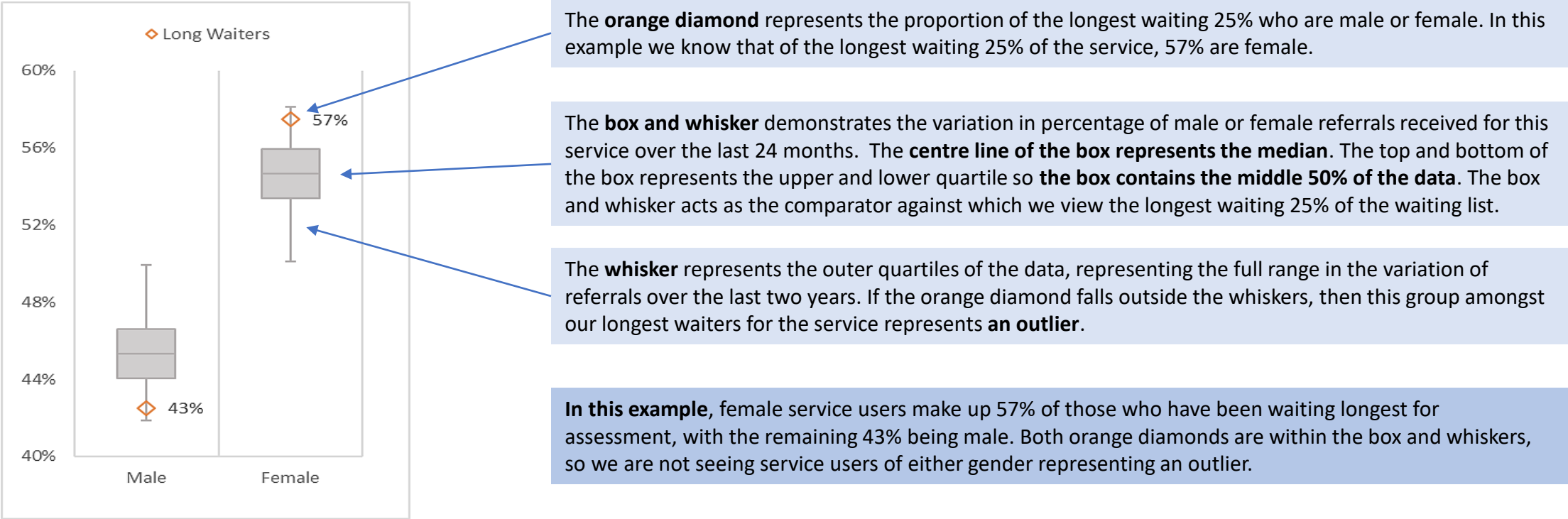
Appendix 3: Taking a look at our waiting lists through an equity lens

At the March 2022 Trust Board, there was a discussion about how we can look at our waiting lists in a way that goes beyond simply answering the question: “is the waiting list reducing over time?” We also want to understand whether we are managing our waiting lists in a way that accounts for individual need and wider determinants that impact on health outcomes.

This appendix to the May 2022 Board performance report attempts to help the Board understand how we might start viewing our waiting lists through an equity lens. For adult community mental health and CAMHS, we will look at whether certain groups of people are waiting longer than we might expect. We will compare the group of service users who have been waiting longest in each of these services (the longest waiting 25%) with the referrals we have received into our services over the last two years (April 2020-March 2022), and compare these two groups based on ethnicity, gender and areas of deprivation.

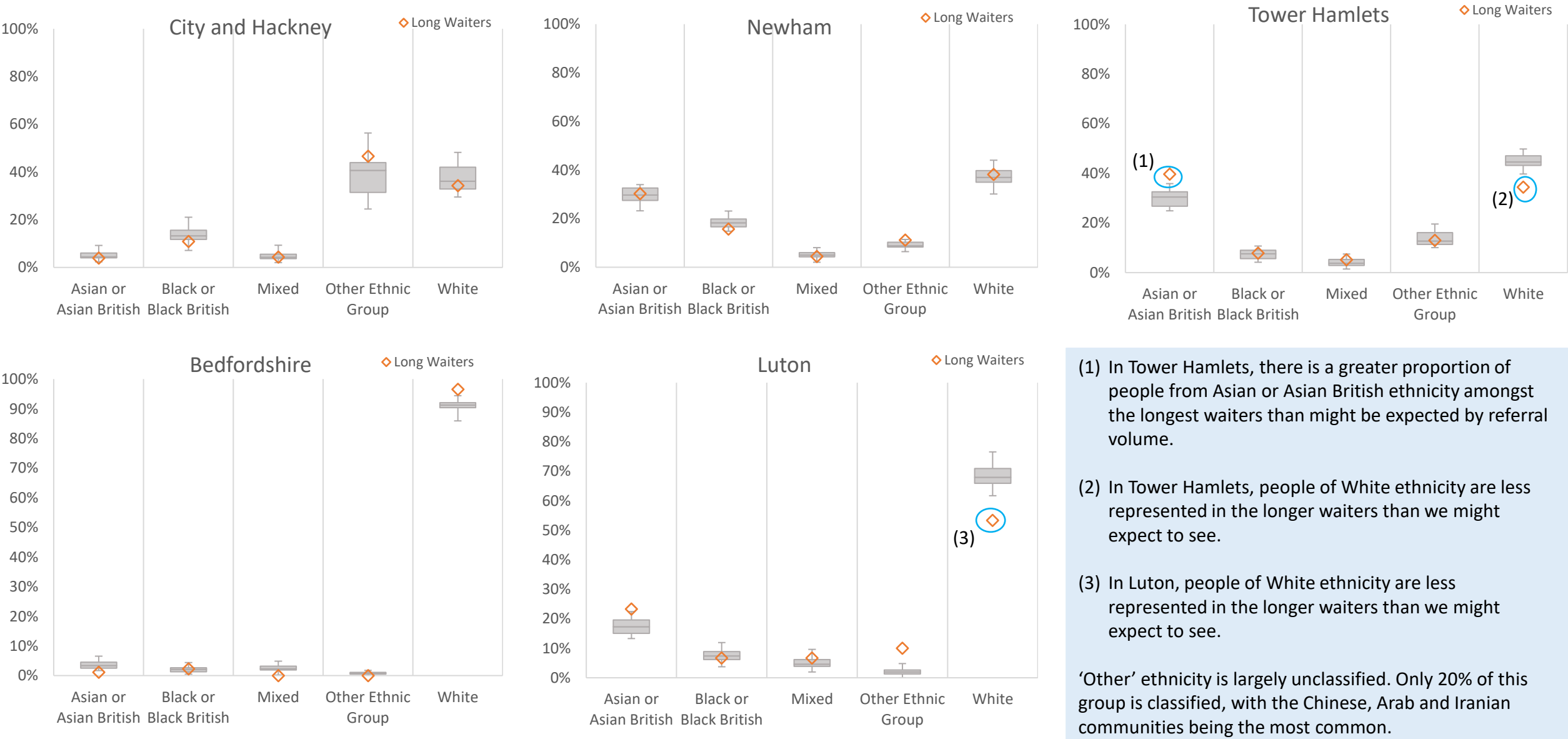
We might predict that there would be little difference between the proportions being referred into our services, and those waiting longest for access to services. Indeed, we might aim to prioritise those groups of service users who are exposed to factors that impact on health outcomes, such as those living in an area of deprivation.

How will we look at our data to help us answer this question?



Adult Community Mental Health

Do we see any unusual variation in **ethnicity** between those who are referred into our adult community mental health services, and those who are waiting longest for assessment?



(1) In Tower Hamlets, there is a greater proportion of people from Asian or Asian British ethnicity amongst the longest waiters than might be expected by referral volume.

(2) In Tower Hamlets, people of White ethnicity are less represented in the longer waiters than we might expect to see.

(3) In Luton, people of White ethnicity are less represented in the longer waiters than we might expect to see.

‘Other’ ethnicity is largely unclassified. Only 20% of this group is classified, with the Chinese, Arab and Iranian communities being the most common.

Adult Community Mental Health

Do we see any unusual variation with regard to **gender** of those waiting longest for assessment?

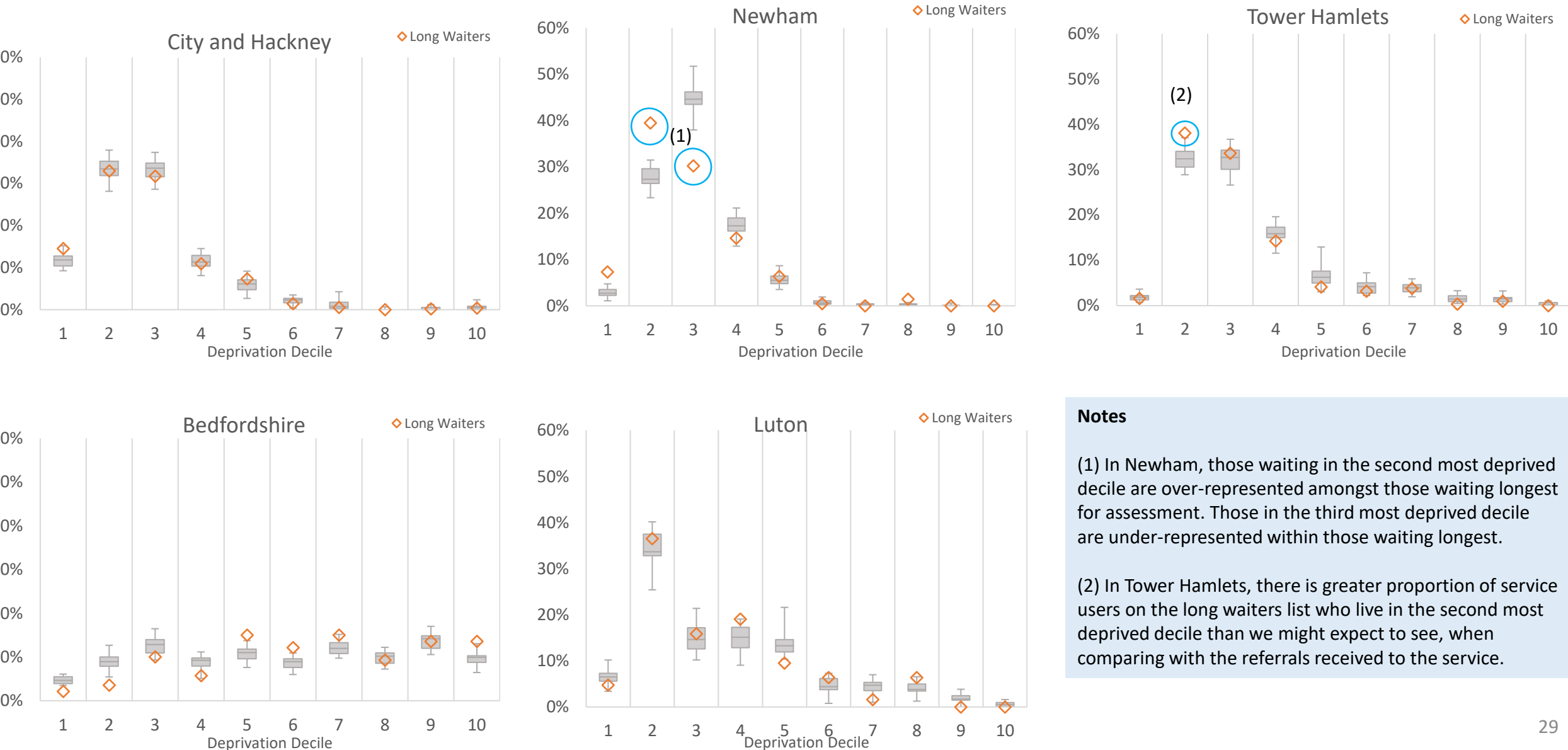


Notes

Gender does not show any unusual variation in any borough when comparing the proportion of referrals received of each gender, with those who are waiting longest for assessment.

Adult Community Mental Health

Do we see any unusual variation with regard to **area of deprivation** for those service users waiting longest for assessment?
(1 = most deprived decile, 10 = most affluent decile)



Notes

(1) In Newham, those waiting in the second most deprived decile are over-represented amongst those waiting longest for assessment. Those in the third most deprived decile are under-represented within those waiting longest.

(2) In Tower Hamlets, there is greater proportion of service users on the long waiters list who live in the second most deprived decile than we might expect to see, when comparing with the referrals received to the service.

Adult Community Mental Health – what might this mean?

In Tower Hamlets, two outliers were identified with regard to ethnicity. People with Asian or Asian British ethnicity were more likely to be waiting longer for assessment than we would expect, and people with White ethnic background are less likely to be waiting longer for assessment.

When looking at these two subpopulations in more detail, area of deprivation was also an important factor. Within the group waiting longest for assessment in Tower Hamlets, 46% of Asian or Asian British service users lived in the two most deprived deciles, compared with only 29% in the White group. This may indicate that deprivation is a stronger factor than ethnicity alone.

In exploring theories about why those of White ethnicity are under-represented in the longest waiting, and those of Asian and Asian British ethnicity are waiting longer than we might expect, we have looked at the attendance profiles of these two groups to appointment. Interestingly, the attendance profiles were almost identical, with 80% of patients attending appointments with ELFT services and 20% being non-attended or cancelled. This indicates that non-attendance or cancelling appointments is unlikely to be a factor impacting on why these groups might be over- or under-represented on our waiting list.

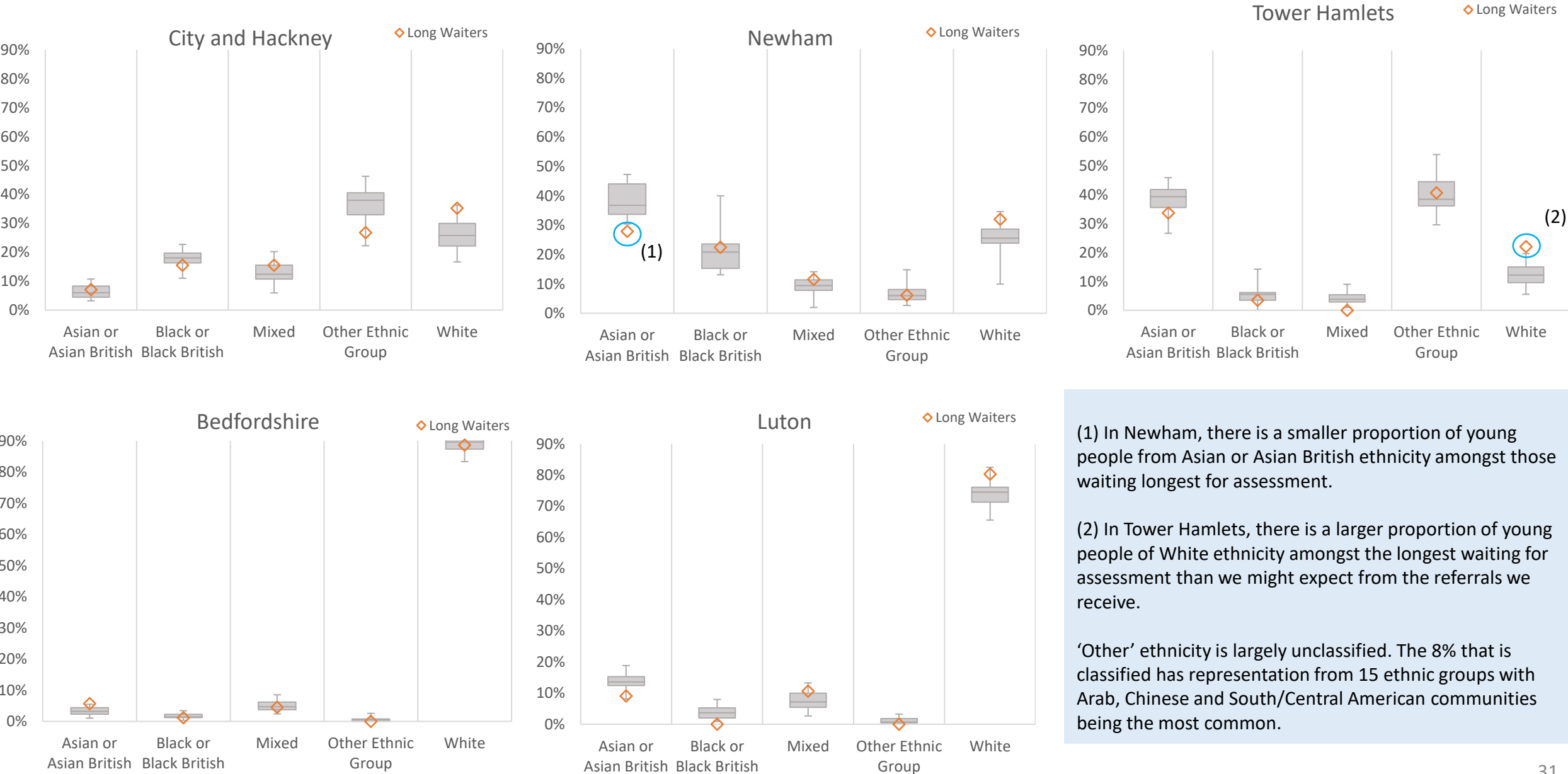
Diving further to patient level, the team in Tower Hamlets has looked at other factors that might be related to this unusual variation we see in length of time waiting for assessment. For some of the service users that are waiting longer than we might expect, from Asian or Asian British ethnicity, there appears to be a theme around language barriers and the requirement for interpreters, with delays in obtaining interpreting being a factor in someone waiting longer than usual. In addition, one service user with hearing difficulties has waited longer for assessment than we would expect, and some referrals for people from this ethnic group are missing important information from primary care in order to proceed.

In Newham, those living in the second most deprived area are waiting longer for assessment than we might expect, and the group living in the third most deprived area appear to be under-represented in those waiting longest. The group of service users from the more deprived area comprised 29% from BAME communities. In the slightly less deprived area, 80% of service users were from BAME communities. The profile of attendance at appointments is also very different. 30% of service users in the more deprived area had missed or cancelled appointments, compared to 9% in the less deprived area.

This initial analysis has helped look at our waiting lists for assessment in community mental health through a number of different equity lenses, and identified some disparities that require further investigation. Providing data in this way at team level allows clinicians to critically assess their waiting lists, and the way in which they make decisions about prioritisation. Even this initial analysis at borough level has raised awareness of disparities that were unknown to us, identified areas for further exploration and potential places to test new ideas to address the inequities.

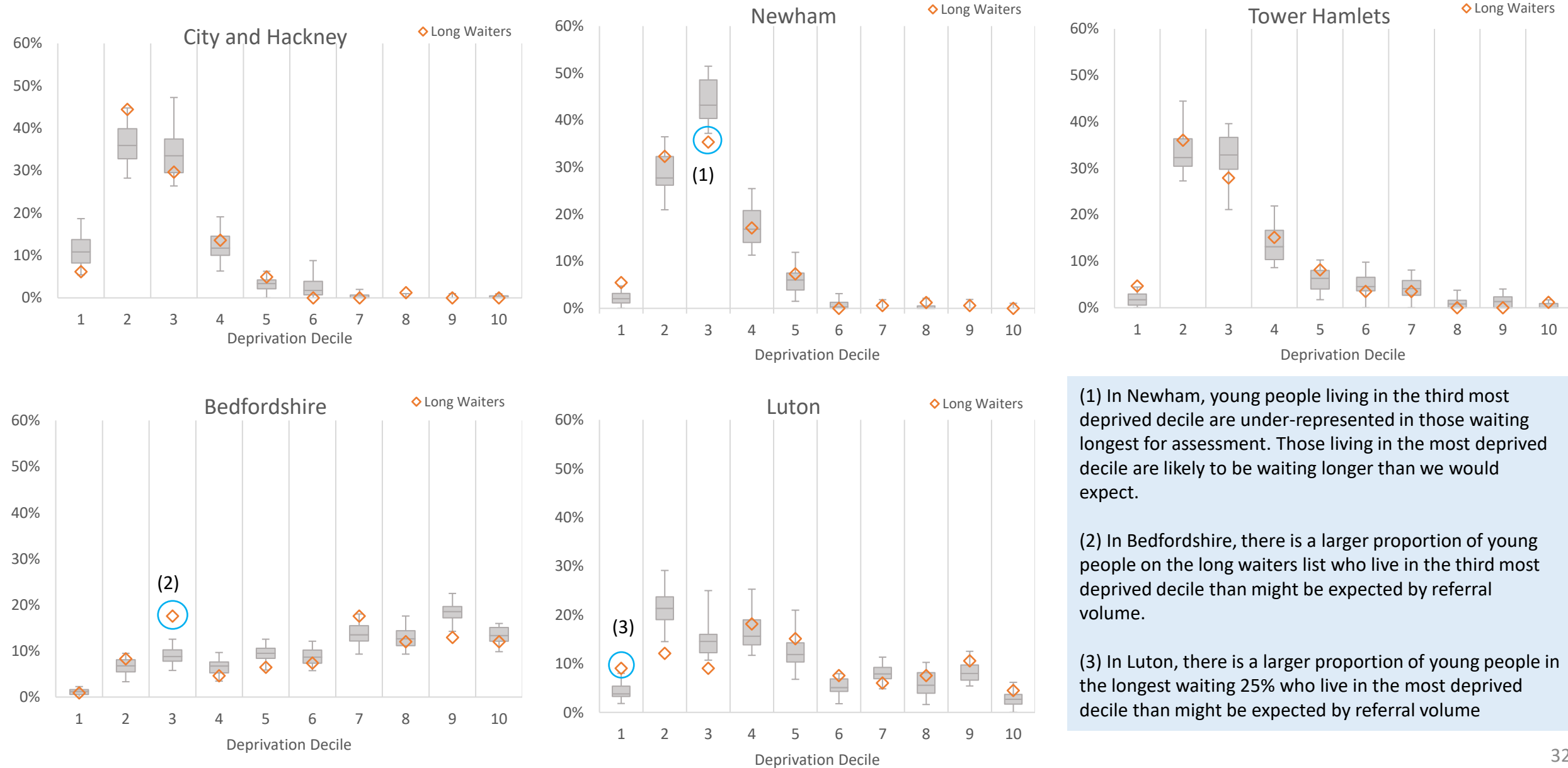
Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to the **ethnicity** of the young people waiting longest for assessment?



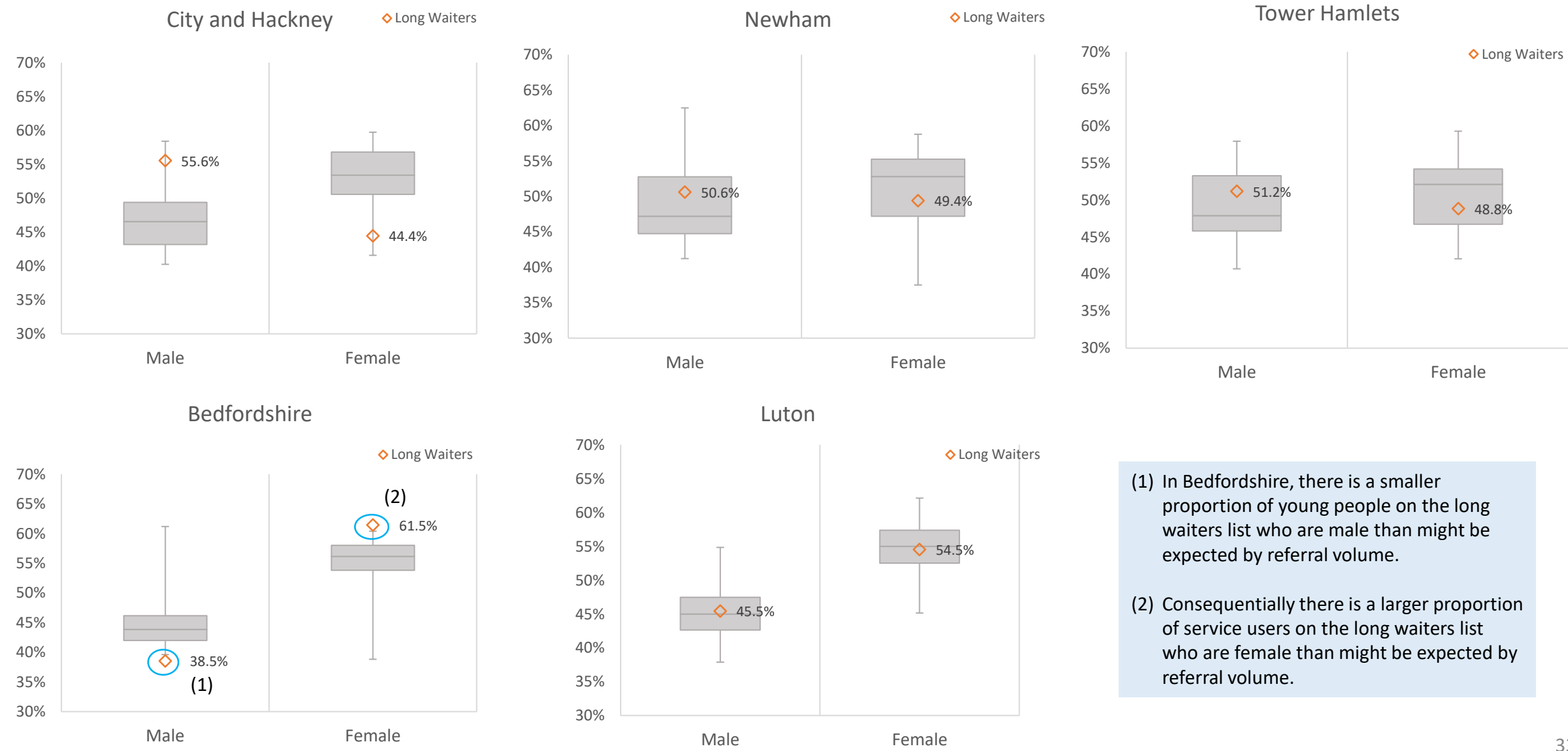
Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to **area of deprivation by borough** for those service users waiting longest for assessment?
(1 = most deprived decile, 10 = most affluent decile)



Child And Adolescent Mental Health Services

Do we see any unusual variation with regard to **gender** of those waiting longest for assessment?



- (1) In Bedfordshire, there is a smaller proportion of young people on the long waiters list who are male than might be expected by referral volume.
- (2) Consequentially there is a larger proportion of service users on the long waiters list who are female than might be expected by referral volume.

Child And Adolescent Mental Health Services – what might this mean?

From this initial analysis of the CAMHS waiting lists for assessment, a few areas of unusual variation have been identified. In Bedfordshire, females appear to be waiting longer than we would expect. In exploring this further to see if there might be any potential factors influencing this, one possibility relates to the age groups that we see in males and females. A smaller proportion of females within our longest waiting 25% in Bedfordshire are 5-6 years old (3%, compared with 14% of our longest waiting males being in this age group). A larger proportion of females were in the 13-14 year old group (33%, compared to 21% of our longest waiting males).

Interesting, although not an outlier, in City & Hackney the pattern is reversed with females waiting less than males for assessment. Within City & Hackney, there is a much larger proportion of females in the longest waiting 25% being in the 13-17 year age group.

In Bedfordshire, young people living in the third most deprived decile are over-represented amongst those waiting longest for assessment. Looking at the attendance pattern of this group of service users, this group was found to have a high frequency of non-attendance and cancellations for appointments, at 30%. High frequency of non-attendance and cancellation is also found in other long waiting outliers in deprivation decile 1 in Luton (19%), Tower Hamlets (18%) and Newham (25%). In comparison the Newham outlier in deprivation decile 3 which saw less longer waiters than expected had a did not attend and patient cancellation rate of 15%.

This initial analysis of CAMHS waiting lists has identified some disparities with regard to gender and deprivation that were unknown to us. Diving further into the service user groups and characteristics has provided the teams with some theories and factors that can now be the focus of creative idea generation and testing, in order to address the inequities that have been identified.

What next?

This initial analysis of waiting lists through an equity lens was requested by the Board in March 2022, and is intended to provide a first attempt at exploring how we might understand and assure ourselves that we are appropriately managing our waiting lists in an equitable way. We have already identified some areas of disparity for adult community mental health and CAMHS that were previously unknown to us, and will be the focus of further understanding and work within our clinical teams.

The next step is to ensure that all our community-based teams have access to similar ways to view their waiting lists through multiple equity lens, so that our teams can look at their waiting lists through factors that we know have an impact on health outcomes, experience of care and access to services. This will enable our services to understand better where any disparities lie, explore the highly local factors that might lie beneath these, and test ideas to address inequities.

Over the next two months, we will be working to build analytics in PowerBI, alongside the existing caseload and waiting list management tools that already exist, which will give our clinical teams this level of insight. This will include geomaps, so that teams can identify specific neighbourhoods where people might be experiencing inequitable access.

REPORT TO THE TRUST BOARD IN PUBLIC 26 MAY 2022

Title	Coroner Regulation 28 Report - Prevention of Future Deaths
Author	Christina Helden, Interim Associate Director of Legal Affairs
Accountable Executive Director	Dr Paul Gilluley, Chief Medical Officer

Purpose of the report

- This report provides a summary of the issues identified by the coroner in respect of Mr Jason Lennon (JL) who experienced a cardiac arrest at the Excel Centre after being restrained; Mr Lennon was under the care of Newham's South Crisis Recovery team
- This report also provides an update on the progress of the actions being taken to address the learning identified and shortcomings in areas of practice
- The Board is asked to consider whether appropriate assurance has been provided

Key issues

On 31 July 2019, Mr Jason Lennon experienced a cardiac arrest at the Excel Centre after being restrained by six security guards. He was under the care of the Newham's South Crisis Recovery Team (CRT) at the time.

The Trust's serious incident (SI) investigation identified several areas of Mr Lennon's care under the CRT that required improvement.

At inquest, the jury concluded that Mr Lennon died from cardiorespiratory arrest in association with restraint and acute psychotic episode. They found that the following circumstances contributed to his death:

- Failures in community mental health care; and
- The extent and manner of restraint (length of time, facing down in prone position) used by security officers at the Excel Centre

HM Coroner subsequently delivered a Regulation 28 Report (the Report) outlining areas of action for the CRT for the purpose of preventing future deaths. They are:

- Expert Psychiatric evidence indicated that Mr Lennon was a suitable candidate for the Care Programme Approach mental health pathway and that the use of this pathway would have reduced the risk of acute deterioration in his Mental State. The CRT failed to appropriately monitor whether Mr Lennon was on a care pathway appropriate to his needs.
- The CRT undertook a flawed review of Mr Lennon's mental state on 29/7/2019 which failed to assess, that Jason was in relapse and a risk of harm to himself and others. Factors which contributed to this failure were:
 - a. CRT staff did not effectively review the medical records prior to assessing Jason.
 - b. The CRT did not communicate important information between themselves and external stakeholders
 - c. The CRT did not document important information arising from the assessment.
- The Trust conducted a Serious Investigation report into the events leading to Mr Lennon's death in November 2019 which made a series of recommendations for action. The action plan was found to be incomplete by 6/2/22 by error attributable to the Trust's Governance team.
- Accepted failings by staff within the CRT fell below standards set by their regulator. There is no evidence before the Court to assess whether ELFT have considered the necessity to make a referral to the regulator.

Actions being taken to address the shortcomings in these areas of practice to improve and ensure safe practice and oversight include:

- The CRT is improving systems for medical records review, note taking and communication necessary for undertaking robust risk assessments.
- Improved SI systems for documenting and following up actions.
- Review of relevant nurse competencies.

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	Safer, more effective care
Improved staff experience	<input checked="" type="checkbox"/>	Clearer expectations and process for staff to follow
Improved value	<input type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	Quality Assurance Committee

Implications

Equality Analysis	There are no identified equality issues.
Risk and Assurance	This report summarised actions taken to respond to risk-related interventions and an assurance of the processes for safe practice and oversight
Service User/Carer/Staff	Delivery of safe reliable care is a priority for the Trust. Service users will benefit high quality response with good risk assessment when they are under the care of the CRT. Greater staff confidence how they respond compassionately will improve their experience of delivering care. Carers will have greater confidence in the safety of their loved ones.
Financial	None.
Quality	The issues highlighted are related to patient safety. Patient safety is the cornerstone of high-quality health care.

Background/Introduction

- 1.1 On 31 July 2019, Mr Lennon experienced a cardiac arrest at the Excel Centre after being restrained by six security guards. He was under the care of the Newham's South Crisis Recover Team (CRT) at the time.
- 1.2 The Trust's Serious Incident investigation identified several areas of Mr Lennon's care under the CRT that required improvement.
- 1.3 At inquest, the jury concluded that Mr Lennon died from cardiorespiratory arrest in association with restraint and acute psychotic episode. They found that the following circumstances contributed to his death:
 - Failures in community mental health care; and
 - The extent and manner of restraint (length of time, facing done in prone position) used by security officers at the Excel Centre.
- 1.4 HM Coroner subsequently delivered a Regulation 28 Report (the Report) outlining areas of action for the CRT for the purpose of preventing future deaths. They are:
 - Expert Psychiatric evidence indicated that Mr Lennon was a suitable candidate for the Care Programme Approach mental health pathway and that the use of this pathway would have reduced the risk of acute deterioration in his Mental State. The CRT failed to appropriately monitor whether Mr Lennon was on a care pathway appropriate to his needs.
 - The CRT undertook a flawed review of Mr Lennon's mental state on 29 July 2019 which failed to assess, that Jason was in relapse and a risk of harm to himself and others.
 - Factors which contributed to this failure where:
 - CRT staff did not effectively review the medical records prior to assessing Mr Lennon.
 - The CRT did not communicate important information between themselves and external stakeholders.
 - The CRT did not document important information arising from the assessment.
 - The Trust conducted a SI report into the events leading to Mr Lennon's death in November 2019 which made a series of recommendations for action. The action plan was found to be incomplete by 6 February 2022 by error attributable to the Trust's Governance team.
 - Accepted failings by staff within the CRT fell below standards set by their regulator. There is no evidence before the Court to assess whether ELFT have considered the necessity to make a referral to the regulator.

2.0 Care Programme Approach

- 2.1 Despite the opinion of the independent expert it remains the Trust opinion that Mr Lennon did not require to be under the Care Programme Approach.
- 2.2 NHS England (NHSE) have asked all NHS Mental Health Trusts to move away from the Care Programme Approach (CPA).
- 2.3 This is outlined in the Community Mental Health Framework for Adults and Older Adults published by NHS England and NHS Improvement and the National Collaborating Centre for Mental Health, 2019 and NHS England's Care Programme Approach Position Statement, 2021.
- 2.4 The Trust expects this new approach to be fully implemented by March 2024. Albeit, NHSE has not yet published specific details as to what will replace CPA. It is anticipated that this

change will alter the way services are accessed and run on a day-to-day basis including decisions as to appropriate care pathways.

- 2.5 We are already working at ELFT using DIALOG+ to work with service users to coproduce care plans in the absence of CPA.
- 2.6 Newham Directorate has received additional recurrent crisis funding (since Mr Lennon's death) for the CRT to ensure that service users continue to receive safe quality care during this transformation and beyond.
- 2.7 The crisis funding includes two additional support workers to assist with Flexible Assertive Community Treatment (FACT), the CRT's approach to providing "*meaningful intervention-based care for service users*" who are experiencing crisis. It operates as another supportive crisis layer for patients under the leadership of the same Consultant Psychiatrist.
- 2.8 Mr Lennon required a period of more intense mental health intervention than would be available through CPA. FACT (which was only being trialled at the time of his death) would have been more appropriate to his needs.
- 2.9 The CRT operates FACT by maintaining a list of service users whose urgent needs are difficult to meet with standard CRT care including CPA (service users on CPA are only required to have a monthly review). FACT fills the gap when a service user is in crisis (albeit it does not replace appropriate Home Treatment Team referrals where individuals can be supported at weekends and evenings also). The FACT list is discussed in regular team meetings.
- 2.10 FACT meetings that take place 3 x each week. There is also space in weekly sub- team meetings to discuss any service users that require an even more urgent FACT response.
- 2.11 Staff are allocated to the service users requiring immediate intervention by matching their skills to needs. These staff work with the service user for the duration of their time under the FACT process along with staff who are a regular part of the service user's care (such as care coordinators) and report back into the meetings on actions.
- 2.12 The FACT meetings continually monitor the service users progress and agree a risk rating. This is tracked and actions are assigned accordingly. FACT is a dynamic process, and the meetings constantly consider new service users who require FACT input and remove people whose risk rating illustrates a decrease in risk.
- 2.13 FACT is an important supportive crisis layer that will remain part of the CRT and HTT going forward even as services evolve and move more into primary care. It is a critical safety net that is especially necessary whilst the Trust is moving away from the CPA. Though, it is important to stress that it does not replace CPA.
- 2.14 The Trust awaits further information from NHSE as to the new structures that will replace CPA.

3.0 Incomplete SI Action Plan

- 3.1 It is unfortunate that one of the actions on the SI action plan was not completed. The Associate Director of Risk and Governance provided reassurance to the Court via a witness statement that the following actions had taken place to ensure that this does not occur again:
 - An Action Plan tracker was introduced in March 2021 onto Datix, our (Incident Management database) which, can be filtered by Action Owner so that Actions outstanding for completion can be readily reviewed and followed up.

- Actions by 'owner' are identified at supervision meetings for all SI Reviewers to identify the status of their actions.
- In October 2021, the department introduced a live SI Management Tracker which is used to operationally oversee all aspects of ongoing SIs and SIs listed for Inquest.
- The SI Tracker is updated weekly by the SI Reviewers and status overseen by line managers.
- Both the SI and Action Tracker systems provide granular oversight of what Tasks and Actions are outstanding for completion. This provides line managers with the ability to get accurate position updates on their cases and any associated Actions that are yet to be concluded.
- Whenever a SI Lead Reviewer is leaving the service, their actions are reviewed and completed or handed over to another SI Reviewer for handling - as appropriate. There remains local responsibility for the SI and the oversight of the local Clinical Director and the DMT to complete the action plan.

3.2 Since the inquest, the Trust SI Team has made contact with Flying Angels completing this action.

3.3 The Deputy Borough Director has made further arrangements with Flying Angel's to conduct a feedback session (by the end of May 2022) to discuss the outcome of the Trust's SI and the Inquest. Discussion with Flying Angel will also cover how mental health services are structured and the paths for accommodation providers to obtain support for service users who are experiencing deteriorating mental health.

4.0 Concerns regarding practice of registered professionals

4.1 Staff members acknowledged omissions in practice in the care provided to Mr Lennon during the inquest.

4.2 The service leads have started a service wide teaching programme looking at crisis management and escalation. This programme will be implemented across all Community Mental Health Trusts within the Trust.

4.3 The Trust is aware of the issues highlighted at inquest related to specific clinical staff. The practice had not met the Trust threshold for referral of individuals to their professional regulators. The Trust is responding and cooperating with the regulators with information requests. The individuals identified have personal plans to address any issues identified. The NMC have been informed of the actions taken in relation to individuals and are in agreement with this course of action

4.4 In any event a referral has been made by other Interested Persons at inquest. If the outcome shows that the Trust did not interpret the regulator's threshold correctly it will review its internal processes at that time.

5.0 Action being requested

5.1 The Board is asked to consider whether appropriate assurance has been provided.

REPORT TO THE TRUST BOARD IN PUBLIC 26 MAY 2022

Title	Coroner Regulation 28 Report - Prevention of Future Deaths
Author	Christina Helden, Interim Associate Director of Legal Affairs.
Accountable Executive Director	Dr Paul Gilluley, Chief Medical Officer

Purpose of the report

- This report provides a summary of the issues identified by the coroner in respect of a Trust service user, Mr Ottway (GO) who experienced a cardiac arrest whilst in seclusion and provides an update on the progress of the actions being taken to address the learning identified and shortcomings in areas of practice
- The Board is asked to consider whether appropriate assurance has been provided

Key messages

On 1 April 2021, Mr Ottway experienced a cardiac arrest whilst in the seclusion room on Lea Ward, Mile End Hospital. This followed 12 hours of sustained violent and aggressive behaviour. Police were called twice times and rapid tranquilisation was administered on two occasions.

The Trust's serious incident (SI) investigation identified some areas for learning, and the Trust's panel firm solicitor noted the SI was thorough and fair in their summary of inquest to NHS Resolution.

The coroner concluded that Mr Ottway died from natural causes. However, she remained concerned about the following issues in relation to his care:

- *Though Mr Ottway was meant to be under constant nursing observation, not only was he in cardiac arrest but he was also cold and exhibiting hypostasis when he was found. This appears to indicate that either the nursing observation was not constant, or it was not effective. I appreciate that the Trust is putting in place a new IT system to monitor signs of life, but nevertheless basic nursing observations must be performed competently.*
- *When the senior duty nurse and the nurse undertaking continuous observation noted that they could not see evidence of respiration, they did not immediately enter the seclusion room where Mr Ottway lay, because they deemed that unsafe following his earlier violent behaviour.*
- *The senior duty nurse told me at inquest that he could not be sure that Mr Ottway was not holding his breath, though he had never done this and there was no evidence that he was doing so now.*
- *The senior duty nurse also told me that the visibility through the Perspex panel was poor, though he had never brought this to anyone's attention and did not do so after Mr Ottway's death.*
- *The senior duty nurse told me that the nurses would not enter the seclusion room until the rapid response team was present, but he did not call the rapid response team as soon as he suspected that Mr Ottway was not breathing. Instead, he started by going to get one of the other nurses, which took a couple of minutes; then he rang the duty doctor; and only after that did he radio for the rapid response team.*
- *The junior doctor was the last person to attend the resuscitation and told me he did so after the rapid response team, yet no one had entered the seclusion room by the time he arrived. It may be that there was a (perhaps unconscious) reluctance to enter the room without a doctor, despite the presence of the rapid response (nursing) team. But by the time the junior doctor got to the door and immediately identified that Mr Ottway was not breathing, at least six and a half to seven minutes had elapsed since the first two nurses saw no evidence of respiration. This was well outside the three to four minute window of opportunity for resuscitation without inevitable brain damage or death.*

- *In the six and a half to seven minutes before the junior doctor arrived at the seclusion room, the emergency grab bag had not. That took another 30 seconds, though to retrieve it was only a three minute round trip from the room where the nurses who had first identified the lack of respiration were waiting.*
- *The junior (and only) doctor called to assist in the attempted resuscitation was not familiar with the contents of the emergency grab bag, told me that it would not have occurred to him to ask for any equipment to assist with ventilations other than a pocket mask, and explained that he was not trained in giving adrenaline or any other medicines for resuscitation. As he was the only medical resource available in the case of an emergency, these seem significant gaps.*
- *When paramedics arrived, they found that chest compressions were being given (by nursing staff) to Mr Ottway's abdomen instead of his chest, thus rendering them ineffective.*

Actions being taken to address these shortcomings in these areas of practice to improve and ensure safe practice and oversight include:

- There has been significant trust wide work around observation practice including training, testing competencies and learning lessons. There are systems in place to audit compliance and quality of the prescribed level of observations.
- CCTV and Oxehealth will be placed in all seclusion rooms to aid observations in difficult circumstances.
- Medical emergency simulations are being run regularly, across the whole organisation.
- A QI project has been introduced to ensure that the simulations are effective in Tower Hamlets.

Strategic priorities this paper supports

Improved population health outcomes	<input type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	Safer, more effective care
Improved staff experience	<input checked="" type="checkbox"/>	Clearer expectations and process for staff to follow
Improved value	<input type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	Quality Assurance Committee

Implications

Equality Analysis	There are no identified equality issues.
Risk and Assurance	This report summarised actions taken to respond to risk-related interventions and an assurance of the processes for safe practice and oversight.
Service User/Carer/Staff	Delivery of safe reliable care is a priority for the Trust. Service users will benefit from better physical health monitoring in seclusion rooms. Greater staff confidence in how they manage situations that involve violence and aggression, in light of potential medical emergencies. Carers will have greater confidence in the safety of their loved ones.
Financial	None.
Quality	The issues highlighted are related to patient safety. Patient safety is the cornerstone of high-quality health care.

1 BACKGROUND/INTRODUCTION

- 1.1 On 1 April 2021, Mr Ottway experienced a cardiac arrest whilst in the seclusion room on Lea Ward.
- 1.2 This followed 12 hours of a sustained violent and aggressive behaviour. Police were called twice and rapid tranquilisation was administered on two occasions.
- 1.3 The Trust's serious incident (SI) investigation identified some areas for learning and improvement. The Trust's panel firm solicitor noted the SI was thorough and fair in their summary of inquest to NHS Resolution (NHSR).
- 1.4 The coroner concluded that Mr Ottway died from natural causes. However, she remained concerned about the following issues in relation to Mr Ottway's care:
 - *Though Mr Ottway was meant to be under constant nursing observation, not only was he in cardiac arrest but he was also cold and exhibiting hypostasis when he was found. This appears to indicate that either the nursing observation was not constant, or it was not effective. I appreciate that the Trust is putting in place a new IT system to monitor signs of life, but nevertheless basic nursing observations must be performed competently.*
 - *When the senior duty nurse and the nurse undertaking continuous observation noted that they could not see evidence of respiration, they did not immediately enter the seclusion room where Mr Ottway lay, because they deemed that unsafe following his earlier violent behaviour.*
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 - *When paramedics arrived, they found that chest compressions were being given (by nursing staff) to Mr Ottway's abdomen instead of his chest, thus rendering them ineffective.*

2.0 NURSING OBSERVATIONS (Point 1, 3)

- 2.1 Mr Ottway was under continuous nursing observations. The SI reviewer stated that those observations were undertaken appropriately and in line with the Trust's seclusion policy. The evidence that Mr Ottway was suffering from hypostasis had not been provided as part of the Serious Incident Review and therefore did not feature in the SI review. Since receiving the Prevention of Future Deaths Notice from the coroner, this has been reviewed further by the Clinical Director of Tower Hamlets, to determine what further action is required. At present, this is not yet clear.
- 2.2 Since April 2021 the Trust has been implementing a plan to improve observation practice. Across the trust all staff within inpatient services have received training and undergone competency assessment, with practice being monitored through regular audit. The Trust Observation Policy has also been reviewed and updated. Electronic recording of observation is also in the process of being rolled out and implemented across services.
- 2.3 Additionally refresher session on effective observations for service users in seclusion took place on 19 May 2022 for Rosebank Ward, and will take place on 26 May 2022 for Millharbour Ward and 20 July 2022 for all Duty Senior Nurses. The lessons from this Serious Incident are also being shared with staff across the organisation as part of all inpatient away days.
- 2.4 The Trust is also currently rolling out the Oxehealth system to monitor signs of life in seclusion rooms. The installation of this system will be completed by the end of June 2022 in Tower Hamlets and there is a program of installation for all seclusion rooms in the Trust, with a completion date of September 2022. In support of this, all inpatient staff who carry out seclusion observations will receive training on the use of Oxehealth. The CCTV in the seclusion room has also been upgraded to improve visibility and has a live stream to support observations.
- 2.5 These enhancements to seclusion rooms will enhance the ability to observe service users whilst in seclusion. Whilst this does not replace the need for effective nursing observations (and is not intended to), they will provide a valuable adjunct to improve patient safety overall.

3.0 SECLUSION ROOM ENTRY (Point 2,6)

- 3.1 Safety and Management of Seclusion training requires a certain number of staff be present prior to entering the seclusion room, especially if a service user has a history of violence. As part of the response to this incident, the Trust Seclusion Policy is being updated to be explicit about effective response in a medical emergency, and how the Oxehealth system can support this. This review and update of the policy will be completed by the end of August 2022.

4.0 PERSPEX PANEL VISIBILITY (Point 4)

- 4.1 The Perspex panel has been replaced and is now clear and this forms part of the environment checks.

5.0 EMERGENCY RESPONSE (Point 5,7,8,9)

- 5.1 In response to the need to provide effective response to emergency medical situations, emergency response simulations are held across the Trust, including on Tower Hamlets inpatient wards. These are in addition to the Intermediate Life Support training that staff receive as part of their mandatory training (within which compliance is monitored). These

simulations enable staff to practice the prompt response to emergency situations in order to enable an effective response when a real emergency occurs.

- 5.2 Intermediate Life Support Training does not include venous access or the administration of drugs such as adrenalin. This would be given in Advanced Life Support training which takes place in Acute hospitals. Staff within mental health inpatient services are trained to identify the deteriorating patient and provide cardiopulmonary resuscitation in the case of a cardiac arrest. We do not train staff on mental health inpatient units to cannulate or administer intravenous medication. This is in keeping with the national picture
- 5.3 A quality improvement project has now also been started with the goal of ensuring that the emergency simulations are robust and provide the necessary learning and education to clinicians.
- 5.4 In all cases of a suspected clinical emergency, clinicians should either raise the alarm or call the rapid response team for assistance via the radio – immediately. This is reflected in the simulations and has been communicated to all staff across the inpatient services. The review of the Trust seclusion policy also includes this requirement.
- 5.5 The Trust's junior doctors are now included in all of the emergency response simulations. In addition, a session has been added to the junior doctor induction for the purpose of familiarising them with the contents of the grab bag and how to use the equipment contained within it.
- 5.6 The simulations also include a focus on good quality CPR. Recent feedback from paramedics has confirmed that the standard of CPR across the directorate is significantly improved.

6.0 ACTION BEING REQUESTED

- 6.1 The Board is asked to consider whether appropriate assurance has been provided.

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Appointments & Remuneration Committee 19 April 2022 – Committee Chair's Report
Committee Chair	Ken Batty, Senior Independent Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Appointments & Remuneration Committee meeting held 19 April 2022.

Key messages

Executive Directors Recruitment

- Following the appointments of Steven Course as the Chief Finance Officer at NHS Norfolk and Waveney Integrated Care Board and Dr Paul Gilluley as the Chief Medical Officer at North East London Integrated Care Board, the plans for recruiting to these two statutory Executive Directors roles were shared
- Assurance was provided that interim appointment arrangements are being put in place to ensure continuity and the roles are not vacant whilst the recruitment processes take place.

People Plan 2022-2026

- The Committee agreed the People Plan for 2022-2026 and sought assurance that the plan is owned and driven by all leaders in the Trust, and not only by the People & Culture team
- The four priorities in the People Plan, which are aligned to the NHS People Plan and Trust strategy, are:
 - Looking after our people
 - Belonging to the NHS
 - Growing and developing
 - New ways of working and delivering care.

2021 National Staff Survey and Staff Wellbeing

- Overarching themes from the 2021 survey are similar to those identified from the 2020 survey:

2021	2020
- Equality, diversity and inclusion	- Equality, diversity and inclusion
- Retention and morale	- Safe environment
- Staff wellbeing	- Staff wellbeing

- For most of the indicators, the Trust measures the same as the national average
- A number of indicators are better than the national average including:
 - having a compassionate culture and compassionate leadership
 - staff each have a voice
 - there is a healthy and safe climate
 - we are always learning
- For the indicators for equality, diversity and inclusion; working flexibly and burnout the Trust is lower than the national average
- Since 2017 the Trust's staff engagement score (comprised of measures including recommending the organisation as a place to work and/or receive care, looking forward to work, being absorbed in work, being involved and being able to have a say) is above average compared to other Trusts
- The Wellbeing & Engagement team are supporting directorates to review local response rates and local actions

- Trust-wide themes are similar to the previous year and actions to address the gaps are linked to and will build on a number of plans already in place
- Completion rates had decreased from 44% to 42% compared to an average of 55% response rate
- Committee noted a range of engagement actions had been undertaken and requested that the communications and engagement plan is strengthened to improve response rates
- Agreed the importance of triangulating the findings from the regular Pulse surveys with the annual staff survey
- *The results of the national staff survey for 2021 is included in the People Report agenda item*

Board Assurance Framework: Staff Experience – Risks 5 and 6

- **Risk 5:** *If the Trust does not effectively attract, retain and look after staff wellbeing, there will be an impact on the Trust's ability to deliver the Trust's Strategy:*
A range of actions in place to manage the challenges in recruitment and retention including a focus on CAMHS consultant posts, development of retention initiatives including a focus on new roles, support improvements to workforce planning, and a new attraction package from providers of agency medical and AHPs
- **Risk 6:** *If issues affecting staff experience and equalities are not addressed there may be issues around staff morale and engagement:*
The Committee noted the large number of actions in place including the appointment of the Head of Equality, Diversity and Inclusion, and suggested that to provide more clarity the focus should be on those high level actions and levers that will have a significant impact.

REPORT TO TRUST BOARD IN PUBLIC
26 MAY 2022

Title	Progress Report ELFT People Plan
Author	Tanya Carter, Chief People Officer
Accountable Executive Director	Tanya Carter, Chief People Officer

Purpose of the report

- The purpose of the report is to update the Trust Board on the progress against the ELFT People Plan and to provide the Board with assurance in terms of the areas of concern, mitigating actions and progress across some people metrics.
- The report formally launches the revised People Plan 2022-2026.

Committees/meetings where this item has been considered

Date	The Staff Survey and the refreshed People Plan were discussed at the Appointment and Remuneration Committee in April. The other areas have not previously been discussed.
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Key messages

What is going well?

The new ELFT People Plan has been signed off by the Board's Appointment and Remuneration Committee. The new People Plan focuses on the following areas:

- Looking after our people
- Belonging in the NHS
- Growing and developing
- New Ways of working and delivering care.

There has been positive feedback about Learning Management System (LMS) and work is progressing well in terms of the Supervision project. The appraisal window has shifted from 1 April 2022 – 30 June 2022 and to 1 July 2022 – 31 September 2022 and work is being undertaken to redesign the Appraisal process to align with the LMS.

The ELFT Learning Academy (ELA), the Trust's learning management system, was launched in February 2022 replacing the OLM system. The greatest challenge of the ELA roll-out has been around data. As a result, the L&D team has suspended its regular reporting activity whilst the work continues to validate statutory and mandatory training data.

In total, there are 110 live ER cases, which is a slight reduction of the previous reporting period of 113. Currently, there are three Employment Tribunal cases, which has reduced by one since the last report. The number of ACAS cases and long-term sickness cases remain the same: three ACAS, 128 long-term sickness cases, (this figure does not include long-term Covid cases) and 233 short-term sickness cases are being managed by the People Relations team.

A redesigned ELFT Leadership programme commences in June 2022 with capacity for two cohorts. Additional cohorts will commence in autumn 2022. The programme consists of five face-to-face sessions, coaching and a short project (in collaboration with the public health team). A 'Stepping into Leadership' session was held in April, designed for staff who would like to explore more about leadership but not yet in a formal leadership role. More sessions are planned to take place throughout the year.

What are the concerns?

We continue to hear of concerns regarding increasing fuel costs and mileage rates. This has been raised nationally and is also being explored within the NEL and BLMK ICS areas. We have

received an update from NHS Employers that they are making a case for a national agreement to improve current arrangements with consideration to improving either the existing rate(s) and/or the 3,500 mile cap. We have been advised by Department of Health and Social Care (DHSC) colleagues that any change may need Treasury approval, given the impact for other parts of the public sector where arrangements are different to those found in the English NHS. We continue, however, explore what we can do locally to support staff.

Progress since the last report

The NHS Staff Survey results embargo was lifted on 31 March 2022. Whilst the Trust achieved the highest staff engagement scores amongst London Mental Health Trusts, there were areas where significant further engagement and work is required.

The themes identified as a result of the 2020 National Staff Survey were:

- Equality, diversity and inclusion
- Safe environment
- Staff wellbeing.

The overarching themes for the 2021 National Staff Survey are:

- Equality, diversity and inclusion
- Retention and morale
- Staff wellbeing.

The Staff Survey draws on nine questions from the overall survey in order to create a staff engagement score. These questions measure aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being absorbed in work and being involved as well as being able to have a say. In terms of staff engagement, we have tracked above average, when compared to other Trusts, since 2017. We are currently at a staff engagement score of 7.3, with the average Trust in our comparator group being 7.0.

Strategic priorities this paper supports

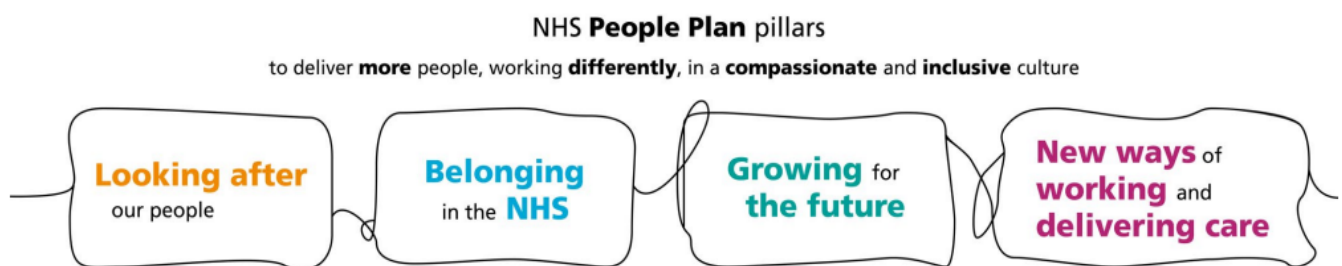
Improved population health outcomes	<input checked="" type="checkbox"/>	We have taken a population health approach to our staff's well-being as many members of staff live and or work within the boroughs that we provide services.
Improved experience of care	<input checked="" type="checkbox"/>	Research shows that if staff are engaged then they will be able to provide better care to patients and service users.
Improved staff experience	<input checked="" type="checkbox"/>	The approach to improvement sets out in this paper is designed to directly improve staff experience. The revised People Plan underpins the staff experience across all P&C workstreams and more broadly across the Trust.
Improved value	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money

Implications

Equality Analysis	The People Plan has been co-produced with Equality, Diversity and Inclusion in mind.
Risk and Assurance	The priority areas detailed in the People Plan will support mitigate the risks in the Board Assurance Framework (Risks 5 & 6)
Service User/ Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

1. Background

- 1.1. This paper sets out to provide assurance as well as a progress report on the delivery against the People Plan. The new ELFT People Plan 2022-2026 has been agreed and is in support of the delivery of the Trust strategy. The Trust's four key priorities are:
- Improved Population Health Outcomes
 - Improved Experience of Care
 - Improved Staff Experience
 - Improved Value
- 1.2. In particular, the People Plan delivers improved staff experience. The 2022-2026 Trust People Plan was signed off in March 2022 at the Board's Appointments and Remuneration Committee, and has been created to support the delivery of the Trust's strategy. The four priorities in the People Plan are:
- Looking after our people
 - Belonging in the NHS
 - Growing and developing;
 - New Ways of working and delivering care.
- 1.3. The four pillars of the ELFT People Plan aligned to the NHS People Plan and ELFT strategy are:



Trust Strategy
Improving the quality of
life for all we serve

Primary Driver
Improved experience
of Staff

Priority Area: New Ways of Working

Improve flexible working policies, practice and modes of working to be consistent and transparent

Streamline processes to get the basics right to reduce frustration and misunderstanding

Enhance hybrid working and/or remote working

Upskill workforce to make better use of technology to improve efficiently

Work collaboratively with partner organisations across NEL and BLMK integrated care systems, closer working with NELFT

Support for staff to go through the emotional impact of change management and changes to ways of working

Create new roles and placements such as apprentices, Advanced Clinical Practitioners, etc

Future proof People and Culture functions inline with the national HR and OD review to deliver and support the People Plan

Priority Area: Looking After our People

A responsive and evolving wellbeing offer that develops a trauma informed approach to support the health of staff using the Wellbeing Wheel to support their emotional, environment, social, physical and financial needs

Advice, guidance sign posting information sharing

Health Checks and MOTs for staff

Supporting staff who experience difficulties resulting from impact of trauma in their role

Recognition and thank you mechanisms

Environments suitable for staff to have breaks in and good quality work space that help staff to work comfortably and effectively

Trauma informed approach to wellbeing and people policies

Enabling the purchase and selling of annual leave via an electronic platform i.e. Health Roster

Priority Area: Belonging in the NHS

Staff transferring into ELFT on to AfC terms and conditions at 'day 1'

Celebration of diversity through events and marketing

Increase the representation of people from Black, Asian and Ethnic minority communities in senior positions

Develop the organisational culture in terms of all equality strands embedding the Trust values

Becoming an anti-racist and multicultural organisation

De-bias recruitment practices and processes to have greater representation from the local community

Priority Area: Growing and Developing for the Future

Using certified and validated competency frameworks to inform and develop our staff including for recruitment at senior level

Building in strategic workforce planning so that we build our future workforce in a more tactical and less reactive way

Leadership Strategy that supports compassionate leadership across all staff groups

A robust and equitable Organisational Development Offer

Embed a new approach to managerial supervision which has at its core a focus on wellbeing and personal development

Refocus the appraisal process to ensure that all staff have clarity of objectives, feel their work is valued and their personal development aspirations incorporated

Professional development opportunities for all staff with clear, transparent and accessible pathways available

Access to coaching and mentoring

Improve the apprentice learner journey ensuring all staff maximise the experience and complete the programmes they start
Increase the number of apprenticeships, ensuring all learners are supported and developed to a high standard
As an Anchor organisation use our apprenticeship levy to enable small medium enterprises and charity organisations to access support

Maximise the ELFT Learning Academy to become the primary home for the Trust's learning content and development processes

Increase the uptake of informal learning activities such as shadowing, project work, and shadowing to support the professional development of staff

A strategy for centralised temporary staffing leading to reduced agency usage

Building on our pilot for international recruitment for difficult to recruit roles to incorporate a staff accommodation strategy

Work with local schools and colleges

2. COVID-19

- 2.1. The people and culture team have continued to focus on support staff across the Trust in responding to the challenges of COVID-19. In particular, we continue to offer support to those affected by long-COVID across the organisation, both in terms of supporting a return to work where possible, and also in accessing sources of support and treatment.
- 2.2. The COVID testing programme also continues, with staff now able to use the universal system to order their own kits via a dedicated NHS England portal. The Trust is continuing to promote testing, with staff submitting their lateral flow test results via the internal ELFT system. In April 2,059 staff reported LFT results.
- 2.3. The ever green offer for staff vaccination also continues to take place with staff being able to access services at Stratford Westfield vaccination site in London.
- 2.4. ELFT has also been confirmed as remaining as the lead employer for the mass vaccination programme for the North East London Integrated Care system. The following areas of work continue as part of this:
- modelling optimisation of the deployment of workforce to support surge delivery
 - undertaking the lead employer maturity assessment (awaiting results from April submission) for NHSE
 - A Healthcare Assistant Care (HCA) Certificate pilot programme is currently underway to allow mass vaccinations bank staff to be able to work in Trusts as an HCA, both to improve retention rates and allow employees to be upskilled and access a wider range of roles in the NHS.
 - Wider recruitment and retention activities are taking place with those who have been part of the vaccination programme. These include weekly retention webinars (33 to date) and 1:1 individual career advice appointments (234 to date). 105 people have made use this service, and secured positions in roles including Admin Lead, Vaccinator, Team Lead, Ward Clerk, Nurse, and HCA.
 - The Reservist Programme to recruit up to 300 reservists to support the delivery of services (initially hosted by Barts Health) is now being transferred to ELFT as Lead Employer for the NEL vaccination services. The hosting of reservists by the lead employer for vaccinations is a model used by a wide number of ICS's and a project team has been established to begin the implementation process. It is envisaged that the reservists will be recruited and trained primarily to support the vaccination programme and the expected increase for booster vaccinations in autumn –winter 2022.

3. Employee Relations Activity Report – April 2022

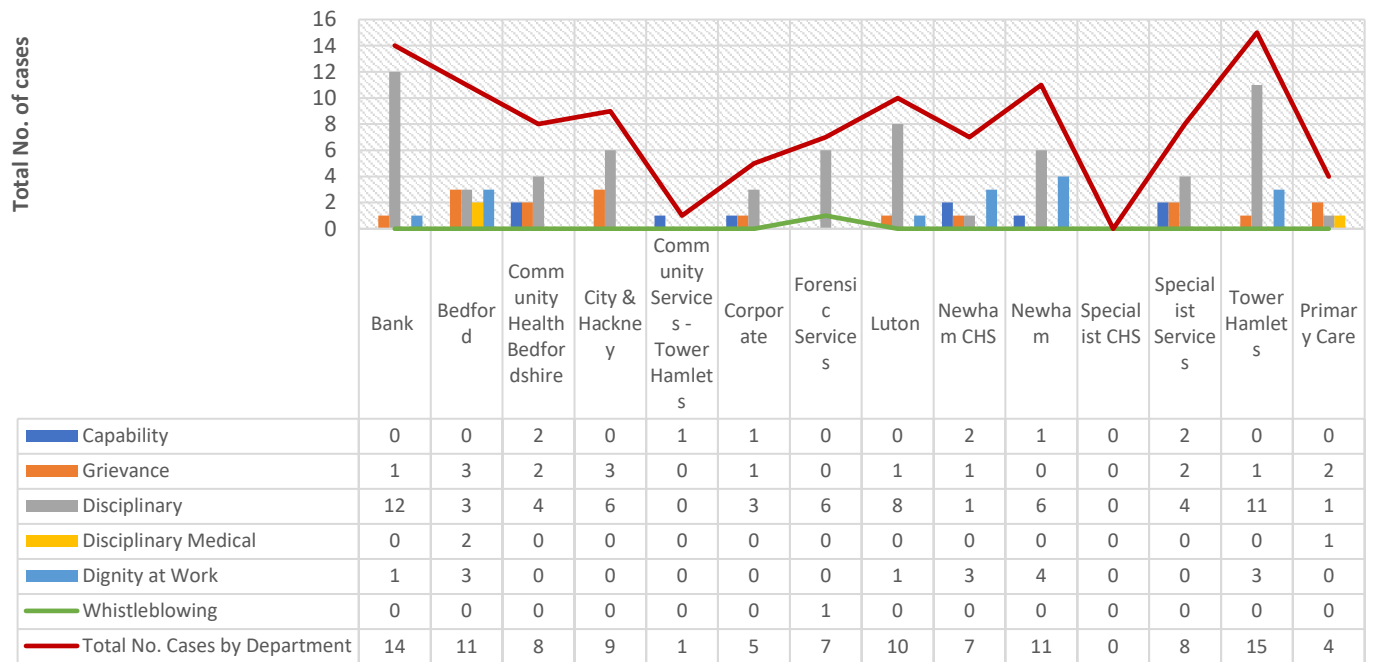
In total, there are 110 live ER cases plus three Employment Tribunal cases, three ACAS, 128 long-term sickness cases (this figure does not include long term Covid cases which are being managed informally), and 233 short-term sickness cases being managed by the People Relations team.

4. People Relations Activity - Breakdown by Month

Case Type	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Capability	9	10	7	8	6	10	9	11	10	8	9	9
Dignity at Work	6	7	9	9	14	13	10	14	13	16	19	15
Disciplinary	51	53	47	46	40	42	56	62	58	69	67	65
Disciplinary (Medical)	2	3	2	2	2	2	2	3	3	3	3	3

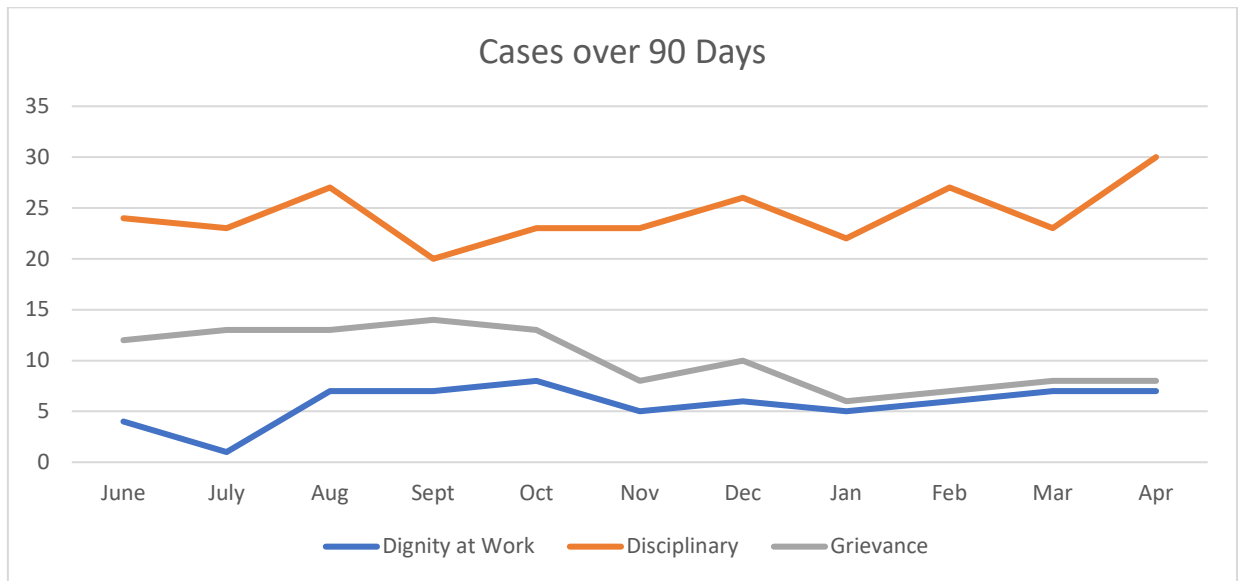
Case Type	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Grievance	9	11	13	13	14	13	14	15	15	16	17	17
Whistleblowing							1	0	0	1	2	1
Tribunals	9	9	10	10	12	10	8	7	5	4	3	3
Total	86	93	88	88	88	90	100	112	104	117	120	113

Number Of Cases By Directorate



Average duration of open cases

Case Type	July (Days)	August (Days)	Sept (Days)	Oct (Days)	Nov (Days)	Dec (Days)	Jan (Days)	Feb (Days)	Mar (Days)	Apr (Days)
D@W	92	86	59	78	93	76	91	95	96	92
Disc	113	115	121	98	71	75	87	86	88	99
Griev	168	152	155	155	136	133	124	131	126	105



Allegation Type

An analysis has been done on the range of allegations that are at a formal stage of the Disciplinary process. The top three fall into the following:

- Fraud
- Assault
- Inappropriate behaviour.

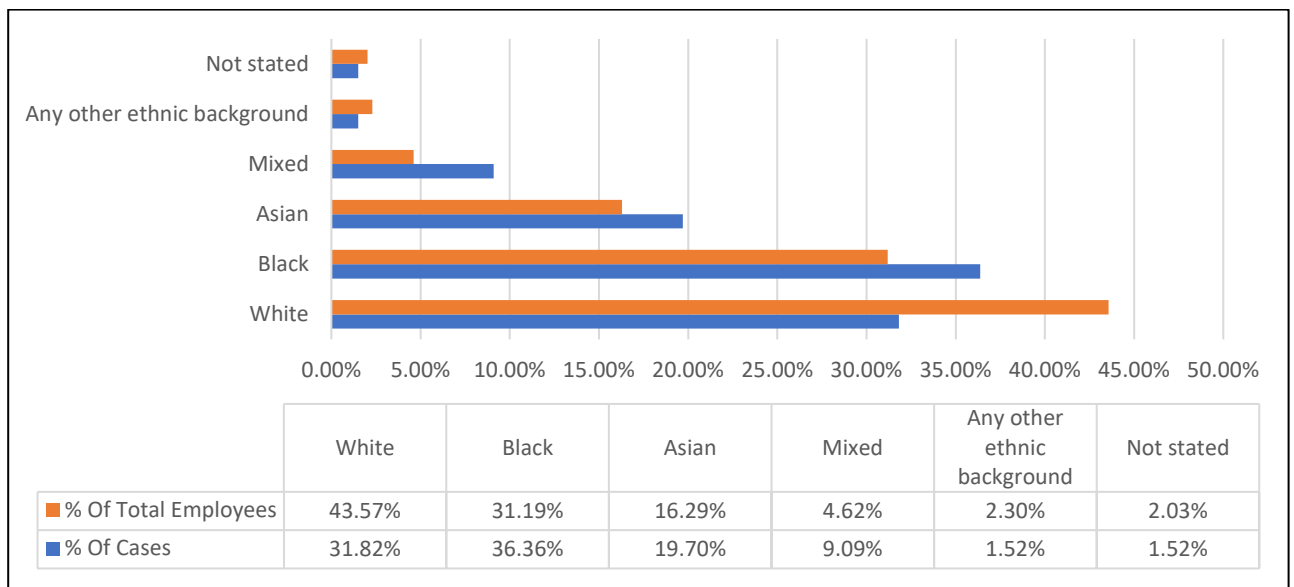
Number of suspensions per month

Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
4	5	5	5	5	5	1	1	1	3	6	6	6	7	7

Number of People on Restricted duties per month

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
N/A	2	2	2	2	2	1	1	1	20	24	25	24

Comparison of Ethnicity of Open Disciplinary cases with the Ethnic split of Trust



Appeals

The Trust has one live appeal.

Closed cases: 18 ER cases closed in April

Case Type	Total No. of closed cases for July	Total No. of closed cases for August	Total No. of closed cases for Sept	Total No. of closed cases for Oct	Total No. of closed cases for Nov	Total No. of closed cases for Dec	Total No. of closed cases for Jan	Total No. of closed cases for Feb	Total No. of closed cases for Mar	Total No. of closed cases for Apr
Capability	2	3	1	1	0	0	0	1	2	0
Dignity at Work	1	1	2	4	4	0	1	1	5	8
Disciplinary	9	14	11	15	12	9	10	3	19	8
Grievance	2	2	2	3	2	1	1	0	4	2
Total:	14	20	16	23	18	10	12	5	30	18

Summary of Employment Tribunal cases

There are currently three ETs (one closed in March).

Directorate	No
Bedfordshire	2
Corporate	1

5. People Development

- 5.1. The ELFT Learning Academy (ELA), the trusts learning management system was launched in February 22 replacing the OLM system.
- 5.2. Feedback from staff has been uniformly positive in terms of the ability to access the system, find the learning they need and either completing the e-learning or booking themselves on classroom training. This improved staff experience was one of the main aims of the change project.
- 5.3. In the three months since launch the ELA has seen an increase of staff accessing the system and completing courses as shown below.
- 5.4. The greatest challenge of the ELA roll-out has been around data. As a result, the L&D team has suspended its regular reporting activity whilst the work continues to validate statutory and mandatory training data.
- 5.5. This has involved setting up an automated feed from the Data Warehouse to the ELA, transferring the data staff data that it receives from ESR. A multi-disciplinary project team has been working on this activity for 6 months and have created a data feed which is now validated as representative of the data in ESR and this was uploaded into ELA on 6th May. This data set has been a step forward in terms of the quality of the data in the system. The data is being refreshed weekly as part of ongoing testing and on 6th June it is planned to launch an automated daily upload so that the ELA is continuously reflective of the data in ESR.
- 5.6. Now the team have confidence in the validity of the user data the targeting of the training can be finalised. The new system allows for a different approach for targeting learning with the training being directed towards roles rather than individuals. This will allow for new staff to be mapped on day 1, and for staff who move roles to be immediately mapped to their new requirement. The targeting is being created using the mapping that existed for OLM

with the different employment characteristics being used to create the profile for each of the 46 stat & man training courses.

- 5.7. This is an iterative process as we make changes and ongoing improvements to the targeting with incremental improvements to the accuracy being achieved. It is proposed that the reporting will recommence when the team have a 90% confidence level in the targeting.

6. Medical Education Update

- 6.1. The Medical Education Department is contracted with Homerton's Newcomb Library for all ELFT staff to have access to online and physical library services. More information on what is available for all ELFT staff (not just medics) can be found here:
<https://www.homerton.nhs.uk/east-london->

6.2. Trainee expansion

Discussions are currently underway with clinical directors and Finance to establish if we can accommodate requests to take on additional Core and GP trainee placements. This will help support junior doctor rotas, and demand on trainees. This will also in turn increase the attractiveness to recruit for substantive Consultant posts and links in very well with the Consultant recruitment drive in L&B.

We have been able to successfully establish higher trainee posts in Old Age and General Adult which will prove very attractive for incoming trainees to take up posts like eating disorders.

6.3. Medical Student Expansion

We have also received requests from medical schools across London, Luton, and Bedfordshire from which we normally take students and have increased the number of students we accept.

6.4. GMC National Training Survey 2022

The GMC National Training Survey (NTS) will be open from Tuesday 22nd March to Tuesday 3rd May 2022. This is an opportunity for doctors in training, and their trainers to feedback on their experiences working in ELFT. Regular reminders are being sent to trainees and trainers to complete the survey.

6.5. Medical Education Awards

Every year the Medical Education department opens up calls for doctors to nominate someone they thought deserved a Medical Education Award for their outstanding clinical work, teaching, leadership or contributions to teams and services.

We are pleased to announce the following winners:

Category	London	L&B
SAS Dr	Dr Amer Mukhtar	Dr Nasir Haneef
Undergrad trainer	Dr Jonny IYIOLA	Dr Paul Lomax
Postgrad Trainer	Dr Olivia Protti	Dr Baljit Upadhyay
Postgrad Trainee	Dr Fergus Lewis	Dr Henrietta Blyt

Winners were shared at the May Bart's Academic programme presented by Dr Paul Gilluley, Chief Medical Officer, and Prof Frank Röhrich, Medical Director for Research, Innovation and Medical Education.

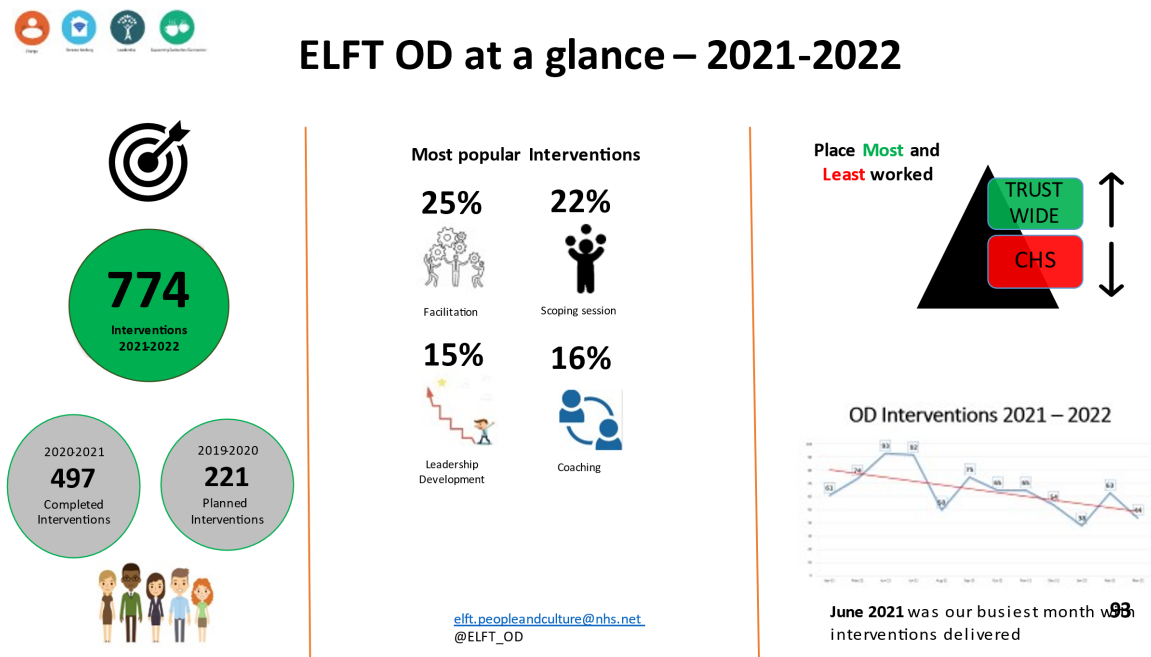
6.6. Digital Passports

As part of Health Education England's (HEE) ongoing work to improving staff experience, and set out in the interim People Plan, NHS Long Term Plan and the 2016 Junior Doctors Contract negotiations, ELFT has signed up to work with HEE to enable Training Grade Drs to more easily move from one NHS employer to another.

The aim of the Enabling Staff Movement Strategy is to improve the experience of staff when they move between roles in the NHS, reducing the duplication of form filling, employment checks and mandatory training so that they can spend more time with patients.

7. Organisational Development Activity

- 7.1. The total number of interventions delivered by the OD team in 2021-2022 was 774. This was an increase of 64% on the previous year.
- 7.2. The most popular intervention was facilitation (making up 25% of the total interventions). The second most popular were scoping sessions (in which the OD consultant contracts with the client team and develops the plan and outcomes for bespoke interventions (22%). Next, over 125 people or teams have benefited from coaching (16%) and finally delivering bespoke Leadership Development activities in Bedfordshire and Primary Care (19%). We are collaborating with North East London NHS Foundation Trust (NELFT) to share mentors across both organisations.



8. Leadership Activity

- 8.1. A redesigned ELFT Lead programme commences in June 2022 with capacity for two cohorts. Additional cohorts will commence in autumn 2022. The programme consists of five face-to-face sessions, coaching and a short project (in collaboration with the public health team).
- 8.2. A 'Stepping into Leadership' session was held in April, designed for staff who would like to explore more about leadership but not yet be in a formal leadership role. More sessions are planned to take place throughout the year.

- 8.3. In collaboration with Coms, an ELFT Senior Leaders forum is being designed. It is anticipated that it will run on a quarterly basis and is designed to bring senior leaders together across ELFT to consider relevant leadership topics.
- 8.4. A standalone system leadership module is being designed for our leaders, with the support of an external partner.

9. National NHS Staff Survey

- 9.1. Using a summary table provided by Picker, the below are the five most and least improved questions when compared to only ELFT answers from 2020.

Most improved scores	Trust 2021	Trust 2020	Most declined scores	Trust 2021	Trust 2020
q9c. Immediate manager asks for my opinion before making decisions that affect my work	69%	65%	q3i. Enough staff at organisation to do my job properly	31%	43%
q17a. Would feel secure raising concerns about unsafe clinical practice	78%	75%	q11d. In last 3 months, have not come to work when not feeling well enough to perform duties	48%	53%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	66%	q2a. Often/always look forward to going to work	58%	63%
q5c. Relationships at work are unstrained	54%	51%	q13d. Last experience of physical violence reported	87%	91%
q14d. Last experience of harassment/bullying/abuse reported	63%	60%	q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	67%	71%

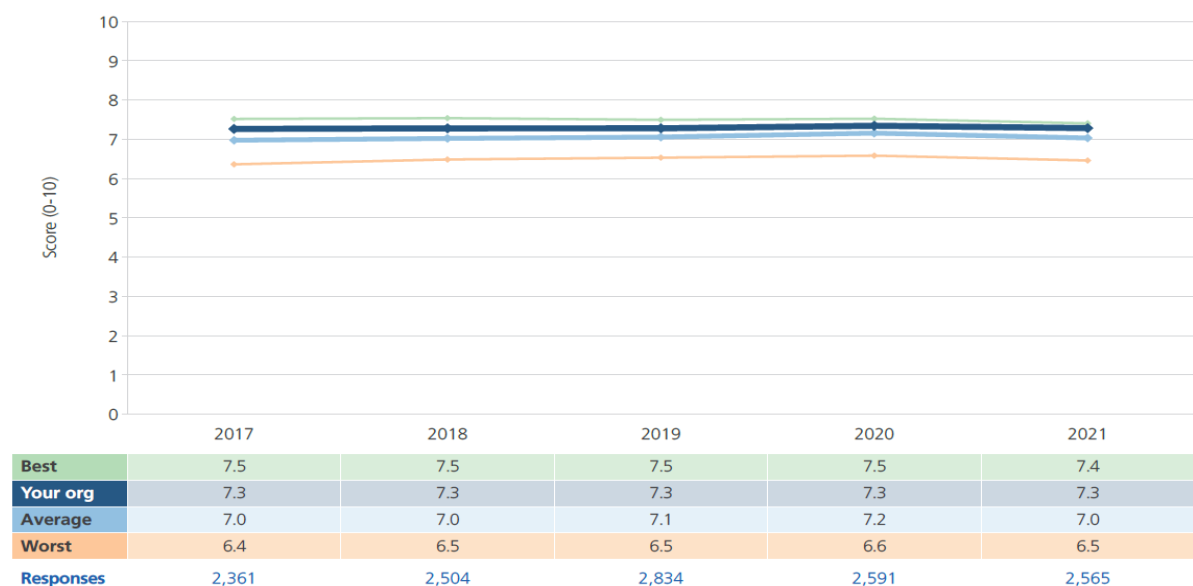
- 9.2. Again, using the summary table provided by Picker, the below are the five questions that came out better and worse when compared to other Trusts in our comparison group.

Top 5 scores vs Picker Average	Trust	Picker Avg	Bottom 5 scores vs Picker Average	Trust	Picker Avg
q21c. Would recommend organisation as place to work	71%	63%	q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	69%	73%
q3f. Able to make improvements happen in my area of work	66%	59%	q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	87%	91%
q8a. Teams within the organisation work well together to achieve objectives	59%	52%	q12b. Never/rarely feel burnt out because of work	28%	31%
q3e. Involved in deciding changes that affect work	60%	54%	q12a. Never/rarely find work emotionally exhausting	15%	18%
q19c. Appraisal helped me agree clear objectives for my work	38%	33%	q16b. Not experienced discrimination from manager/team leader or other colleagues	88%	91%

- 9.3. Staying with the comparison against other Trusts, all 117 survey questions have been placed into 9 themes (these themes differ to previous years, as they are now based on the NHS People Promise elements).
- 9.4. Across these People Promise themes, the Trust response is either the same as the national average or are higher.



- 9.5. The Staff Survey also draws on nine questions from the overall survey in order to create a staff engagement score. These questions measure aspects such as recommending the organisation as a place to work/receive care, looking forward to coming to work/being absorbed in work and being involved as well as being able to have a say. In the graph below, the dark blue line represents ELFT. This indicates that since 2017 the Trust has tracked above average when compared to other Trusts in terms of staff engagement. This score is also the highest amongst London mental health trusts.



- 9.6. For most of the indicators, the Trust measures the same as the national average.
- 9.7. A number of indicators are better than the national average including:
 - Having a compassionate culture and compassionate leadership
 - Staff each have a voice
 - There is a healthy and safe climate
 - We are always learning.
- 9.8. For the indicators for equality, diversity and inclusion; working flexibly and burnout the Trust is lower than the national average
- 9.9. Overall, the themes from the staff survey this year are:
 - Equality, diversity, and inclusion
 - Retention and morale
 - Staff wellbeing (including burnout).

These are similar to themes from the previous year, and reflect the need for the Trust to continue to focus on trauma informed approaches in work with staff, the importance of continuing to work on issues relating to inequalities and working to be an anti-racist organisation, as well as ongoing support for staff both personally and professionally. These themes are reflected in both directorate and Trust plans, as well as the revised Trust People Plan.

10. Cost of living Crisis

- 10.1. Conversations are taking place within the Trust Executive and the Wellbeing Forum to explore how staff can be further supported in light of the cost-of-living crisis. This includes but is not limited to reviewing the 3,500 mileage limits and mileage rates paid per mile. Other initiatives being explored are around food banks for staff and service users, interest free staff loans and reviewing our People & Culture processes that may inadvertently cause hardship. A wellbeing survey has been sent Trust wide so that staff can help inform the benefits offer. The results of this will be reported to the next board. The hardship fund is still in operation.

11. Recruitment and Retention

- 11.1. Work continues to support areas with the highest agency spend to recruit to vacant posts. A new recruitment campaign to attract Consultant Psychiatrists for Luton and Bedfordshire has been launched this month, including a bespoke recruitment video including information not only about the Trust but also the local area and its many attractions. via agreed communication routes.
- 11.2. Job descriptions for consultant posts are also being gathered into a central repository starting with Luton and Bedfordshire in order to reduce delays associated with Royal College approvals. Direct support is also being offered to produce and review job descriptions for consultant positions where services are operating with long term agency usage. We are engaging with a permanent recruitment agency to identify candidates from overseas and this has had some success in appointing candidates to substantive positions with the first of these doctors having an agreed start date of the 25 May 2022.
- 11.3. Work is also continuing to identify ways of streamlining the on-boarding process to the bank with some transfer of responsibilities within the People & Culture team to improve efficiencies. Bank pay rates are also being benchmarked again to review any opportunities to reduce agency spend by incentivising bank work. The training and development offer to bank staff is also being reviewed.

11.4. Our first three international nurses joined us in April from India and have been welcomed to the Trust.

12. Freedom to Speak Up Update Report 1 March to 30 April 2022

12.1. FTSU concerns raised – by themes

FTSU Concerns Raised - Data by Themes	1 st January to 28 th February 2022	1 st March to 30 th April 2022
Patient Safety/Quality of Care	1	5
Bullying/Harassment/Negative Behaviours	7	3
*Worker safety	4	0
Processes/Organisational Structure/Other	12	14
COVID-19 related	2	0
Others	0	0
Unknown	0	0
**Total number of themes	26	22
Total Number of staff raising concern	20	17
Number of concerns raised anonymously	1	0
***Disadvantageous and/or demeaning treatment as a result of speaking up	0	0

**Worker safety added as a category by the National Guardian Office as of July 2021.*

***Total number of themes does not always correspond with the total number of staff raising concern, one staff concern can relate to multiple themes.*

**** The term 'detriment' now replaced with 'disadvantageous and/or demeaning treatment', though the term detriment is still used in brackets to avoid any confusion*

- This was a decrease of three concerns raised from the last reporting period (January and February 2022)
- Processes/Organisational Structure/Other have seen an increase
- Such concerns in this theme were linked to:
 - Access to work support
 - HR processes
 - A building in disrepair
 - Policy in an area of work.

12.2. FTSU concerns raised – by Directorate

FTSU Concerns Raised - Data by Directorate	1 st January to 28 th February 2022	1 st March to 30 th April 2022
Bedfordshire	7	0
City & Hackney Services	0	3
Community Health Services - Bedfordshire	0	0
Community Health Services - Newham	1	7
Community Health Services - Tower Hamlets	0	2
Corporate Services	3	1
Forensic Services	1	1

FTSU Concerns Raised - Data by Directorate	1st January to 28th February 2022	1st March to 30th April 2022
Luton	0	0
Newham	0	1
Primary Care Directorate	2	0
Specialist Services	0	2
Tower Hamlets	6	0
UNKNOWN	0	0
TOTAL	20	17

The most notable increases in FTSU concerns from a Directorate are in CHS Newham and relate to concerns about the mixed messages on the permanency of the Cazaubon Ward at East Ham Care Centre and its impact on staff and patients. This

12.3. FTSU concerns raised – by Professional Group

FTSU Concerns Raised - Data by Professional Group	1st January to 28th February 2022	1st March to 30th April 2022
Administration, Clerical & Maintenance/Ancillary	10	2
Allied Health Professionals	2	9
Corporate Services	1	1
Medical and Dental	0	0
Registered Nurses and Midwives	1	2
Nursing Assistants or Healthcare Assistants	0	1
Social Care	0	1
Not Disclosed	1	0
Other	5	1
TOTALS	20	17

The NGO definition or 'Other' is:

- Can include any professional group that does not fit with any other professional group category.
- Can also include volunteers working in charity shops, fundraisers and similar.
- Also includes Student Nurses.

The concern from 'Other' was raised confidentially.

The biggest increase is from Allied Health Professional, which corresponds with the rise in reporting from CHS Newham.

13. People & Culture

Jemma Ball, Deputy Director of People & Culture, will be leaving the Trust at the end of June 2022. Jemma has worked for the Trust since 2019 and has been instrumental in the transformation of some of the P&C services, not least in the response to COVID-19. Jemma's successor, Barbara Britner, will join by the end of July 2022.

Corrine Cunningham, Head of People Relations will also be retiring at the end of June. Corinne transferred to ELFT from South Essex Partnership Trust (SEPT) in 2015 and has transformed the way in which we undertake People Relations. She effectively manages a large caseload of People Relations Activity and Employment Tribunal Cases which have consistently remained between 10-15 each year. Currently we stand at three Tribunal cases. Corinne has also been a nurturing and compassionate leader to her team.

14. Action being requested

The Board is asked to **RECEIVE** and **NOTE** the report.

East London NHS Foundation Trust

2021 NHS Staff Survey

Benchmark Report

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About this report

This benchmark report for East London NHS Foundation Trust contains results for the 2021 NHS Staff Survey, and historical results back to 2017 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations.

Please note: Results for q1, q10a, q22d, q23a-c, q24-q28a, and q29a-q31 are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from our [results website](#).

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the [People Promise](#). This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes new sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions.

Please note that you can navigate to the results of a particular score or question result by clicking on it in the table below.

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

Introduction

This section provides a brief introduction to the report, including features of the graphs used throughout. The '[Organisation details](#)' page contains key information about the organisation's survey and its benchmarking group.

People Promise element and theme results

This section provides a high-level [overview](#) of the results for the seven elements of the People Promise and the two themes, followed by results for each of the [sub-scores](#) that feed into these measures. [Trend data](#) are shown for the themes of Staff Engagement and Morale. Results for the People Promise elements and themes are also presented split by staff experience during the [Covid-19 pandemic](#).

In the [Detailed information section](#), question level results have been divided into sections based on the sub-score and People Promise element or theme they contribute to. These are presented as line charts, or as bar charts where no trend data is available.

Questions not linked to a People Promise element or theme

[Results](#) for the small number of questions that do not contribute to the result for any People Promise element or theme are included in this section.

About your respondents

This section provides details of the staff responding to the survey, including the results of questions relating to their experience during the [Covid-19 pandemic](#) and [demographic and other classification questions](#).

Workforce Equality Standards

[This section](#) shows the data required for the NHS Staff Survey indicators used in the [Workforce Race Equality Standard \(WRES\)](#) and the [Workforce Disability Equality Standard \(WDES\)](#).

Appendices

Here you will find:

- Response rate trends
- Significance testing of the theme results for 2020 vs 2021
- Tips on action planning and interpreting results
- Details of the other reporting outputs available

Key features

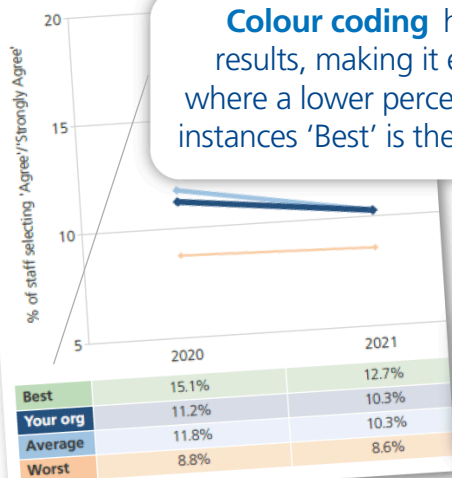
Question number and text (or summary measure) specified at the top of each slide

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable

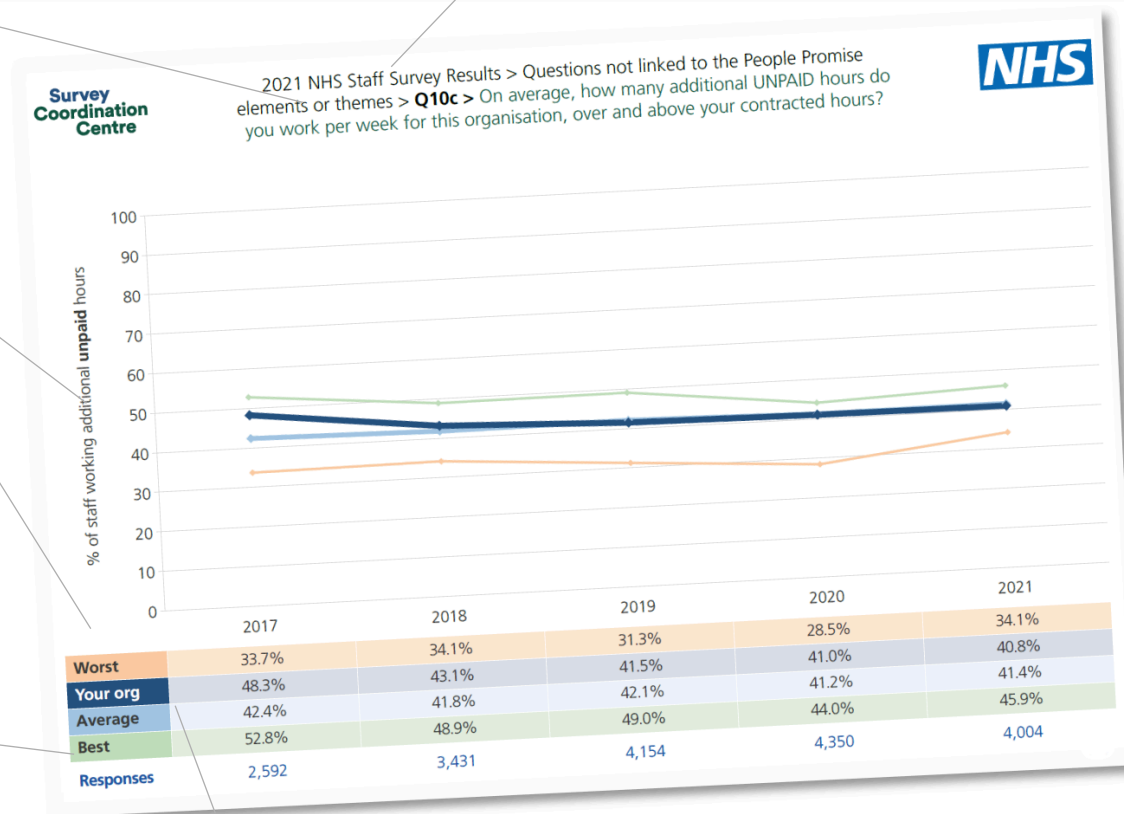
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

 Keep an eye out!

Number of responses for the organisation for the given question



Slide headers are **hyperlinked** throughout the document. '2021 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text can be used to navigate to sections and sub-sections



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**



Tips on how to read, interpret and use the data are included in the [Appendices](#)

East London NHS Foundation Trust

2021 NHS Staff Survey



Organisation details

Completed questionnaires **2,606**

2021 response rate **42%**

➤ [See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

**Mental Health & Learning
Disability and Mental
Health, Learning Disability
& Community Trusts**



2021 benchmarking group details

Organisations in group: **51**

Median response rate: **52%**

No. of completed questionnaires:
116,567



People Promise element and theme results

For more details please see the [technical document](#).

East London NHS Foundation Trust
2021 NHS Staff Survey Results



We are
compassionate
and inclusive



We are
recognised
and rewarded



We each
have a voice
that counts



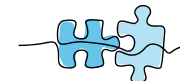
We are safe
and healthy



We are always
learning



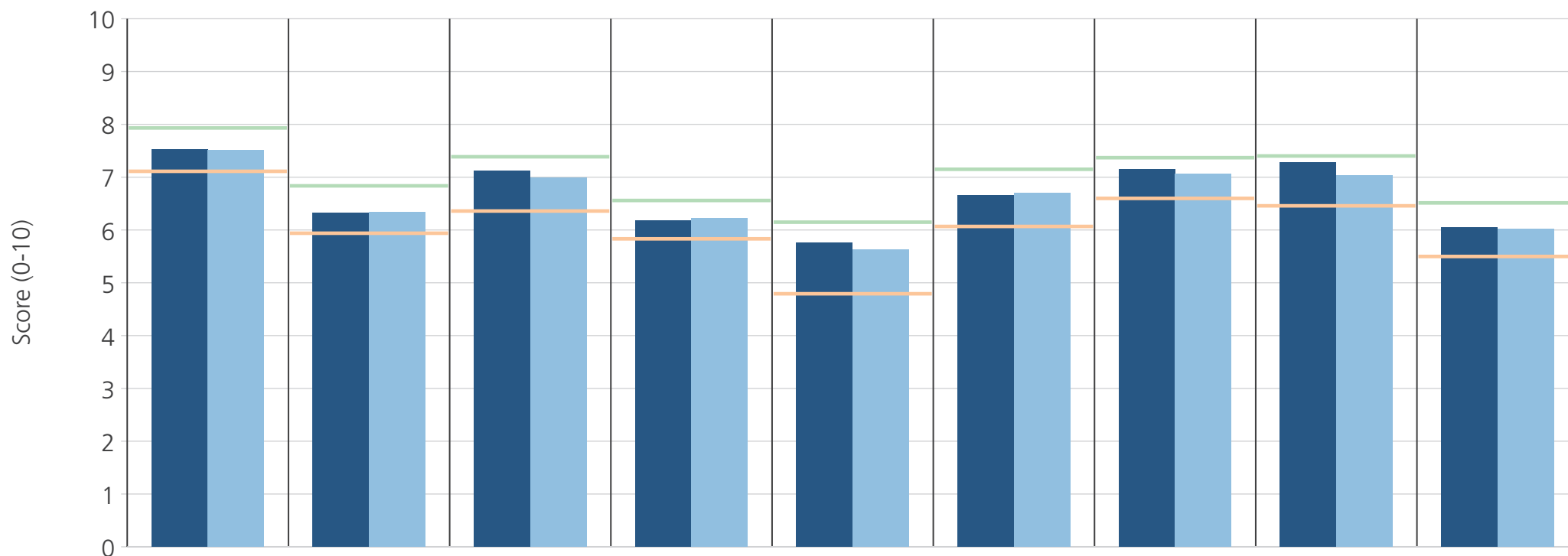
We work flexibly



We are a team

Staff
Engagement

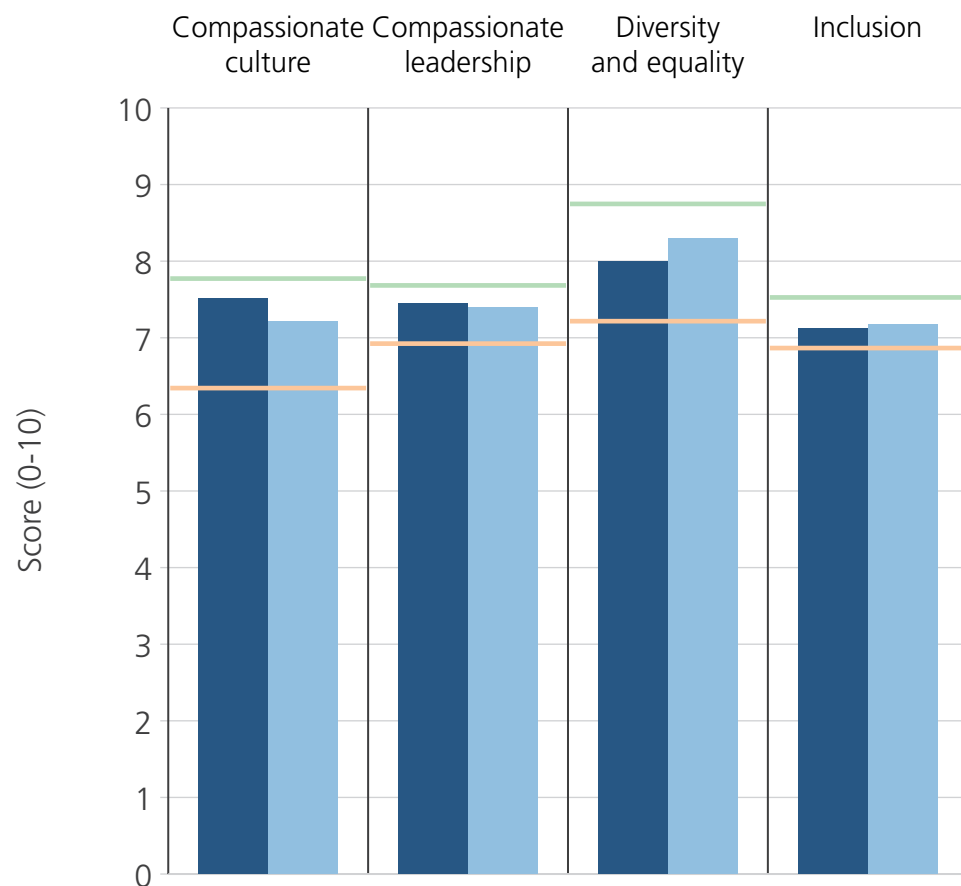
Morale



Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.5	6.3	7.1	6.2	5.8	6.7	7.1	7.3	6.0
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5

Responses	2,498	2,562	2,474	2,492	2,386	2,550	2,520	2,565	2,561
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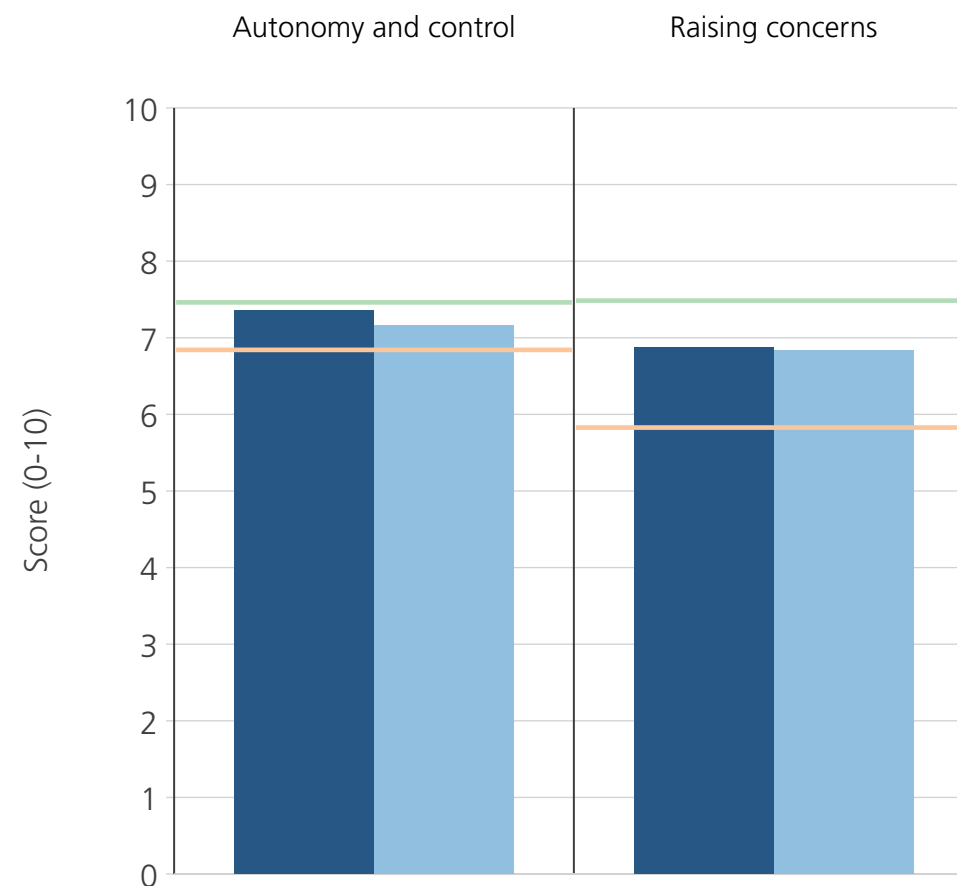
Promise element 1: We are compassionate and inclusive



Best	7.8	7.7	8.7	7.5
Your org	7.5	7.5	8.0	7.1
Average	7.2	7.4	8.3	7.2
Worst	6.3	6.9	7.2	6.9

Responses 2,485 2,516 2,498 2,531

Promise element 3: We each have a voice that counts

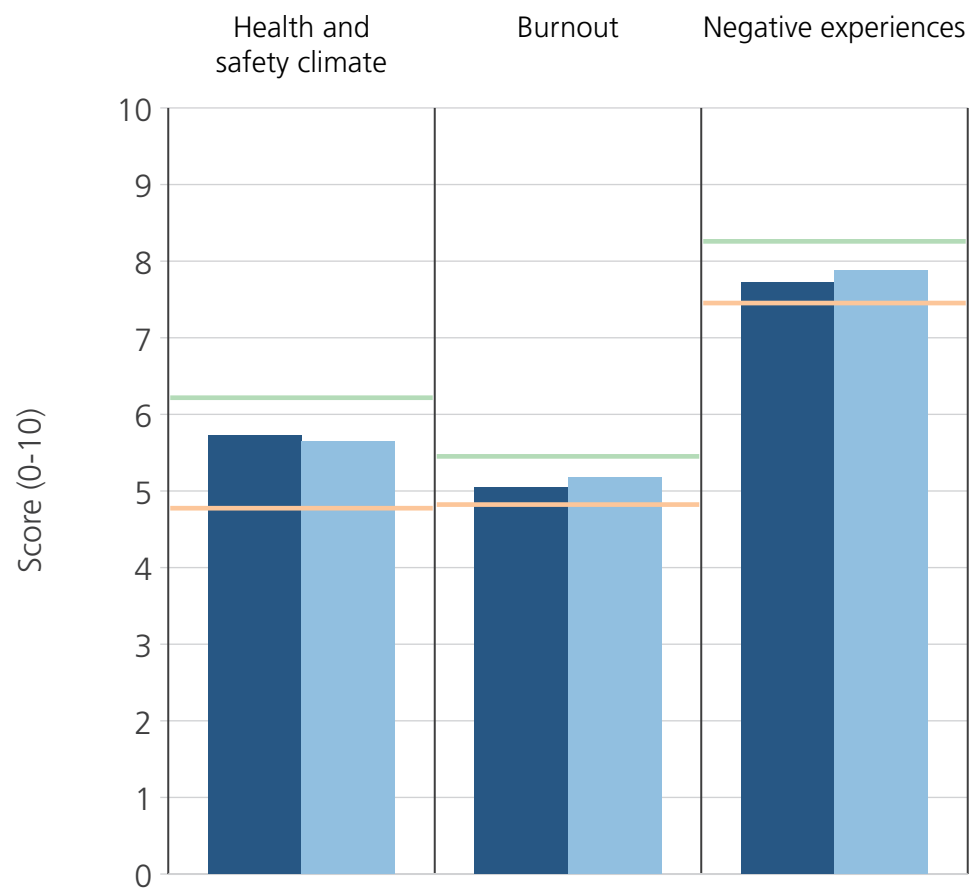


Best	7.5	7.5
Your org	7.4	6.9
Average	7.2	6.8
Worst	6.8	5.8

Responses 2,566 2,477

* Promise element 2 features no sub-scores and so is not included in this section of the benchmarking report

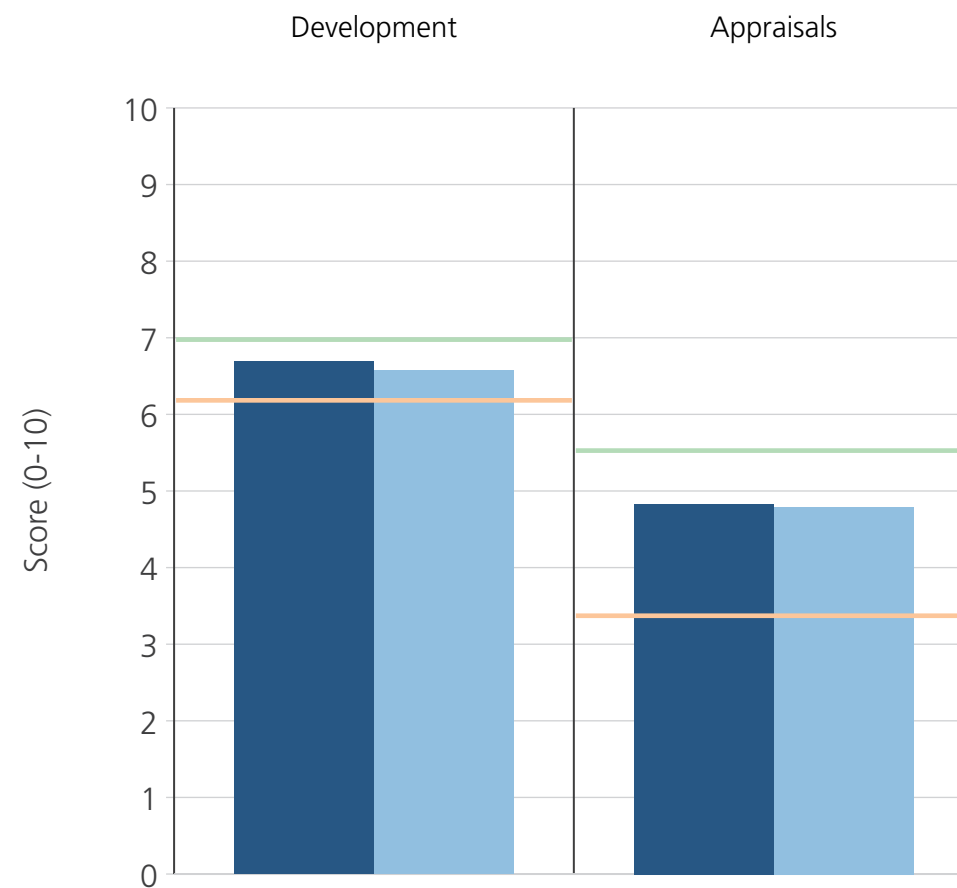
Promise element 4: We are safe and healthy



Best	6.2	5.5	8.3
Your org	5.7	5.0	7.7
Average	5.6	5.2	7.9
Worst	4.8	4.8	7.5

Responses 2,569 2,506 2,493

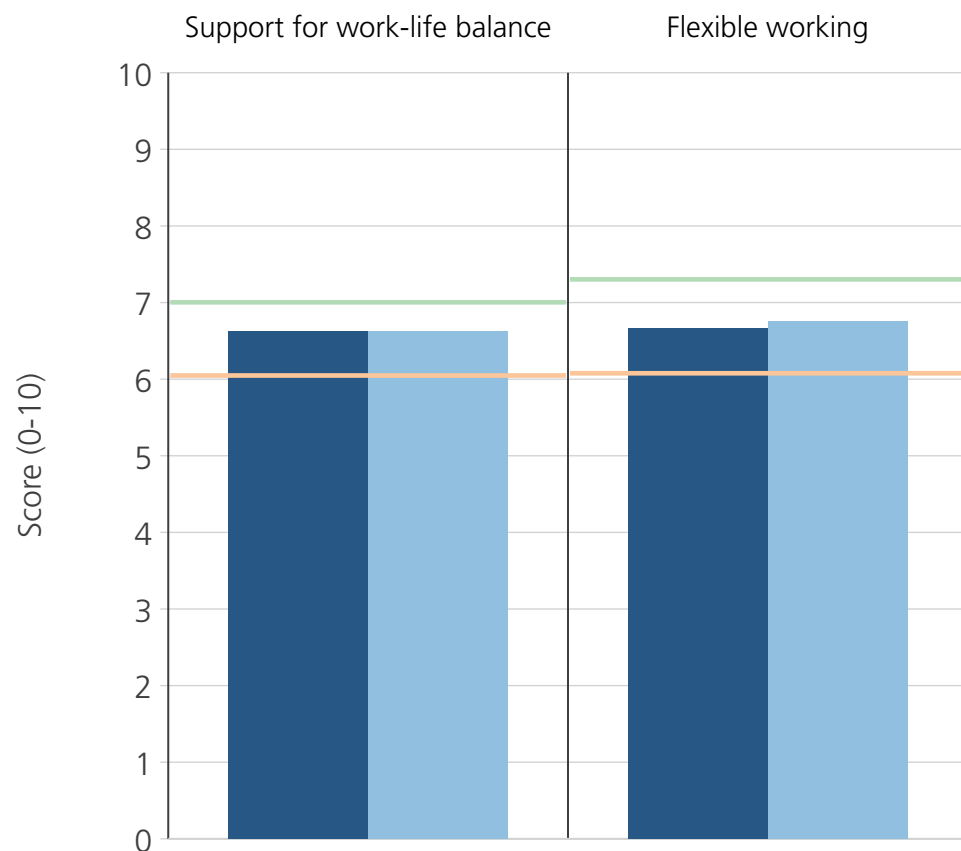
Promise element 5: We are always learning



Best	7.0	5.5
Your org	6.7	4.8
Average	6.6	4.8
Worst	6.2	3.4

Responses 2,491 2,393

Promise element 6: We work flexibly



Responses

2,553

2,561

Promise element 7: We are a team

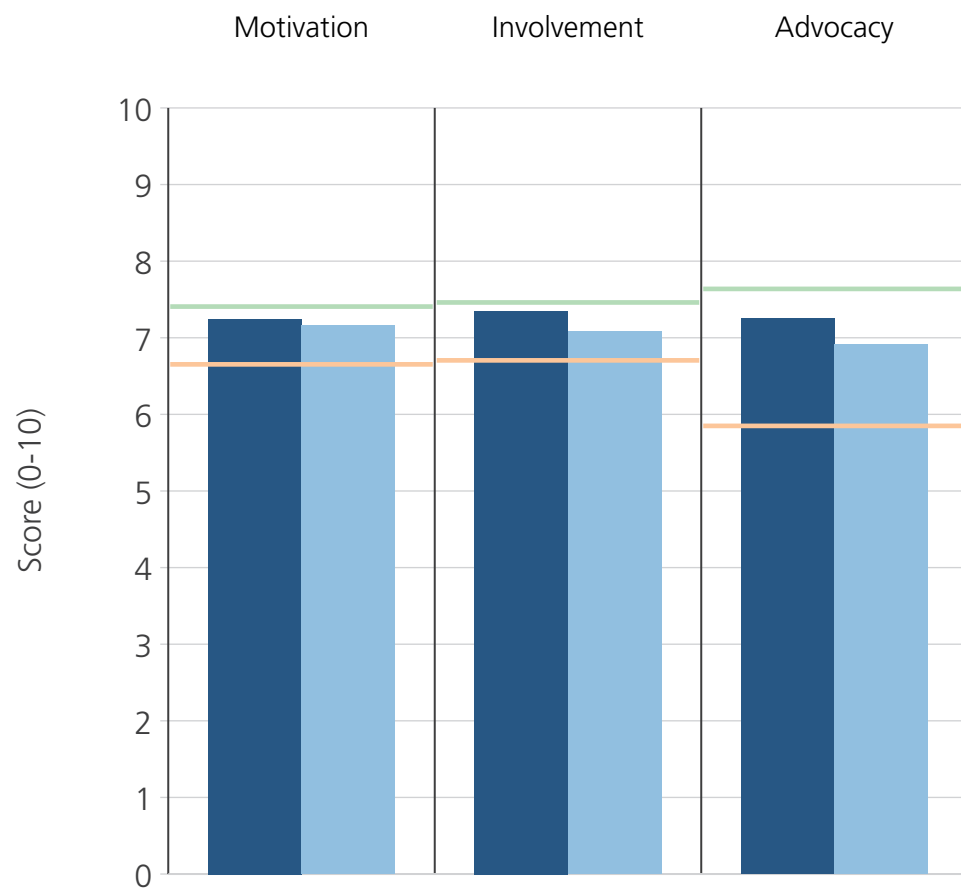


Responses

2,543

2,521

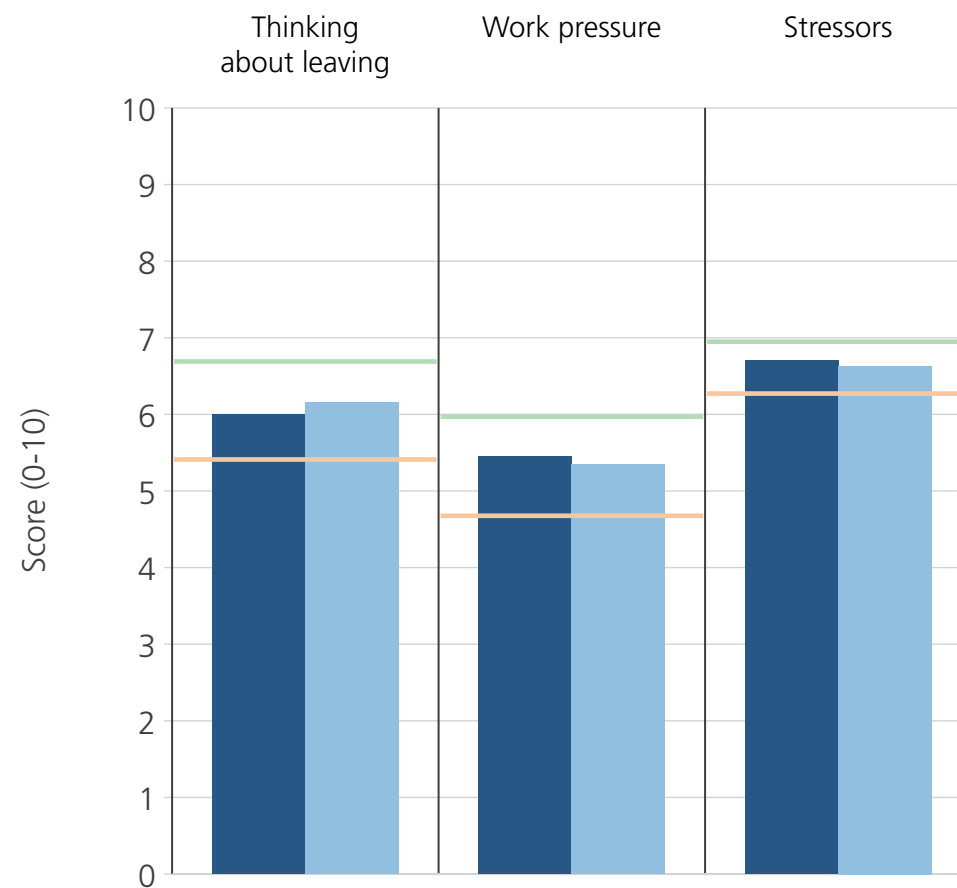
Staff Engagement



Best	7.4	7.5	7.6
Your org	7.2	7.3	7.2
Average	7.2	7.1	6.9
Worst	6.7	6.7	5.8

Responses 2,567 2,567 2,485

Morale

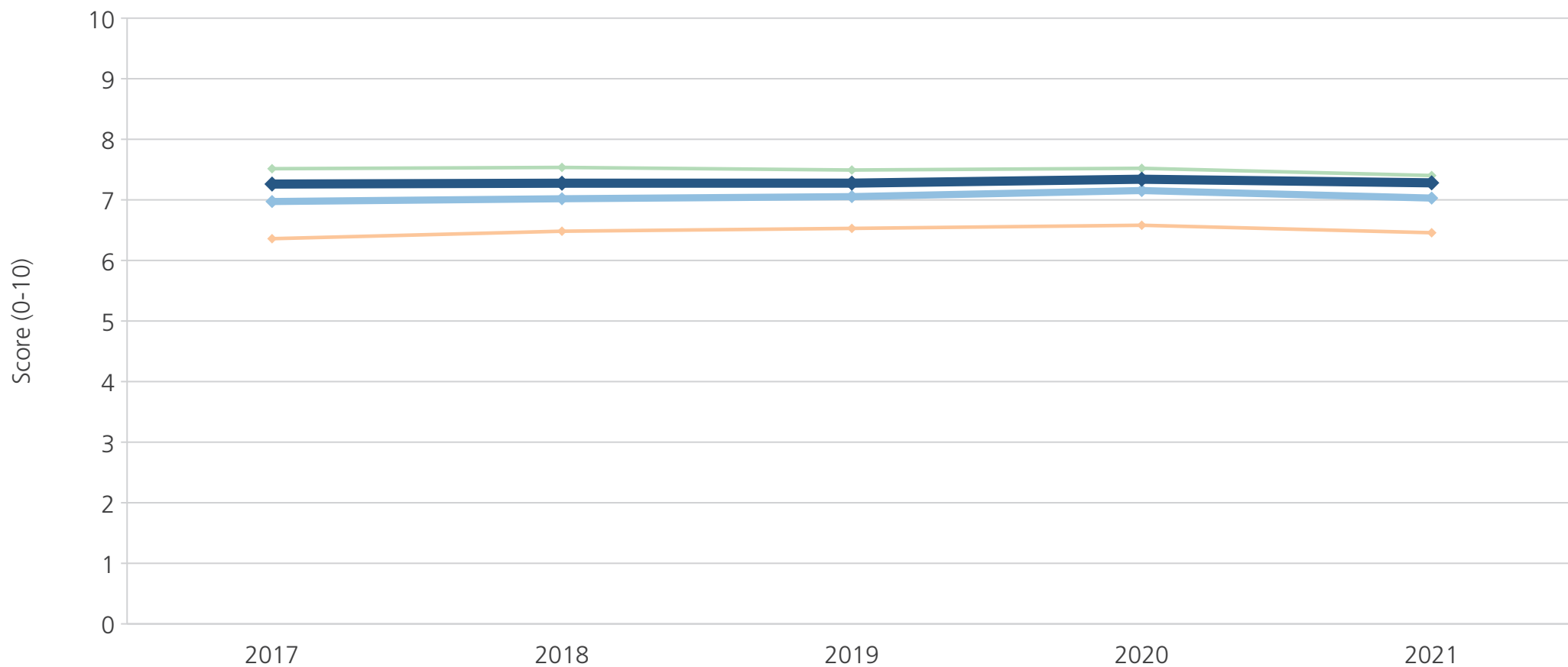


Best	6.7	6.0	6.9
Your org	6.0	5.4	6.7
Average	6.2	5.3	6.6
Worst	5.4	4.7	6.3

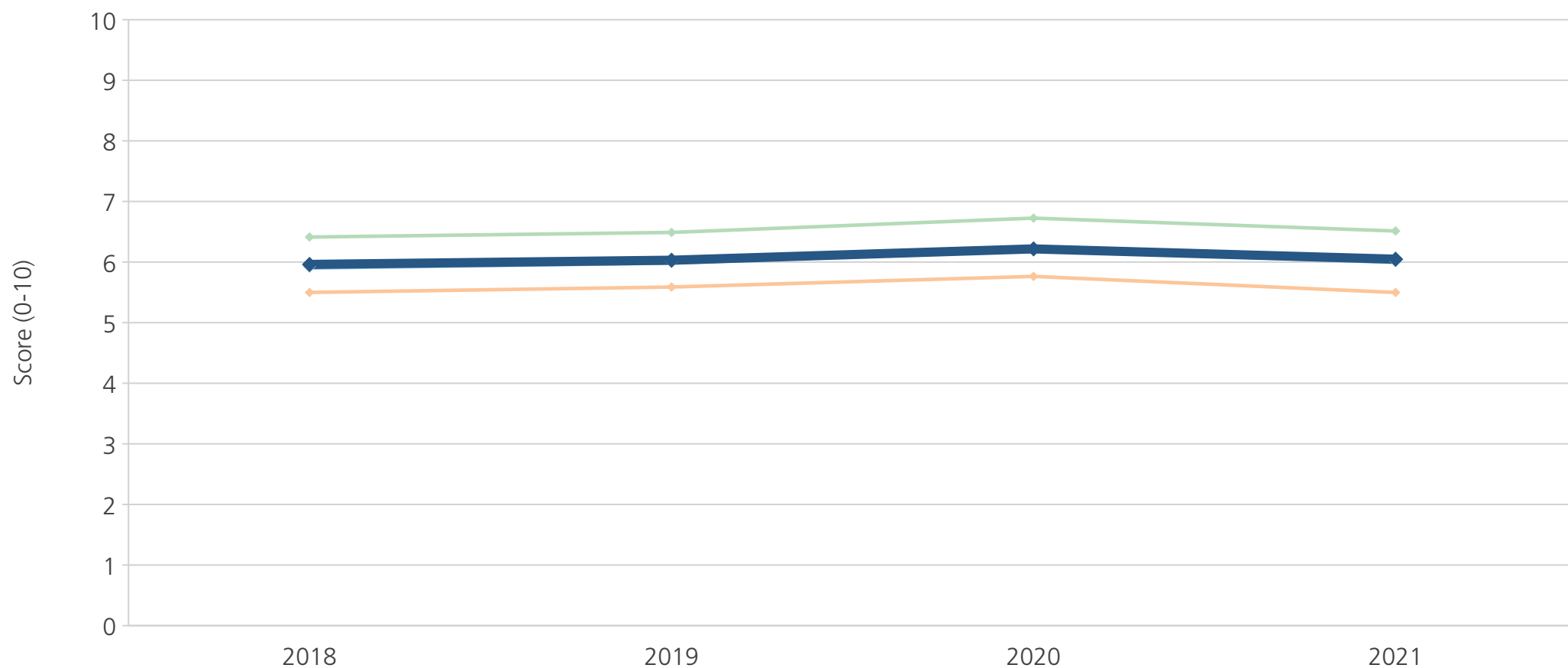
Responses 2,481 2,568 2,551

Staff Engagement and Morale – Trends

East London NHS Foundation Trust
2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
Best	7.5	7.5	7.5	7.5	7.4
Your org	7.3	7.3	7.3	7.3	7.3
Average	7.0	7.0	7.1	7.2	7.0
Worst	6.4	6.5	6.5	6.6	6.5
Responses	2,361	2,504	2,834	2,591	2,565



Best	6.4	6.5	6.7	6.5
Your org	6.0	6.0	6.2	6.0
Average	5.9	6.0	6.2	6.0
Worst	5.5	5.6	5.8	5.5

Responses

2,482

2,813

2,586

2,561

People Promise element and theme results – Covid-19 classification breakdowns

Covid-19 questions

In the 2021 survey, staff were asked three classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a. Have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

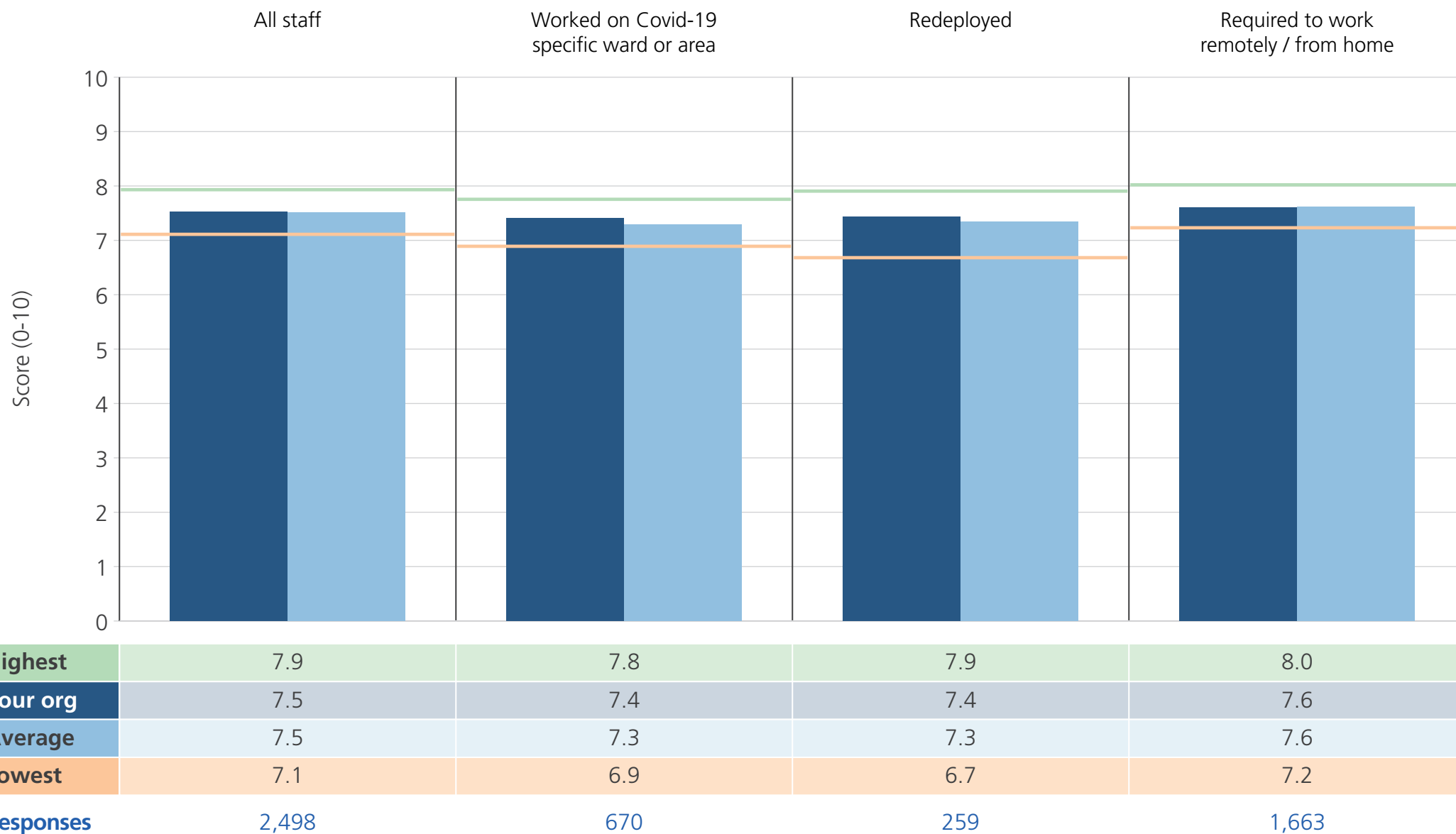
The charts on the following pages show the breakdown of People Promise element scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

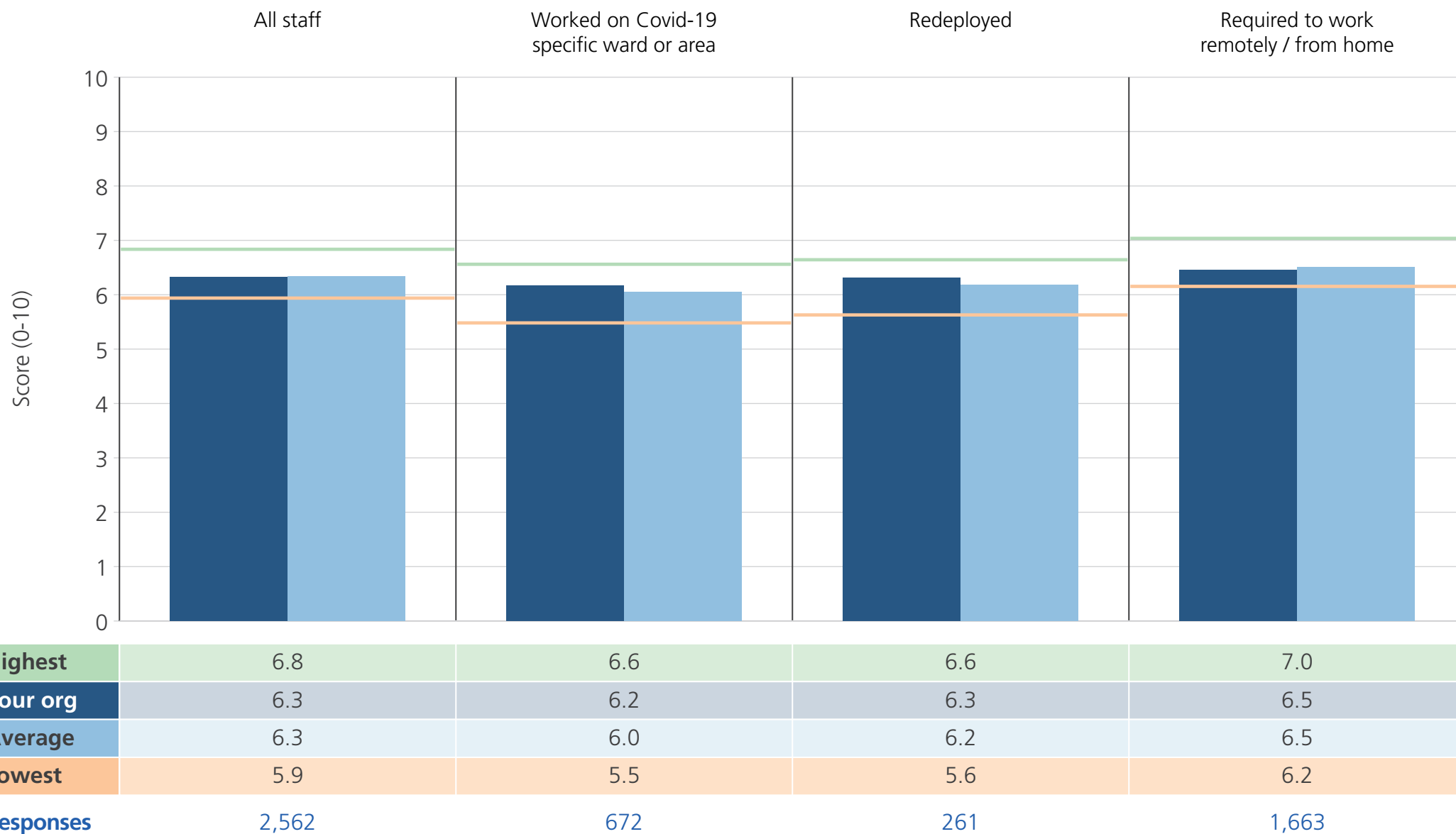
Comparing your data

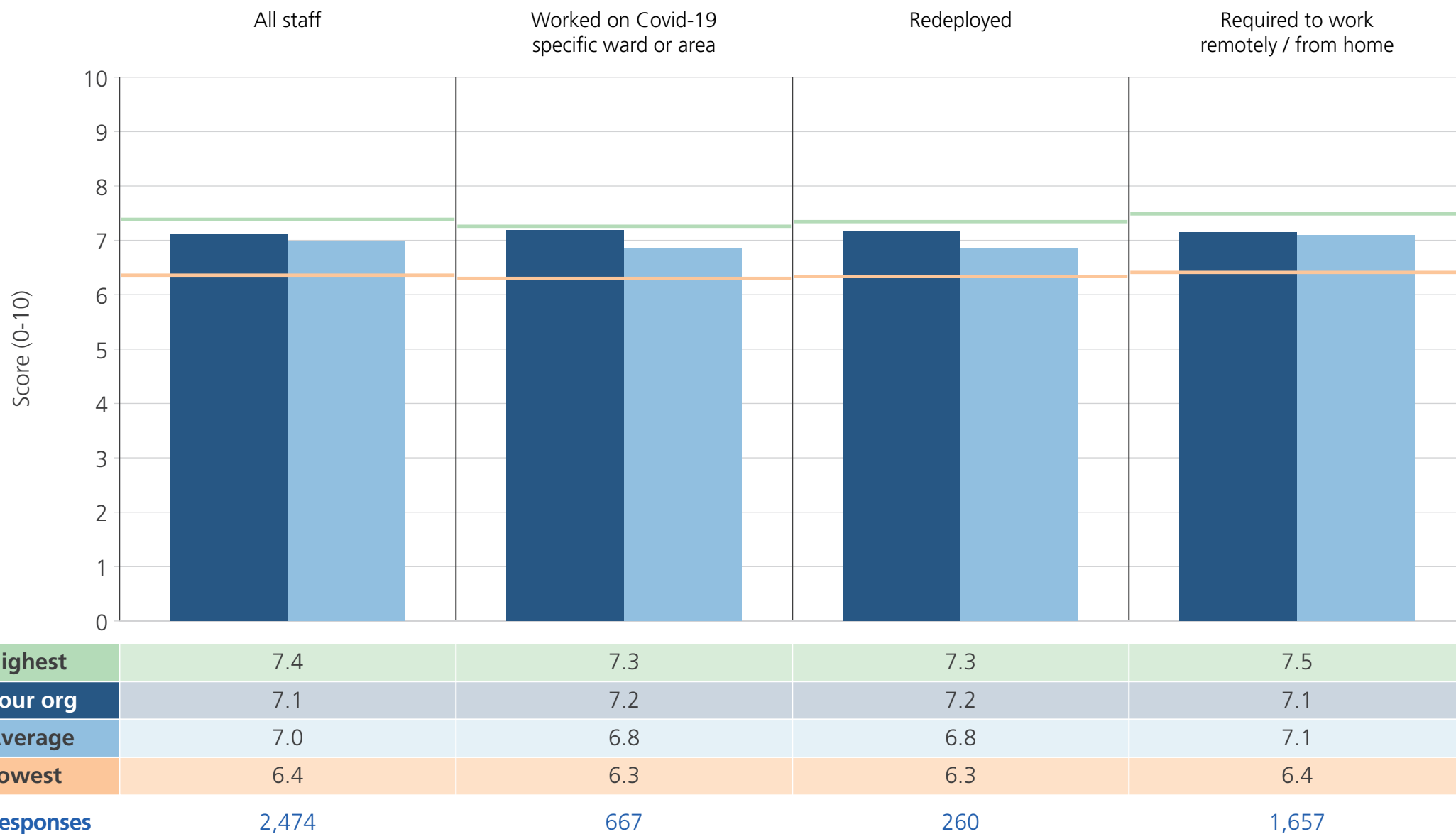
To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

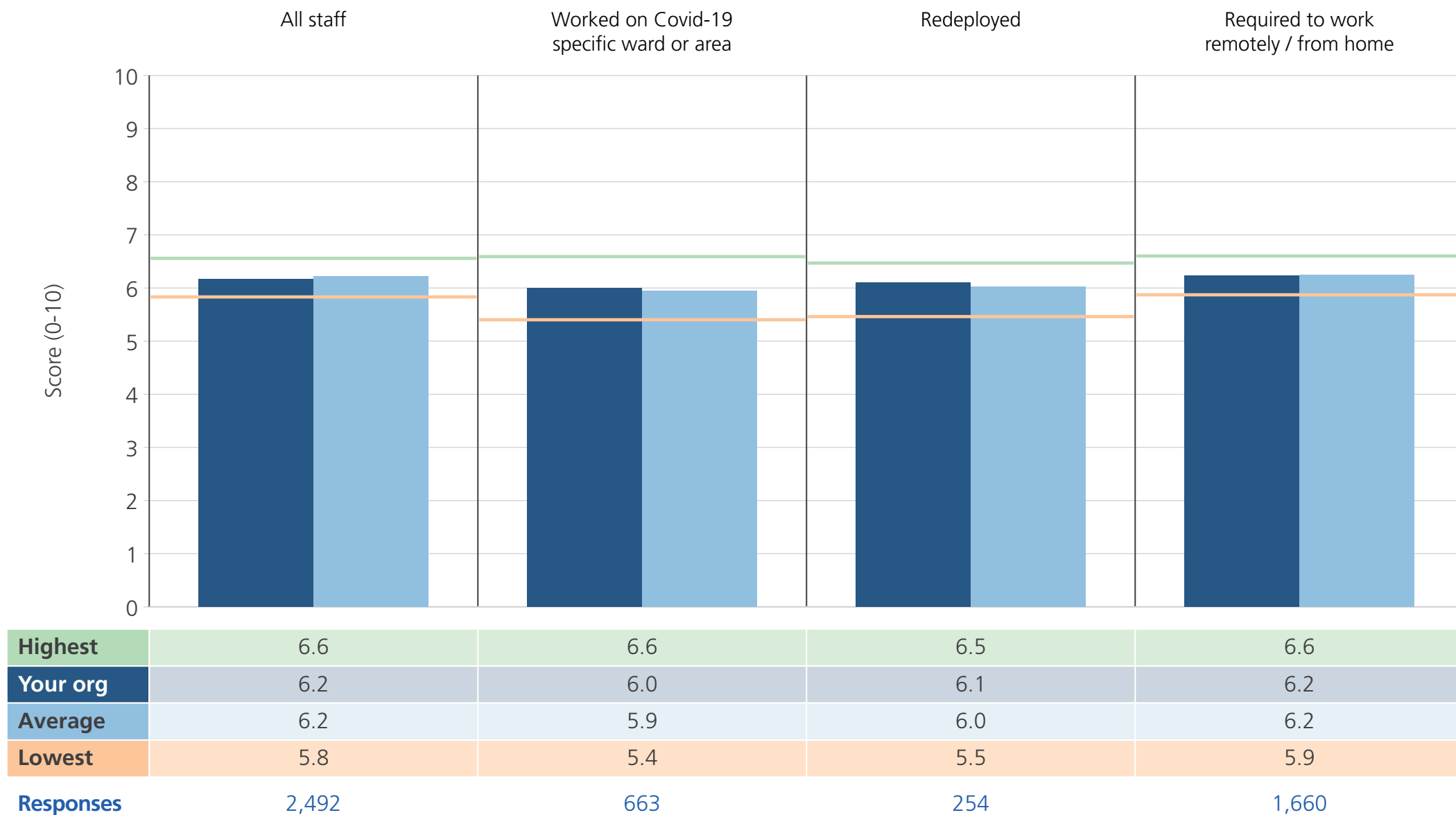
Further information

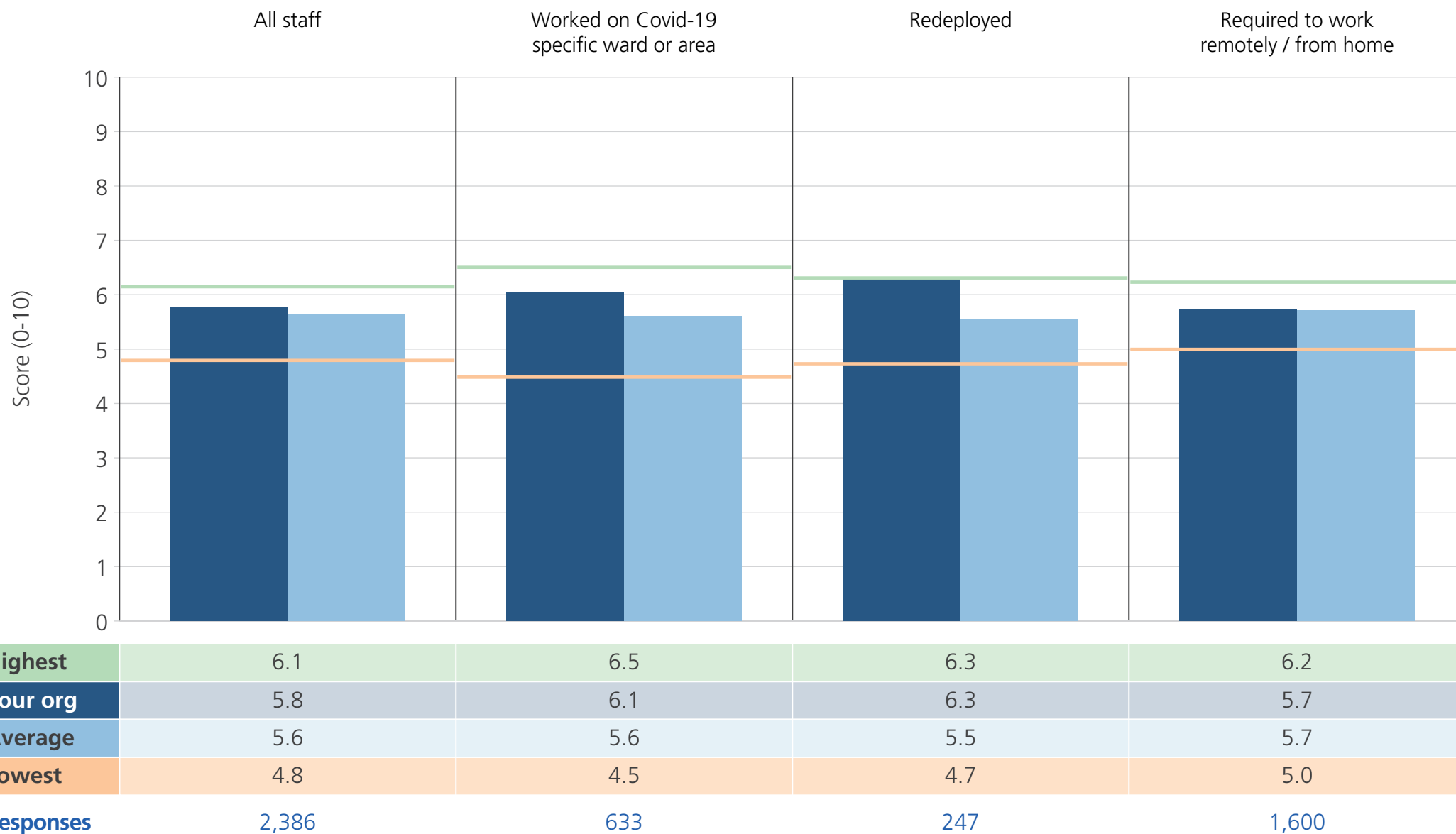
Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

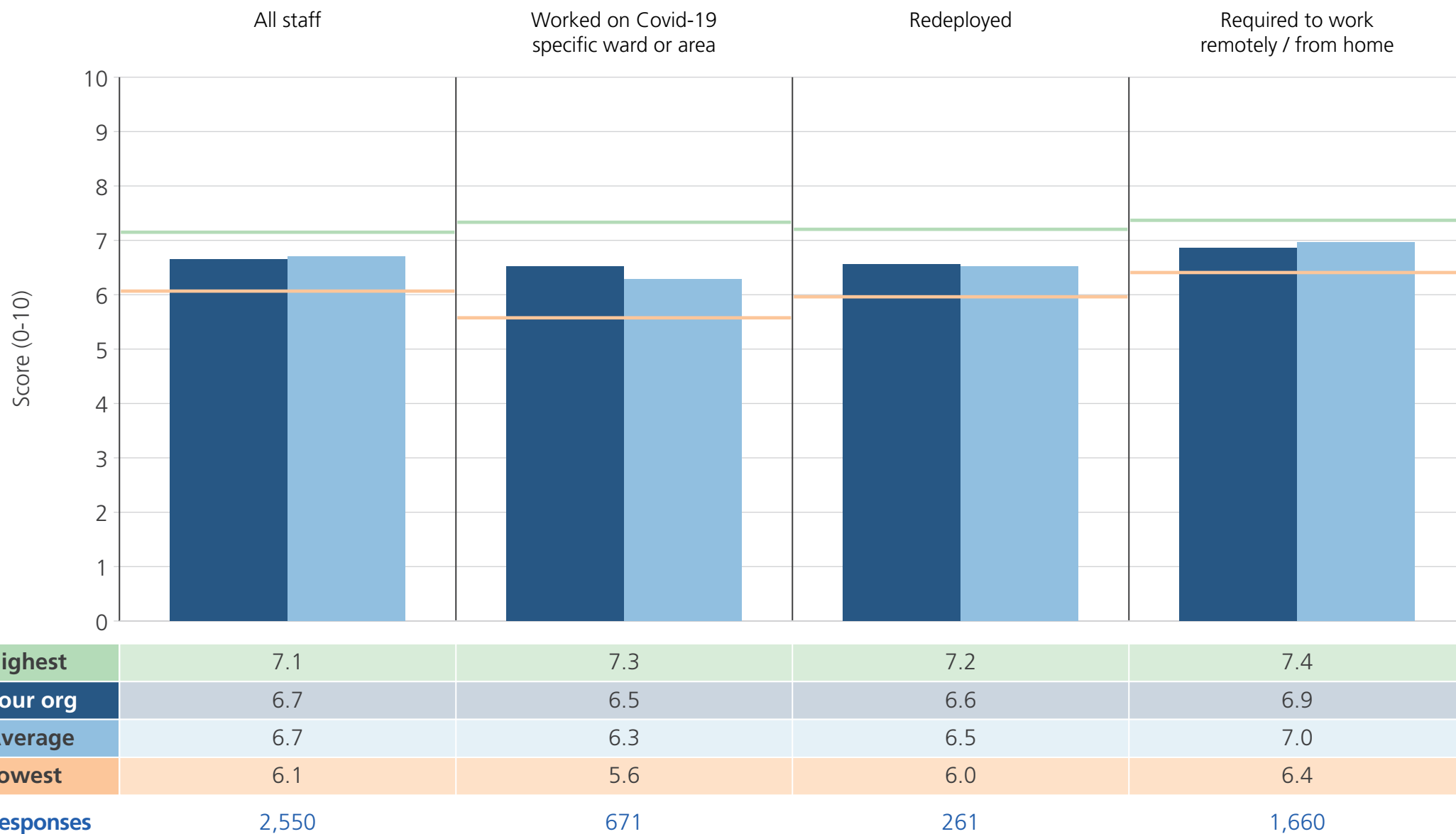


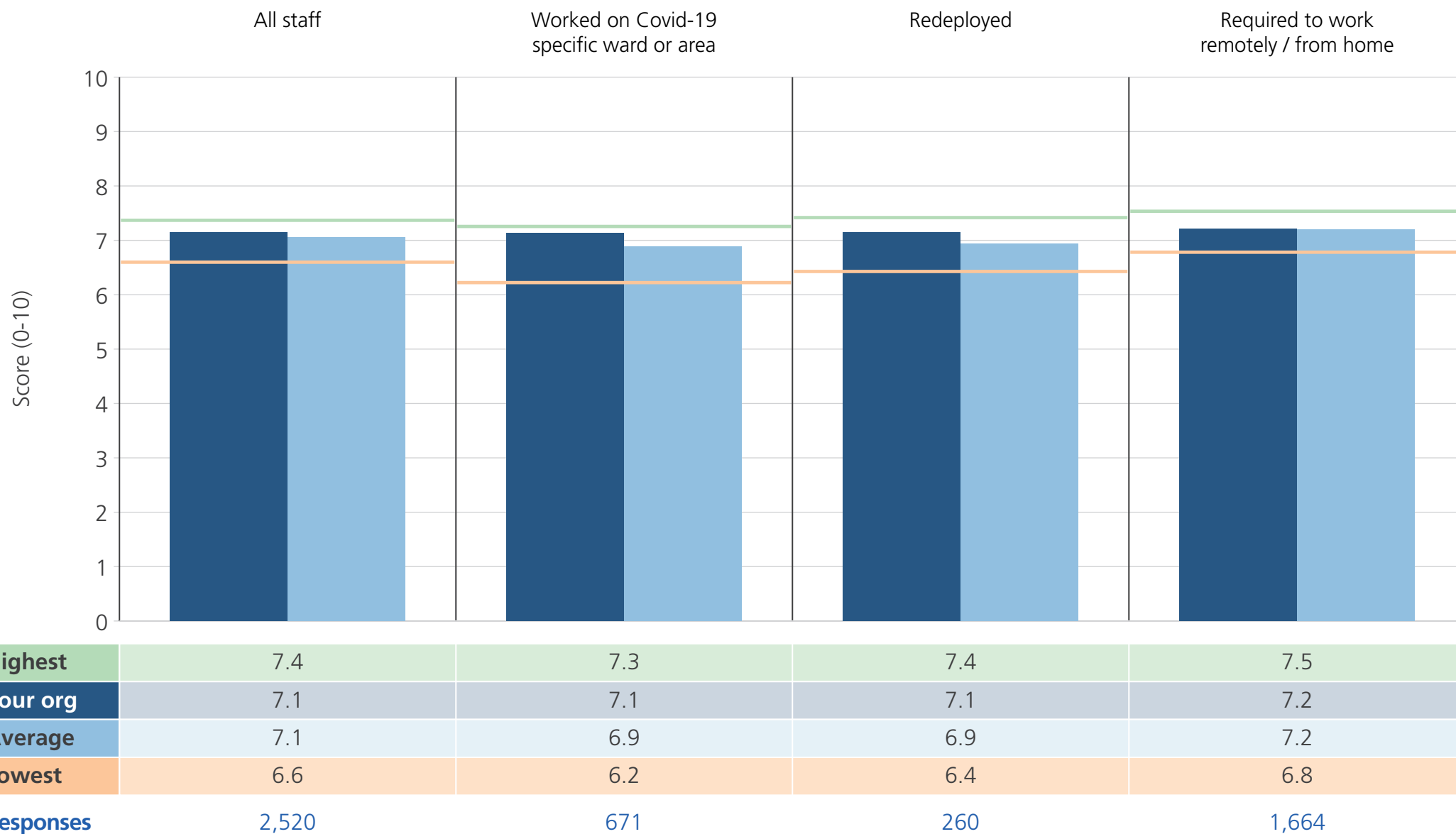


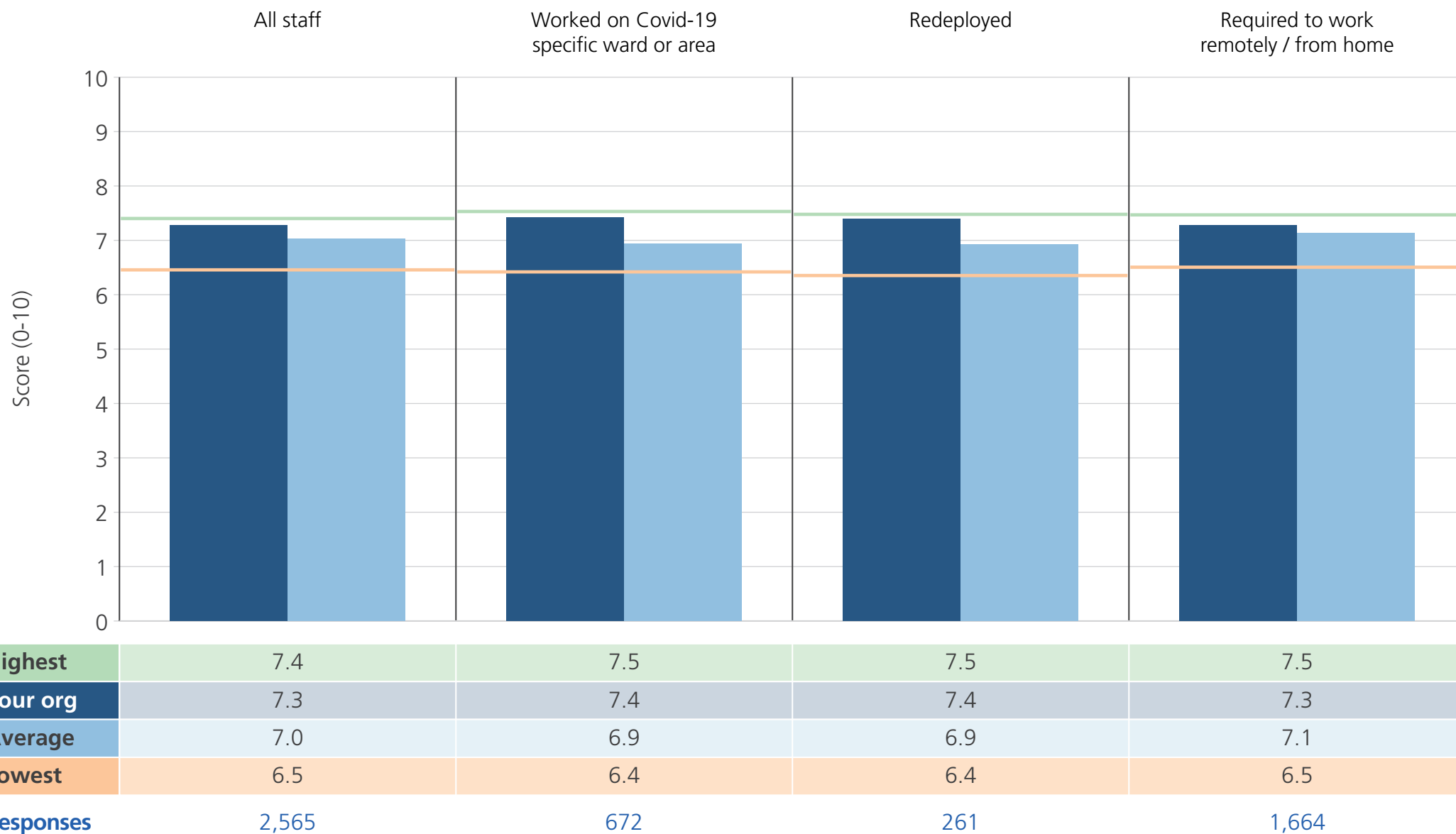


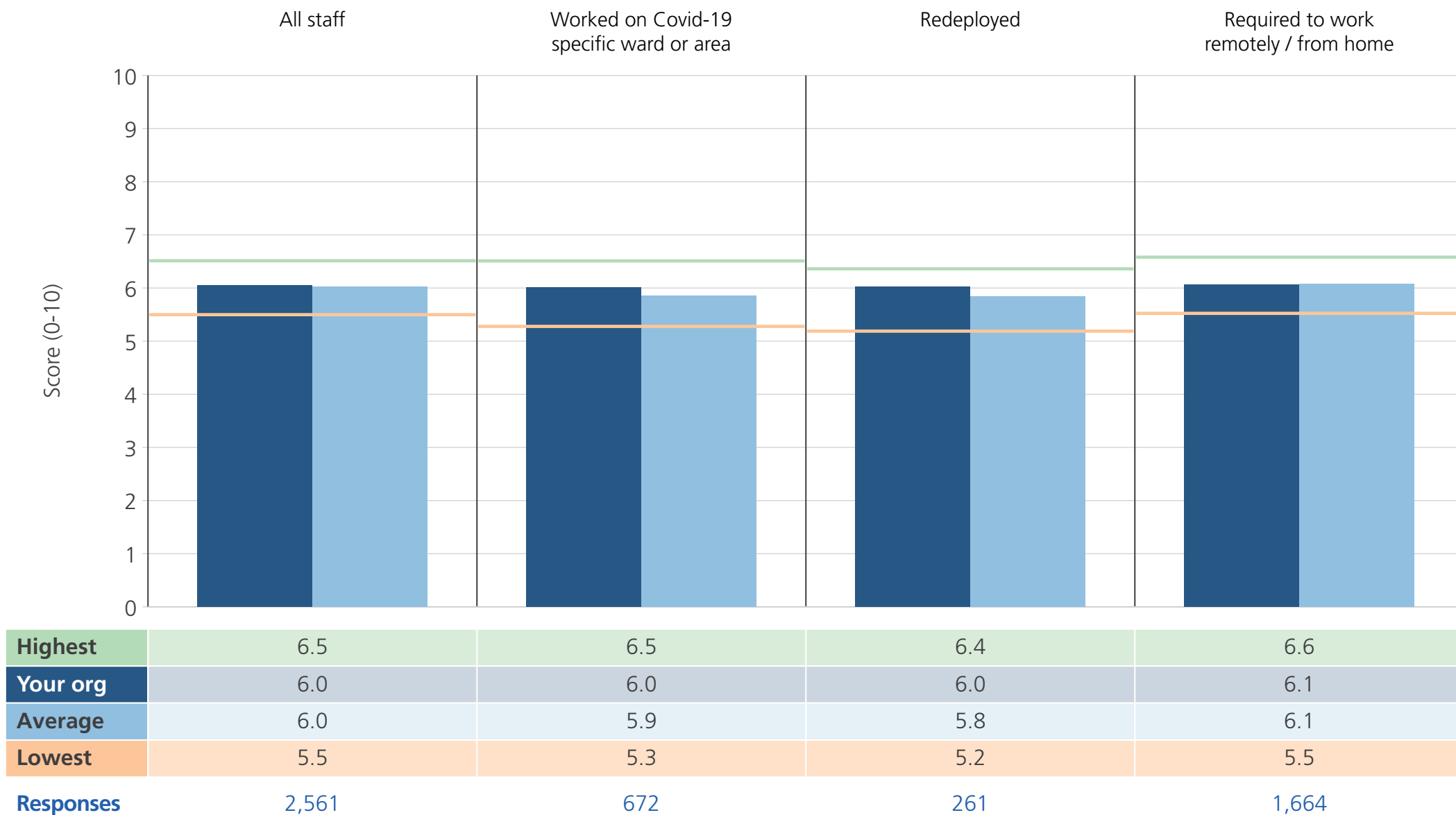




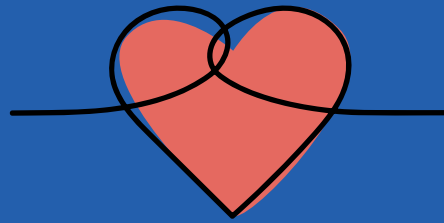








People Promise element and theme results – Detailed information



People Promise element detailed information – We are compassionate and inclusive

Questions:

Q6a, Q21a, Q21b, Q21c, Q21d

Q9f, Q9g, Q9h, Q9i

Q15, Q16a, Q16b, Q18

Q7h, Q7i, Q8b, Q8c

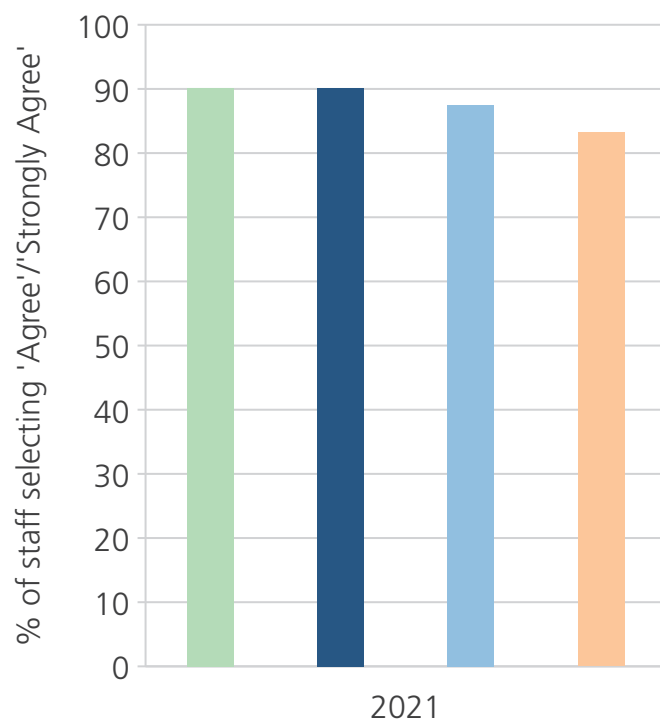
East London NHS Foundation Trust

2021 NHS Staff Survey Results

Q6a

I feel that my role makes a difference to patients / service users

Due to changes in this year's survey it is not possible to display trend data for this question

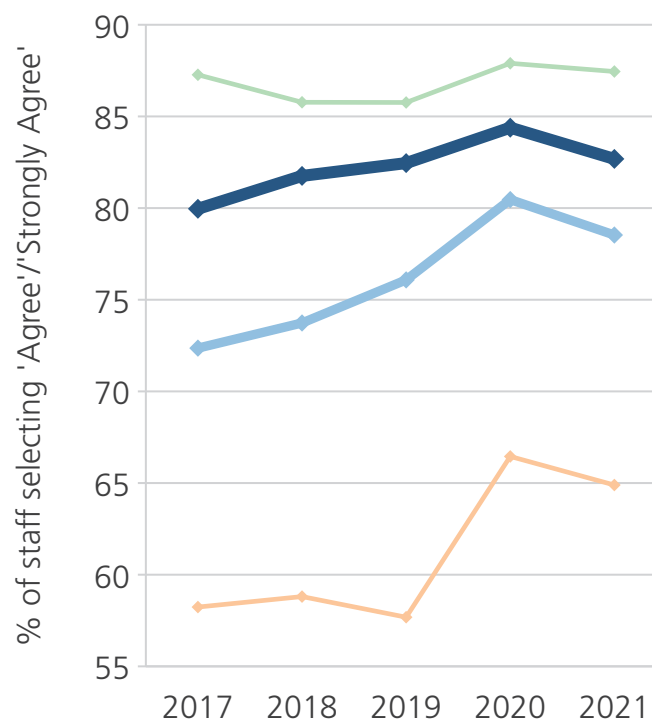


Best	90.2%
Your org	90.1%
Average	87.5%
Worst	83.2%

Responses 2,500

Q21a

Care of patients / service users is my organisation's top priority

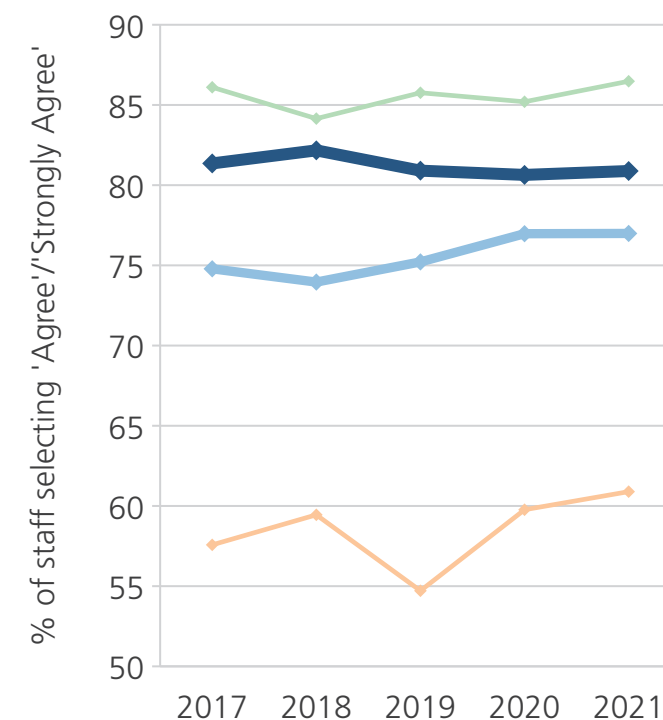


Best	87.3%	85.8%	85.8%	87.9%	87.5%
Your org	80.0%	81.8%	82.5%	84.4%	82.7%
Average	72.4%	73.7%	76.1%	80.5%	78.5%
Worst	58.2%	58.8%	57.7%	66.5%	64.9%

Responses 2,280 2,404 2,741 2,537 2,484

Q21b

My organisation acts on concerns raised by patients / service users

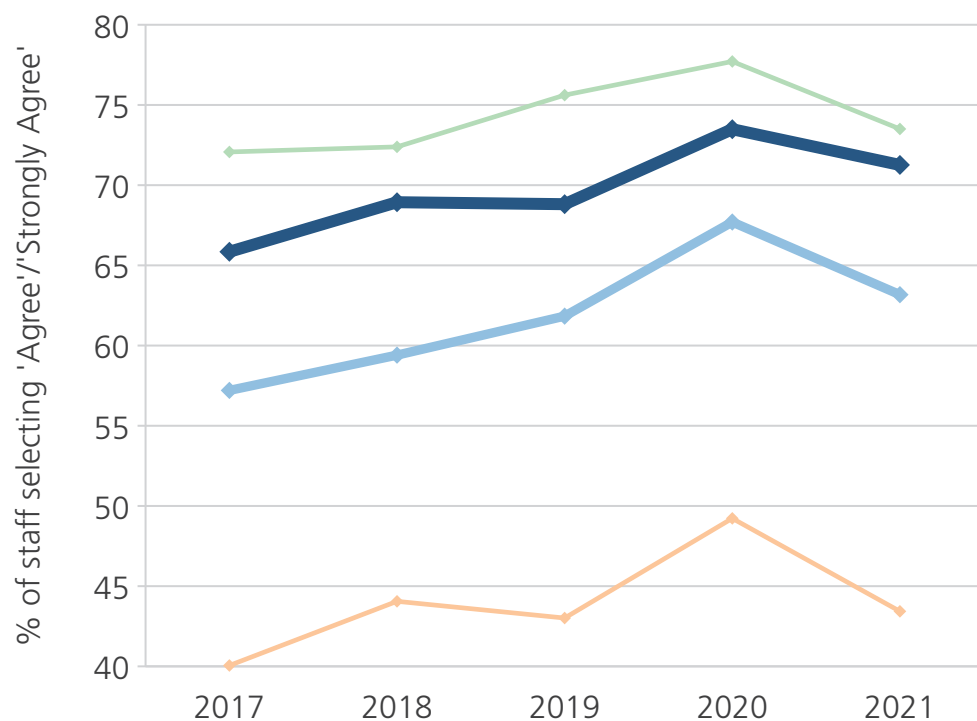


Best	86.1%	84.1%	85.8%	85.2%	86.5%
Your org	81.4%	82.2%	80.9%	80.6%	80.9%
Average	74.8%	74.0%	75.2%	77.0%	77.0%
Worst	57.6%	59.4%	54.7%	59.8%	60.9%

Responses 2,278 2,405 2,739 2,532 2,483

Q21c

I would recommend my organisation as a place to work

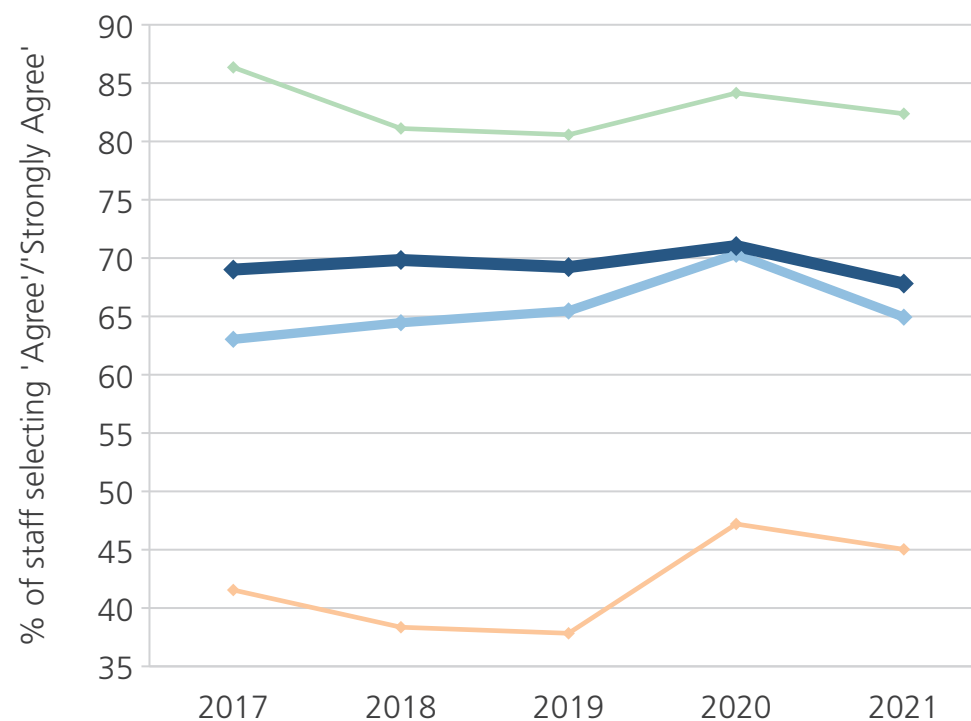


Best	72.1%	72.4%	75.6%	77.7%	73.5%
Your org	65.8%	68.9%	68.8%	73.5%	71.3%
Average	57.2%	59.4%	61.8%	67.7%	63.2%
Worst	40.1%	44.1%	43.0%	49.2%	43.4%

Responses 2,271 2,405 2,736 2,532 2,485

Q21d

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



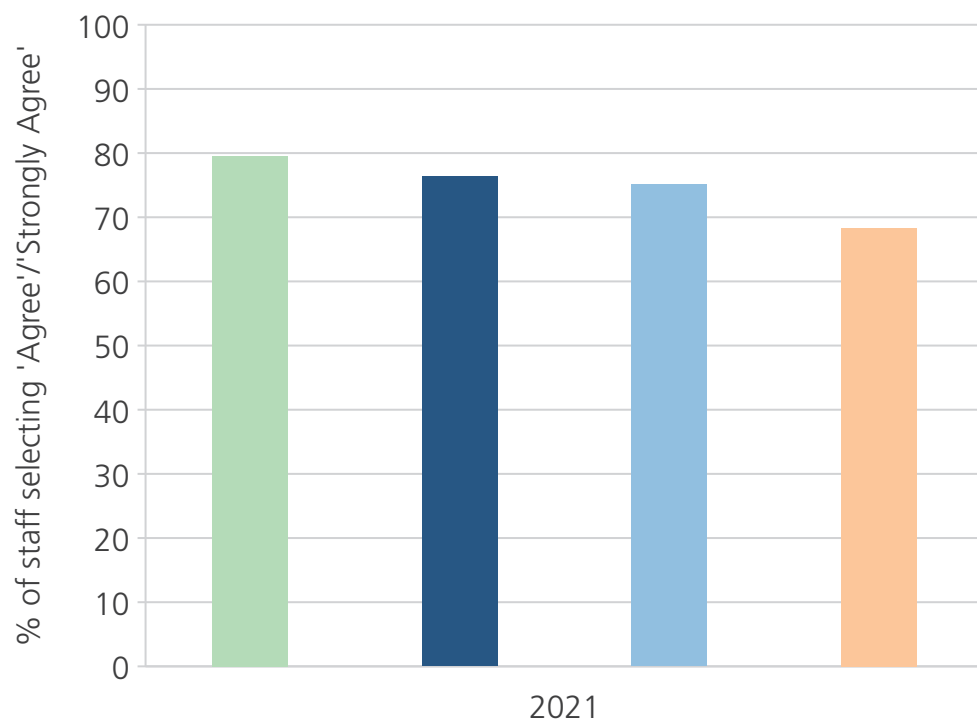
Best	86.3%	81.1%	80.6%	84.1%	82.4%
Your org	69.0%	69.8%	69.2%	71.0%	67.8%
Average	63.0%	64.5%	65.5%	70.3%	64.9%
Worst	41.5%	38.4%	37.8%	47.2%	45.0%

Responses 2,266 2,393 2,734 2,531 2,482

Q9f

My immediate manager works together with me to come to an understanding of problems

No trend data are shown as this is a new question



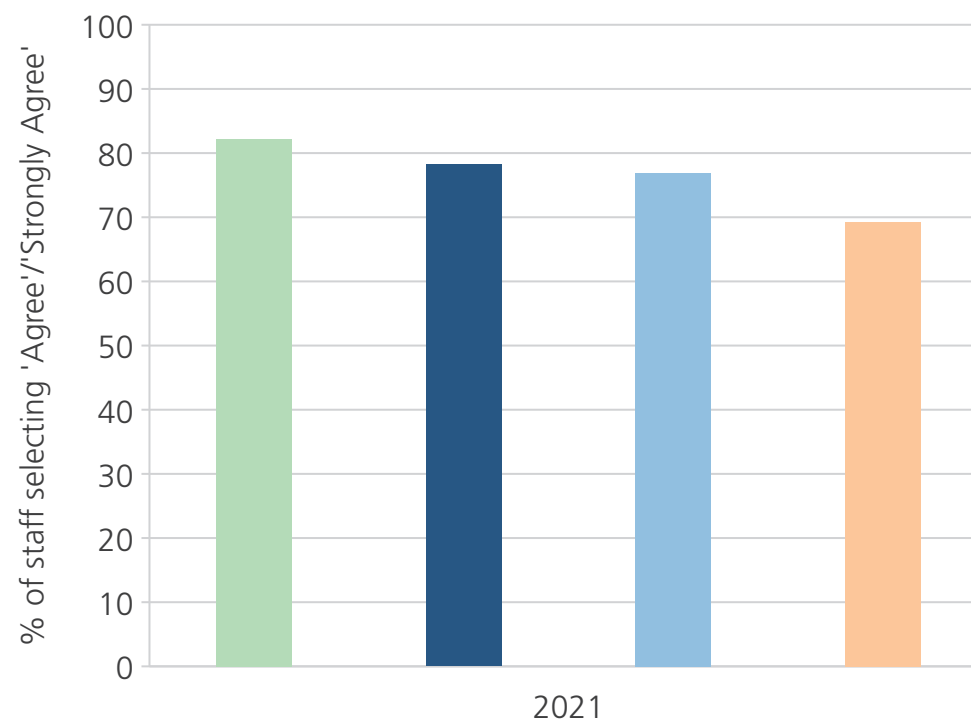
Best	79.6%
Your org	76.4%
Average	75.1%
Worst	68.3%

Responses 2,517

Q9g

My immediate manager is interested in listening to me when I describe challenges I face

No trend data are shown as this is a new question



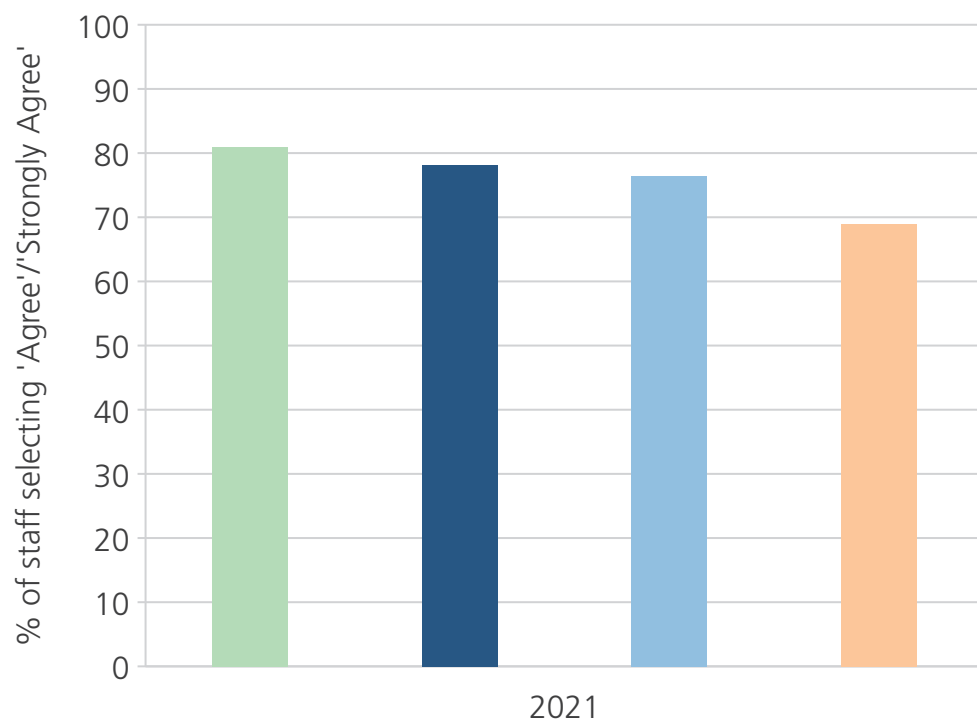
Best	82.2%
Your org	78.2%
Average	76.9%
Worst	69.2%

Responses 2,516

Q9h

My immediate manager cares about my concerns

No trend data are shown as this is a new question



Best	80.9%
Your org	78.2%
Average	76.4%
Worst	68.9%

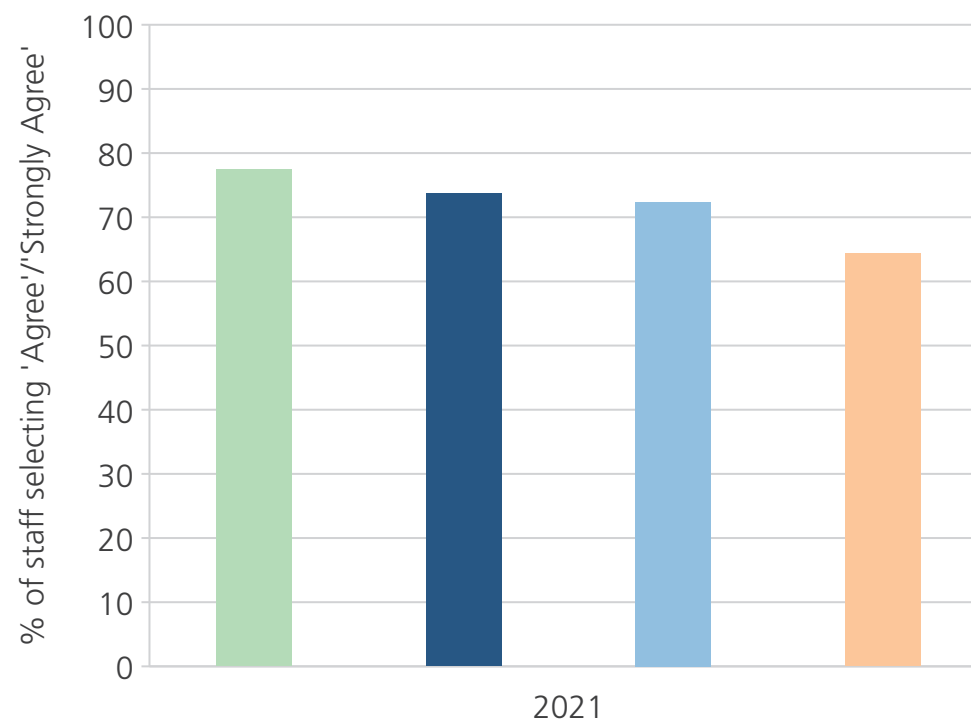
Responses

2,514

Q9i

My immediate line manager takes effective action to help me with any problems I face

No trend data are shown as this is a new question



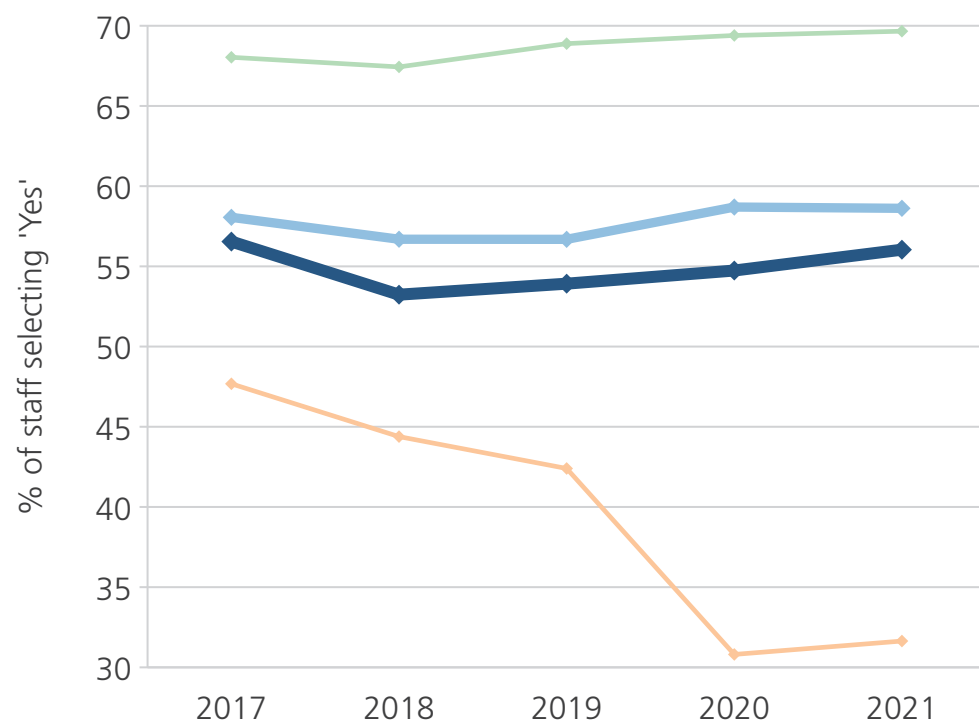
Best	77.5%
Your org	73.7%
Average	72.3%
Worst	64.4%

Responses

2,513

Q15

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

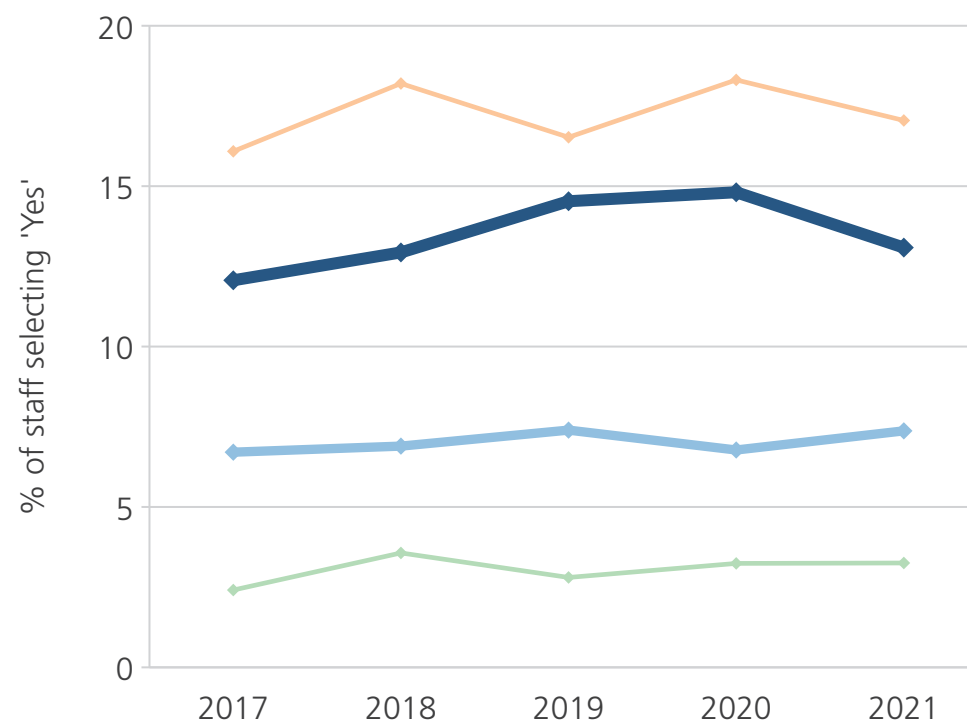


Best	68.0%	67.4%	68.9%	69.4%	69.7%
Your org	56.5%	53.2%	53.9%	54.7%	56.0%
Average	58.1%	56.7%	56.7%	58.7%	58.6%
Worst	47.7%	44.4%	42.4%	30.8%	31.6%

Responses 2,232 2,409 2,764 2,539 2,477

Q16a

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?

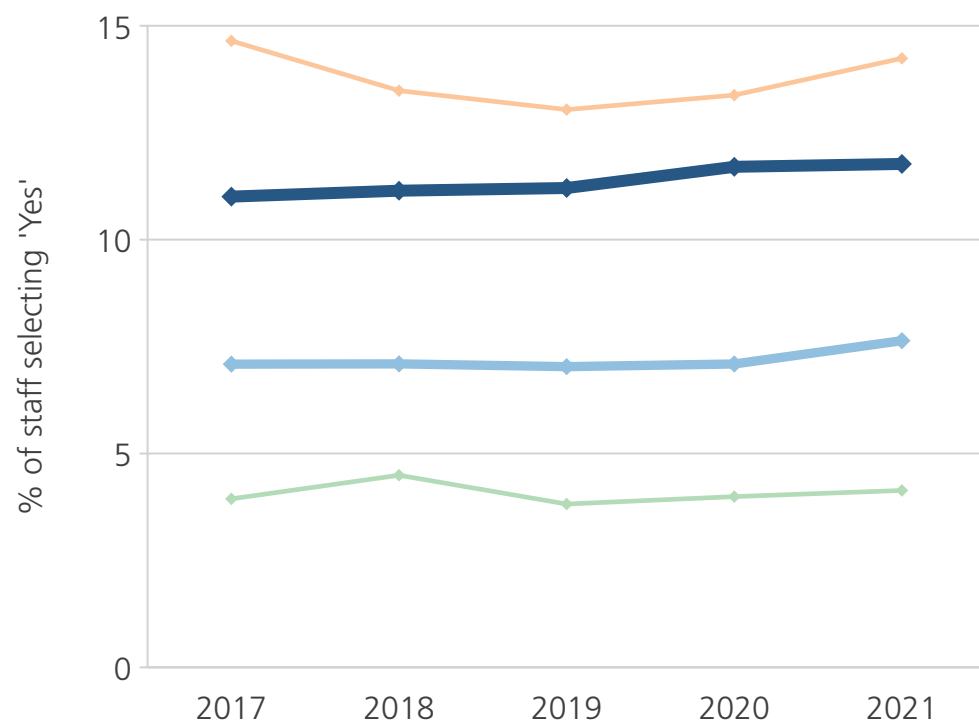


Worst	16.1%	18.2%	16.5%	18.3%	17.0%
Your org	12.1%	12.9%	14.5%	14.8%	13.1%
Average	6.7%	6.9%	7.4%	6.8%	7.4%
Best	2.4%	3.6%	2.8%	3.2%	3.3%

Responses 2,279 2,393 2,775 2,553 2,487

Q16b

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

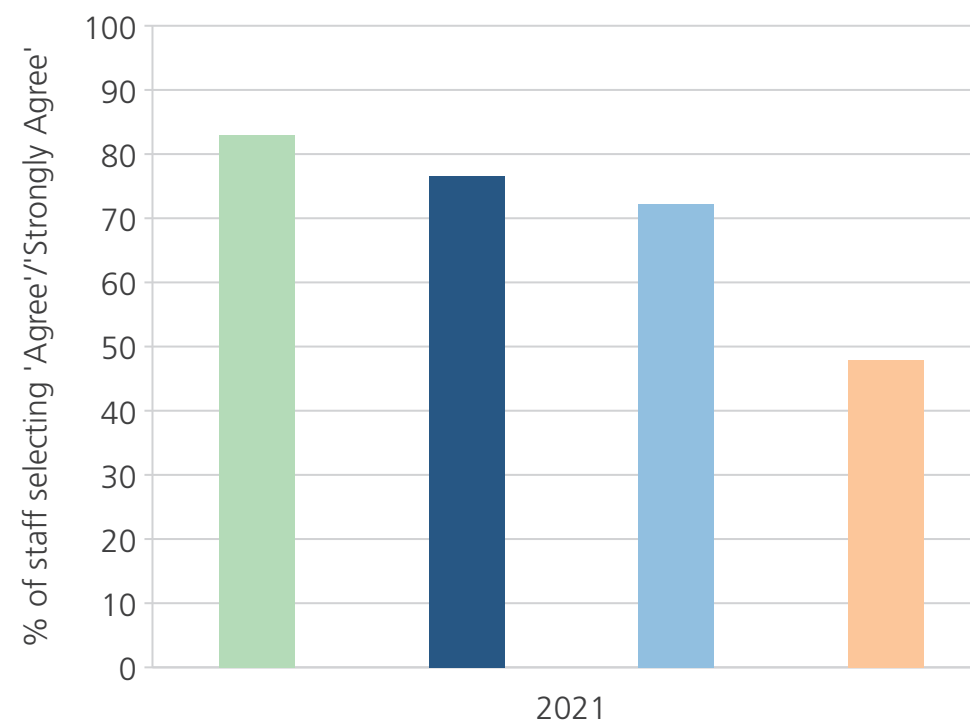


Worst	14.6%	13.5%	13.0%	13.4%	14.2%
Your org	11.0%	11.1%	11.2%	11.7%	11.8%
Average	7.1%	7.1%	7.0%	7.1%	7.6%
Best	3.9%	4.5%	3.8%	4.0%	4.1%
Responses	2,279	2,398	2,766	2,546	2,482

Q18

I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).

No trend data are shown as this is a new question

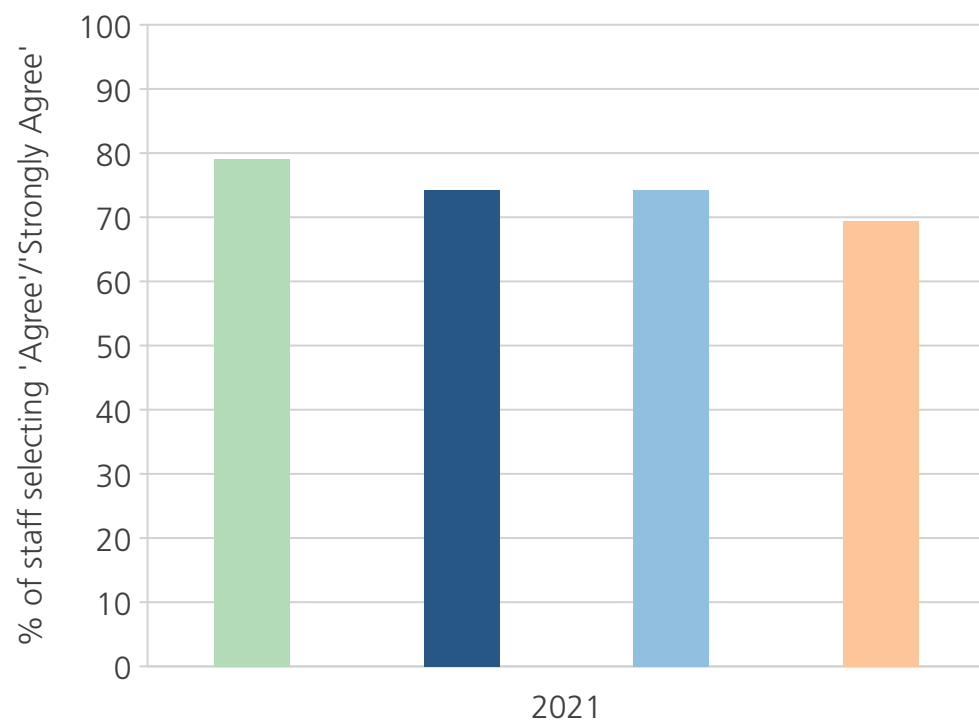


Best	82.9%
Your org	76.6%
Average	72.2%
Worst	47.9%
Responses	2,494

Q7h

I feel valued by my team

No trend data are shown as this is a new question



Best	79.1%
Your org	74.2%
Average	74.2%
Worst	69.5%

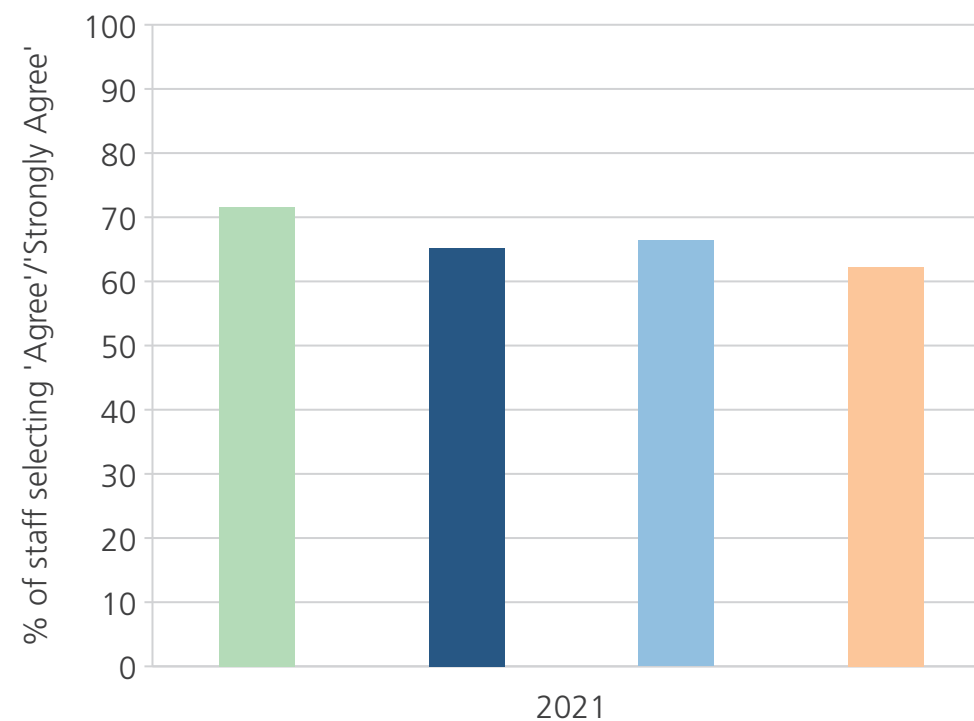
Responses

2,536

Q7i

I feel a strong personal attachment to my team

No trend data are shown as this is a new question



Best	71.6%
Your org	65.2%
Average	66.4%
Worst	62.2%

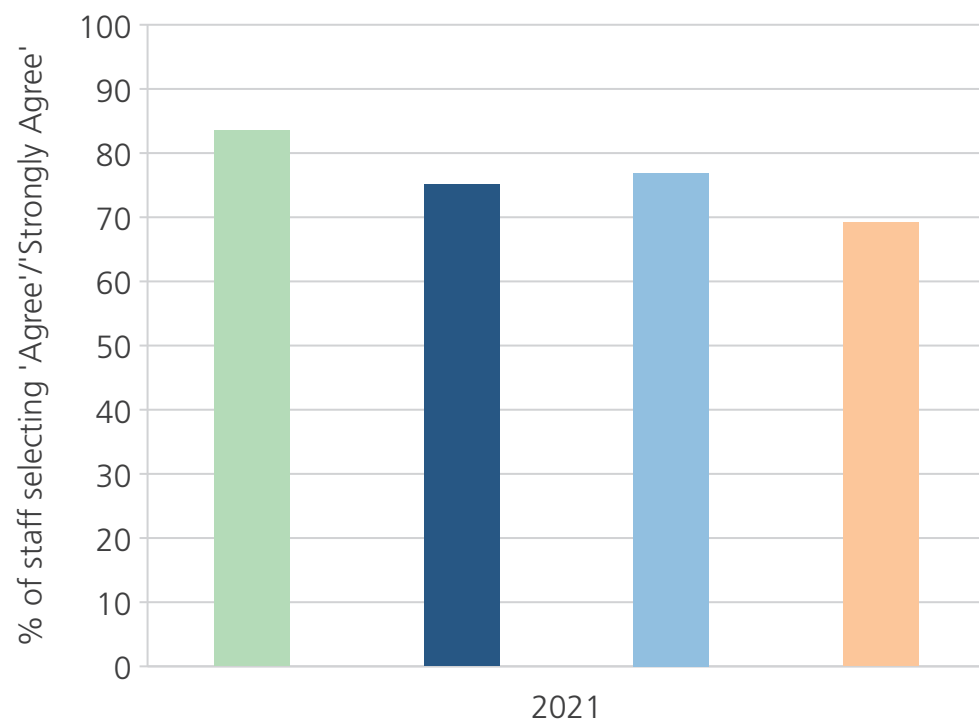
Responses

2,539

Q8b

The people I work with are understanding and kind to one another

No trend data are shown as this is a new question



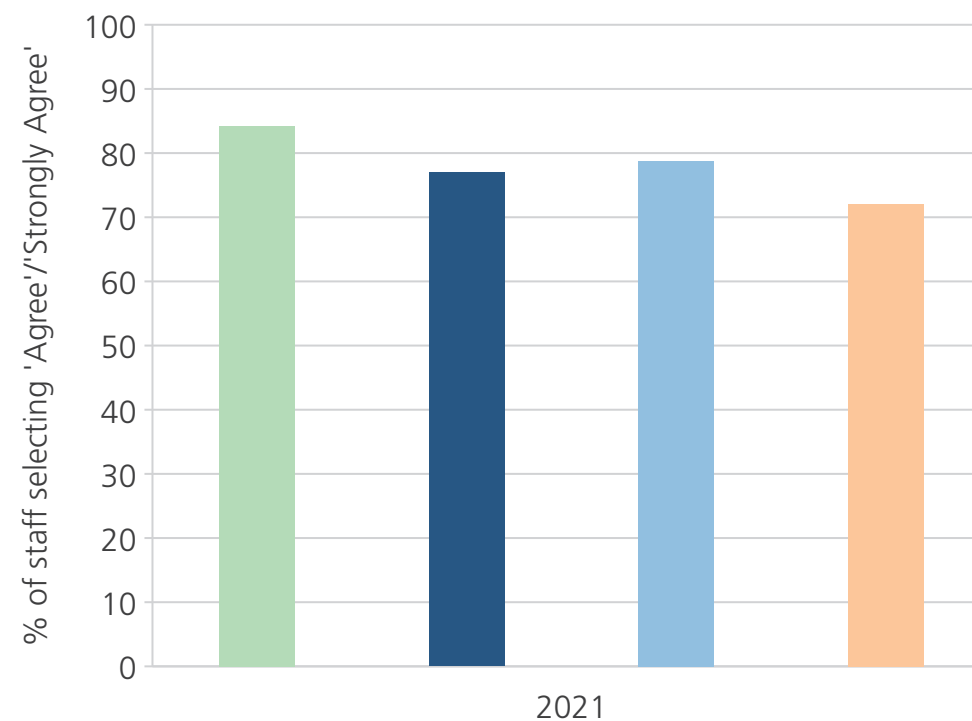
Best	83.5%
Your org	75.1%
Average	76.9%
Worst	69.2%

Responses 2,530

Q8c

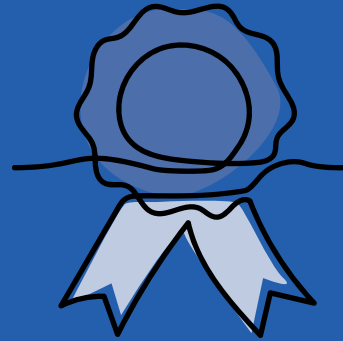
The people I work with are polite and treat each other with respect

No trend data are shown as this is a new question



Best	84.2%
Your org	77.0%
Average	78.8%
Worst	72.0%

Responses 2,529



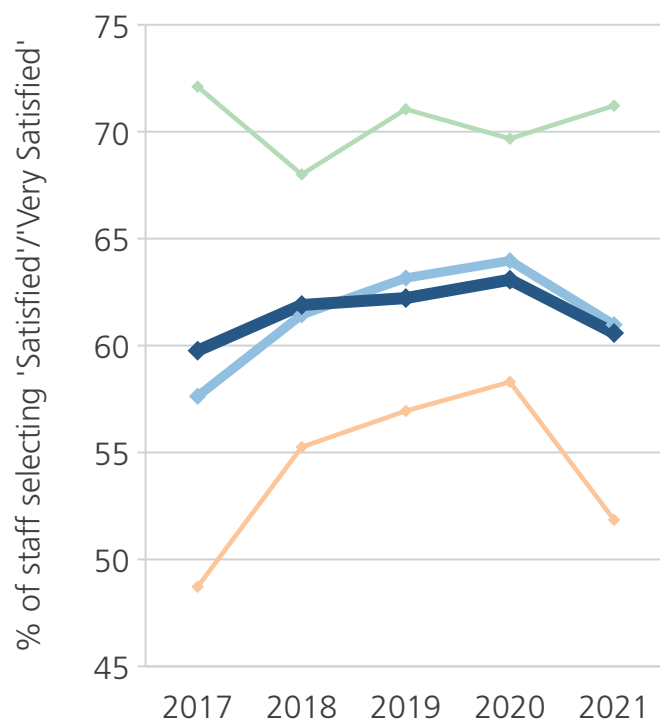
People Promise element detailed information – We are recognised and rewarded

Questions:

Q4a, Q4b, Q4c, Q8d, Q9e

Q4a

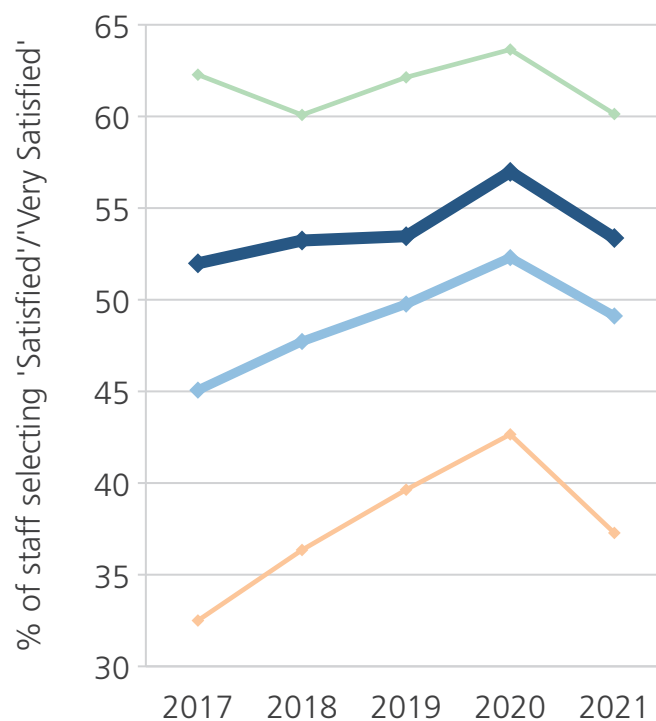
The recognition I get for good work



Responses 2,354 2,472 2,812 2,584 2,561

Q4b

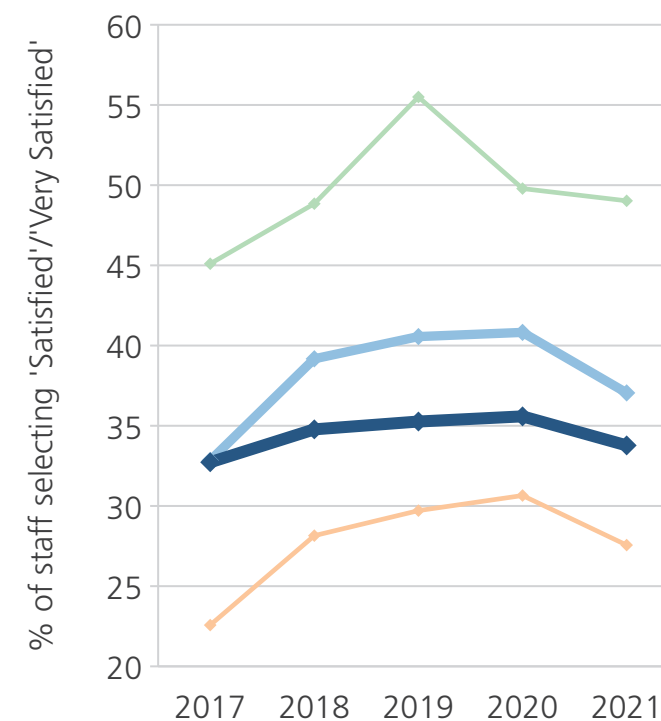
The extent to which my organisation values my work



Responses 2,333 2,460 2,803 2,584 2,557

Q4c

My level of pay

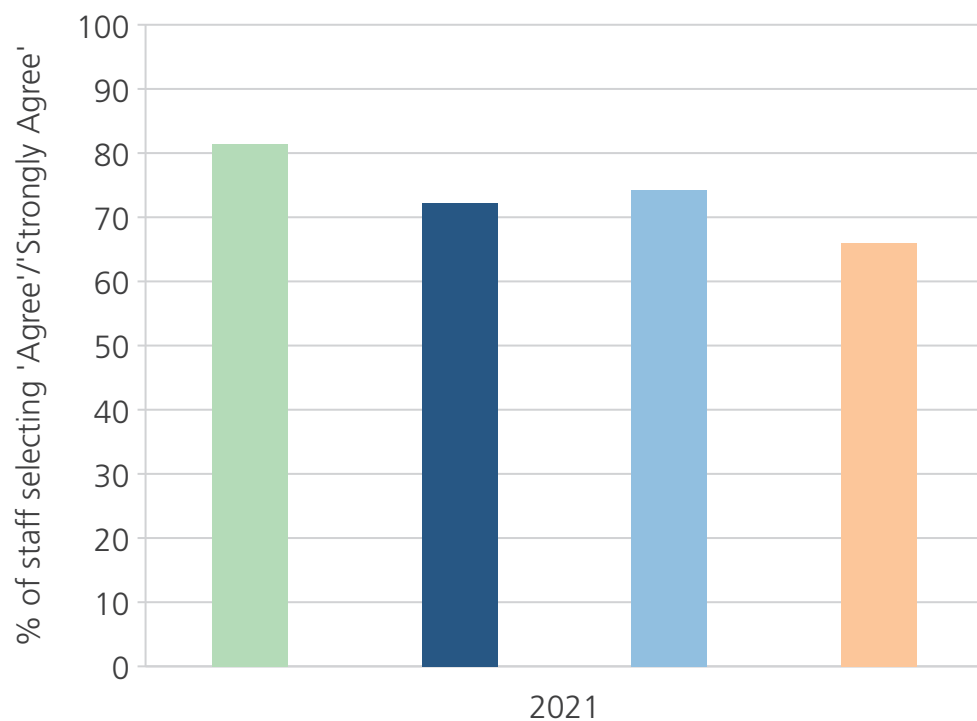


Responses 2,337 2,459 2,807 2,588 2,560

Q8d

The people I work with show appreciation to one another

No trend data are shown as this is a new question

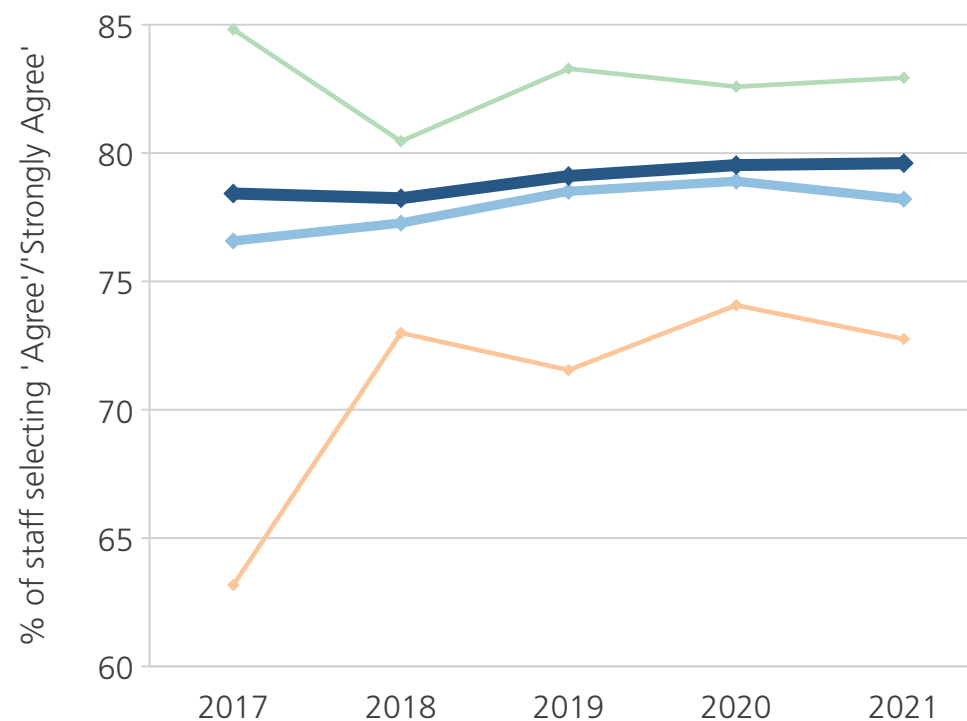


Best	81.4%
Your org	72.2%
Average	74.3%
Worst	66.0%

Responses 2,529

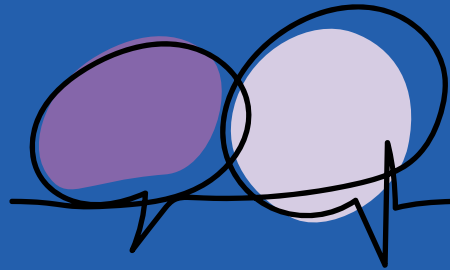
Q9e

My immediate manager values my work



Best	84.8%	80.5%	83.3%	82.6%	82.9%
Your org	78.4%	78.2%	79.1%	79.5%	79.6%
Average	76.6%	77.3%	78.5%	78.9%	78.2%
Worst	63.2%	73.0%	71.5%	74.1%	72.8%

Responses 2,271 2,450 2,792 2,569 2,517



People Promise element detailed information – We each have a voice that counts

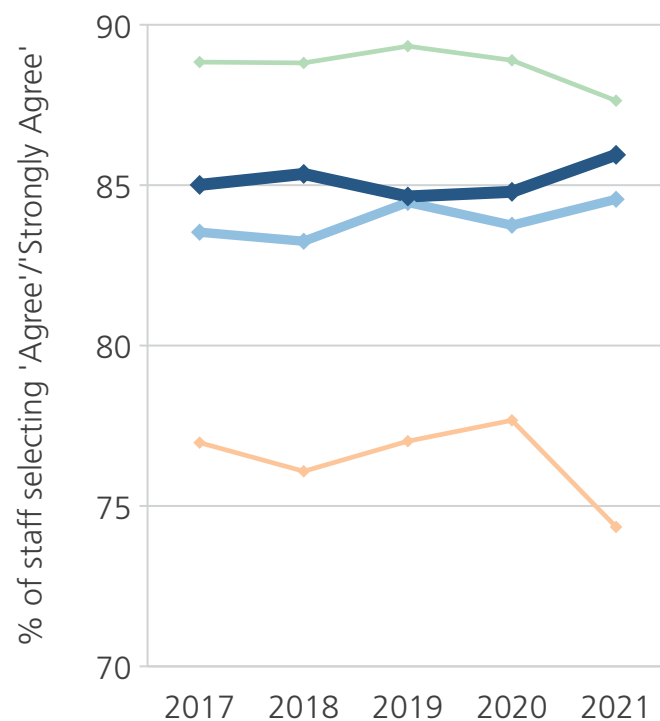
Questions:

Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
Q17a, Q17b, Q21e, Q21f

East London NHS Foundation Trust
2021 NHS Staff Survey Results

Q3a

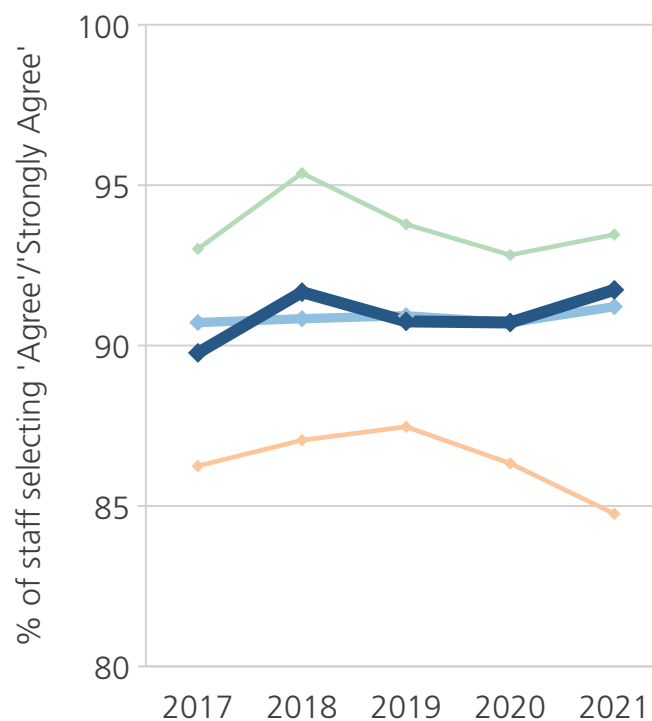
I always know what my work responsibilities are



Responses 2,368 2,513 2,831 2,602 2,560

Q3b

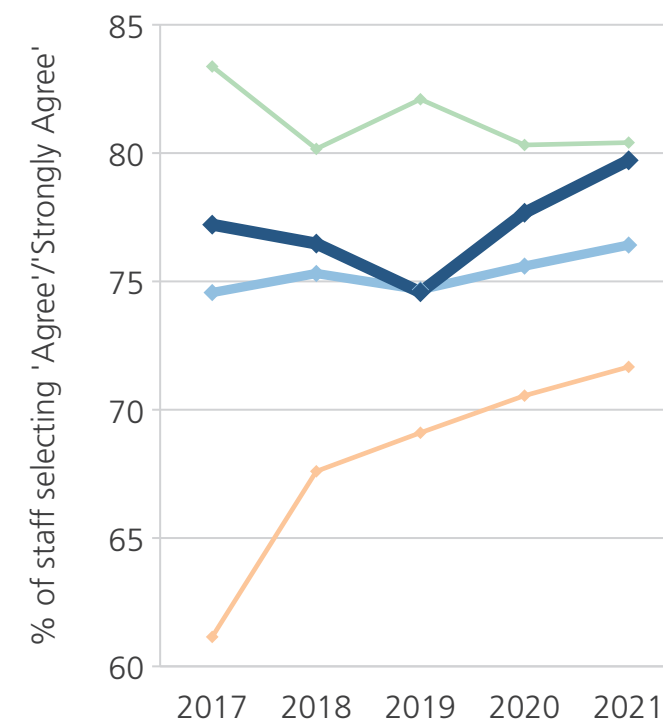
I am trusted to do my job



Responses 2,342 2,486 2,821 2,591 2,564

Q3c

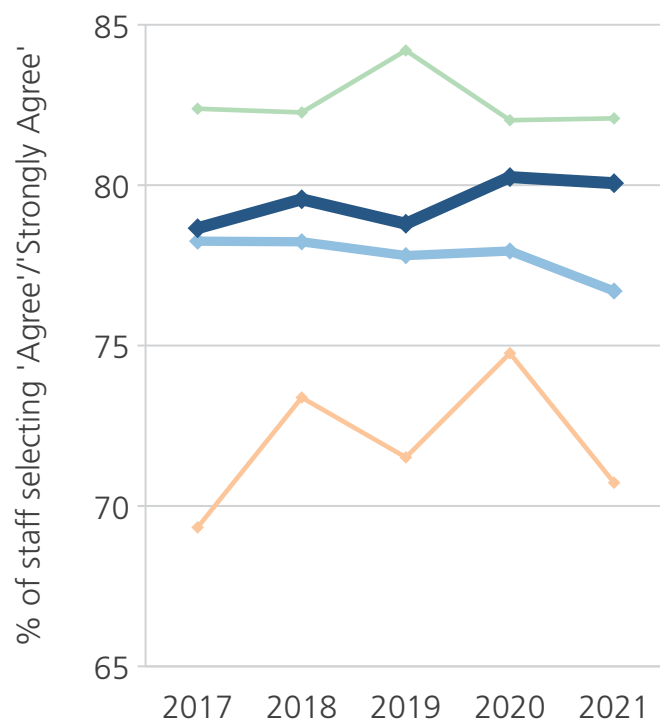
There are frequent opportunities for me to show initiative in my role



Responses 2,369 2,505 2,834 2,589 2,564

Q3d

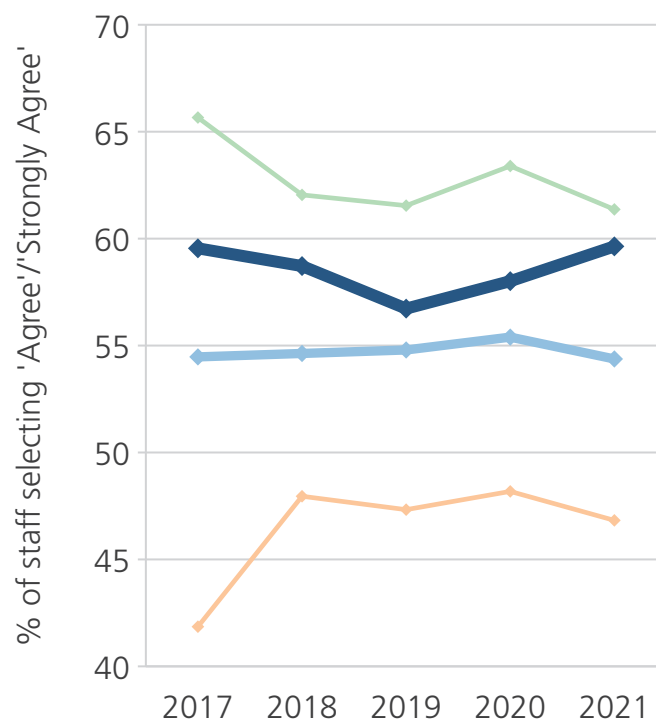
I am able to make suggestions to improve the work of my team / department



Responses 2,363 2,508 2,832 2,590 2,564

Q3e

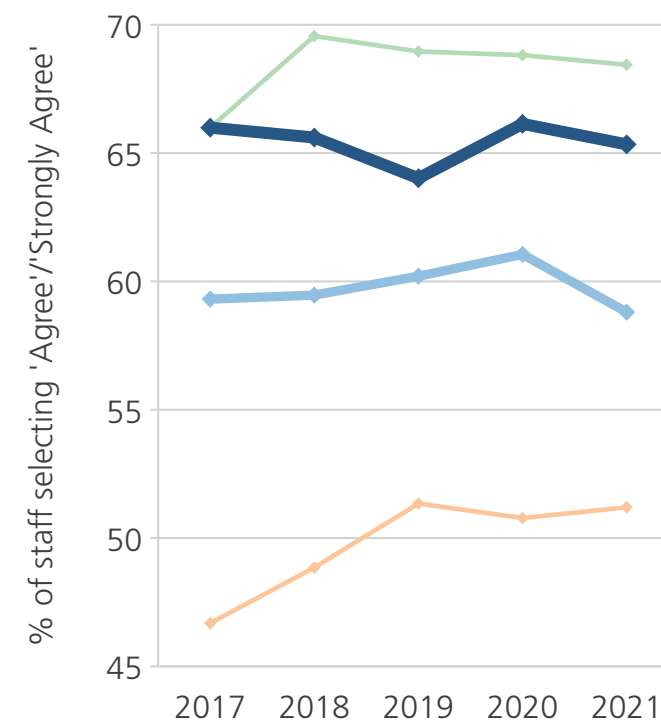
I am involved in deciding on changes introduced that affect my work area / team / department



Responses 2,355 2,505 2,829 2,587 2,563

Q3f

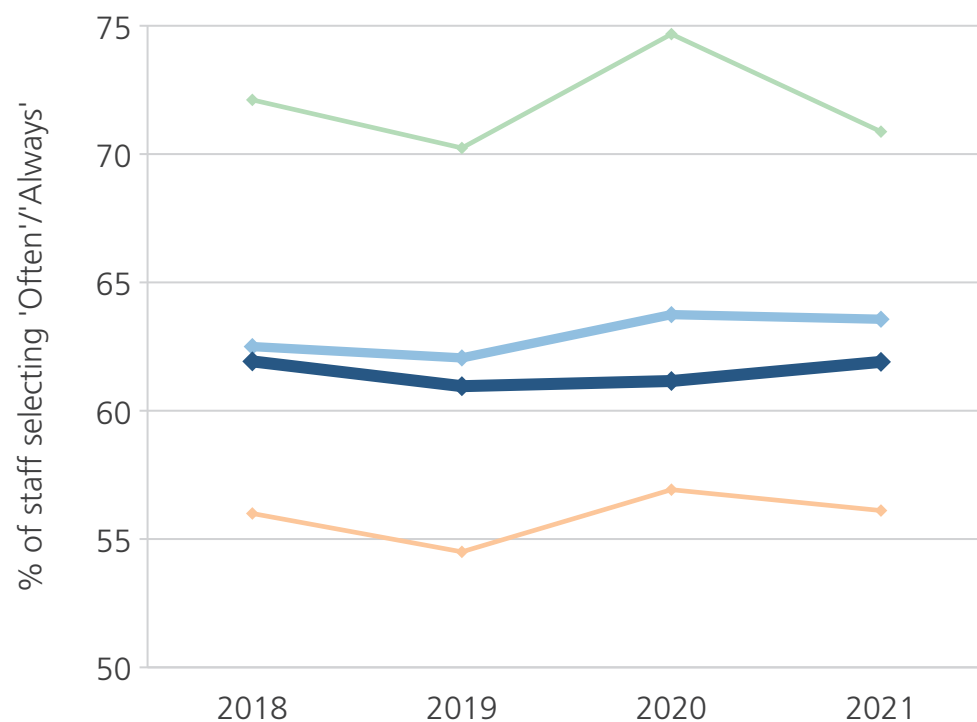
I am able to make improvements happen in my area of work



Responses 2,352 2,501 2,826 2,588 2,562

Q5b

I have a choice in deciding how to do my work

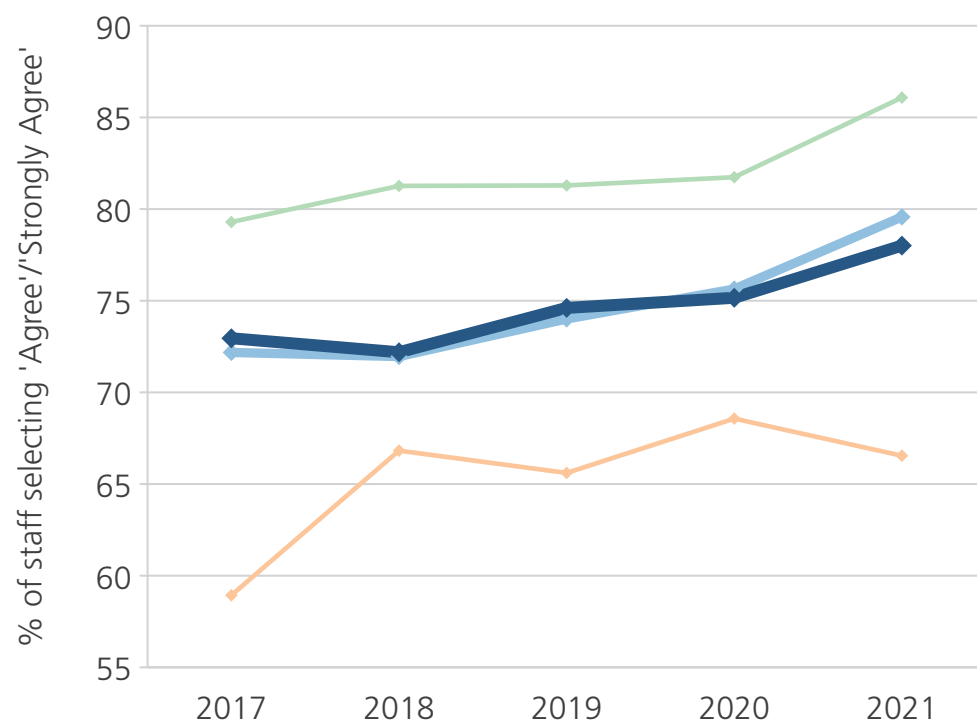


Best	72.1%	70.2%	74.7%	70.9%
Your org	61.9%	61.0%	61.2%	61.9%
Average	62.5%	62.1%	63.7%	63.6%
Worst	56.0%	54.5%	56.9%	56.1%

Responses 2,469 2,795 2,581 2,548

Q17a

I would feel secure raising concerns about unsafe clinical practice

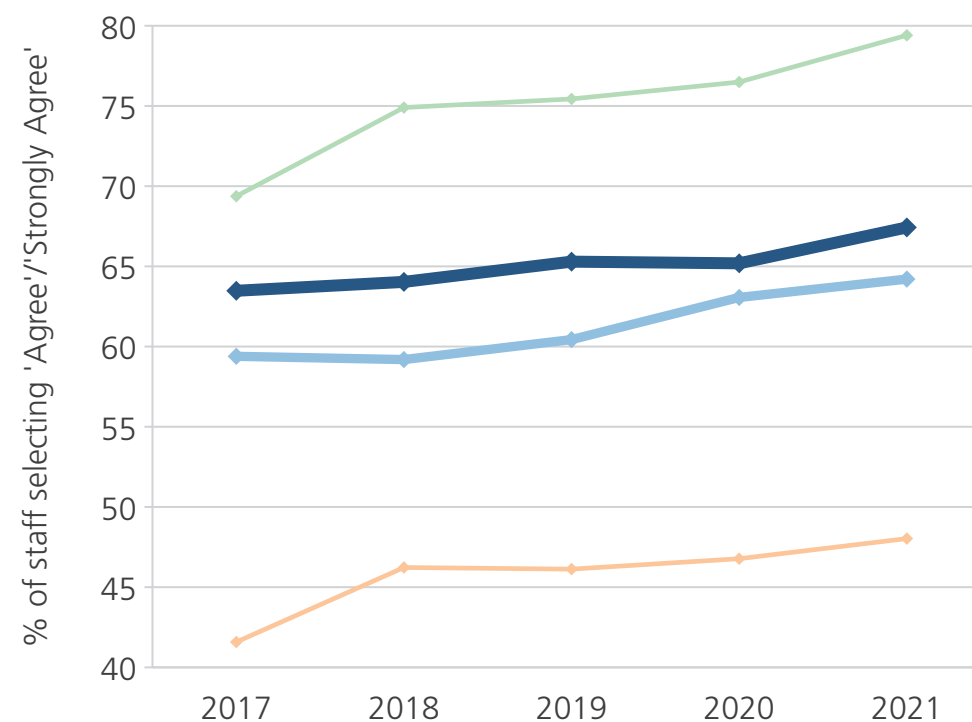


Best	79.3%	81.3%	81.3%	81.7%	86.1%
Your org	73.0%	72.2%	74.6%	75.2%	78.0%
Average	72.2%	72.0%	74.0%	75.6%	79.6%
Worst	58.9%	66.8%	65.6%	68.6%	66.5%

Responses 2,311 2,426 2,765 2,538 2,491

Q17b

I am confident that my organisation would address my concern

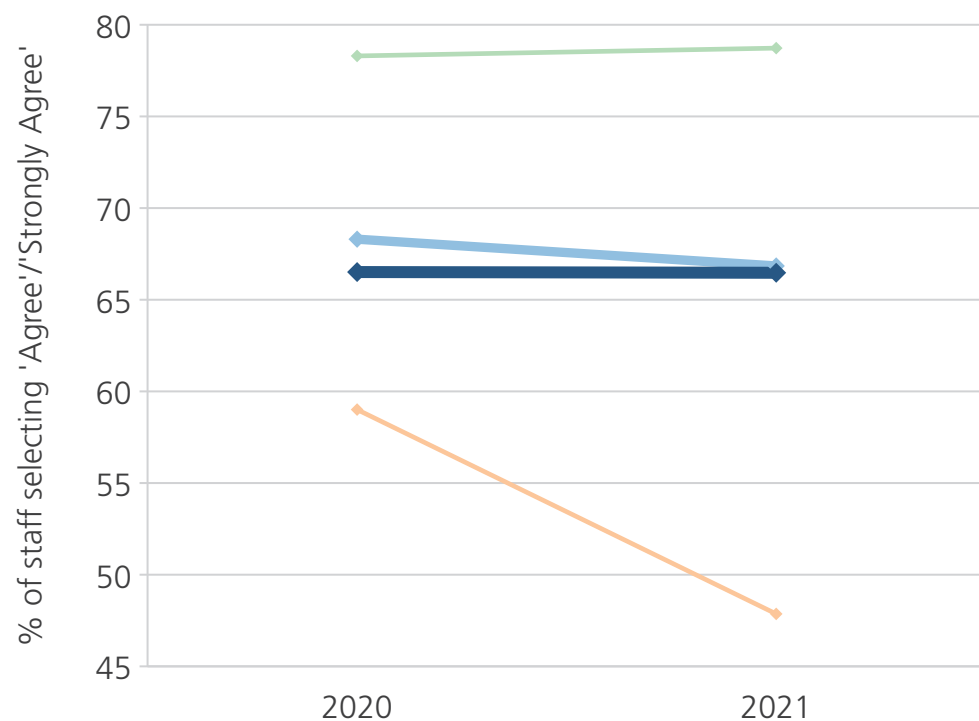


Best	69.4%	74.9%	75.4%	76.5%	79.4%
Your org	63.5%	64.0%	65.3%	65.2%	67.4%
Average	59.4%	59.2%	60.4%	63.1%	64.2%
Worst	41.6%	46.2%	46.1%	46.8%	48.0%

Responses 2,307 2,419 2,766 2,537 2,491

Q21e

I feel safe to speak up about anything
that concerns me in this organisation

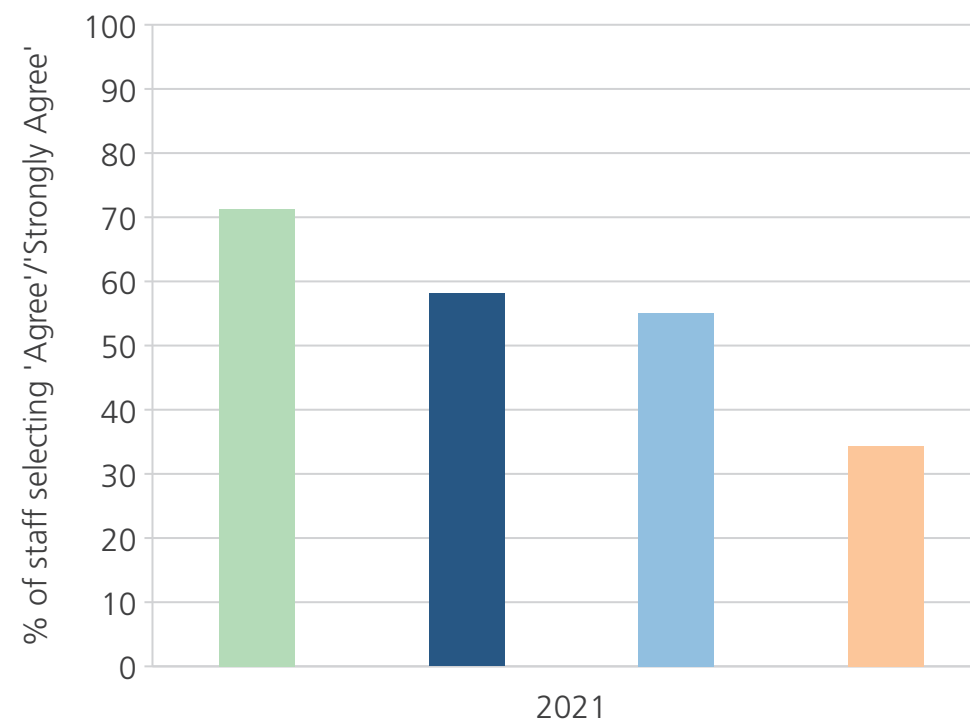


Best	78.3%	78.7%
Your org	66.5%	66.5%
Average	68.3%	66.8%
Worst	59.0%	47.9%
Responses	2,535	2,483

Q21f

If I spoke up about something that concerned me I am
confident my organisation would address my concern

No trend data are shown as this is a new question



Best	71.3%
Your org	58.1%
Average	55.1%
Worst	34.3%
Responses	2,483



People Promise element detailed information – We are safe and healthy

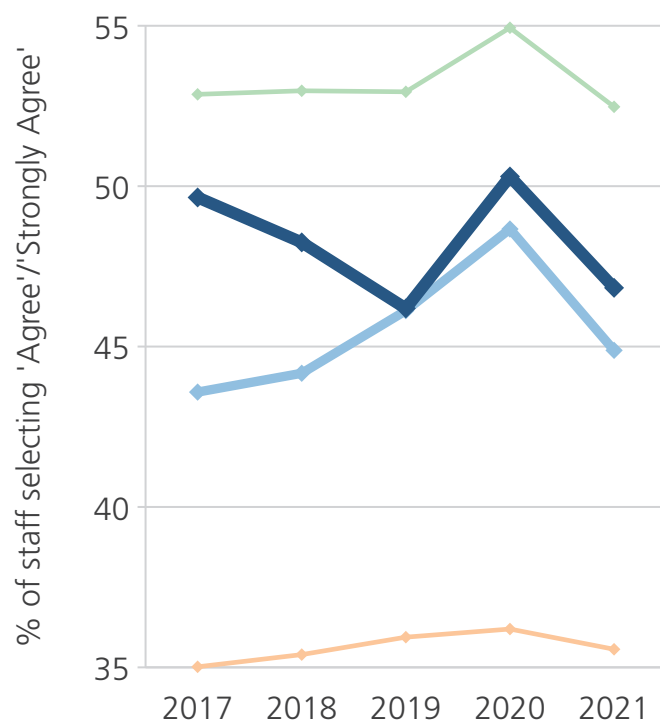
Questions:

Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

East London NHS Foundation Trust
2021 NHS Staff Survey Results

Q3g

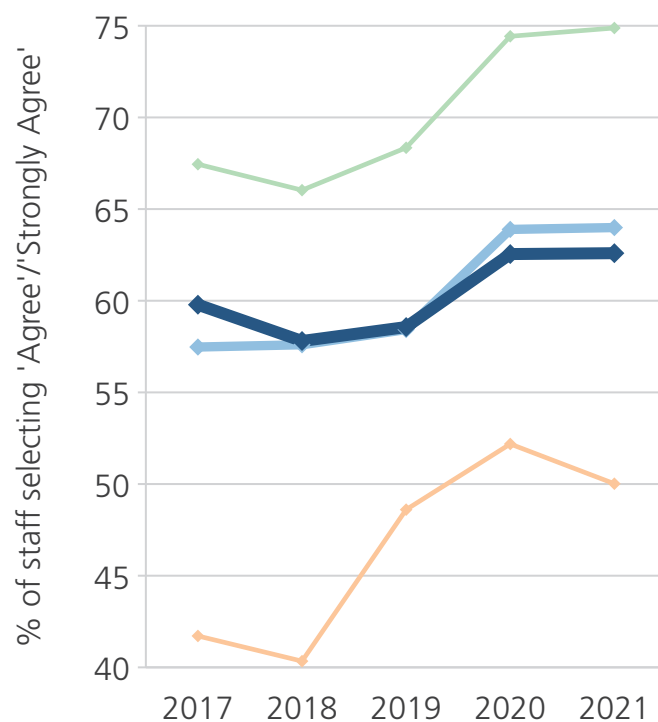
I am able to meet all the conflicting demands on my time at work



Responses 2,355 2,492 2,824 2,575 2,564

Q3h

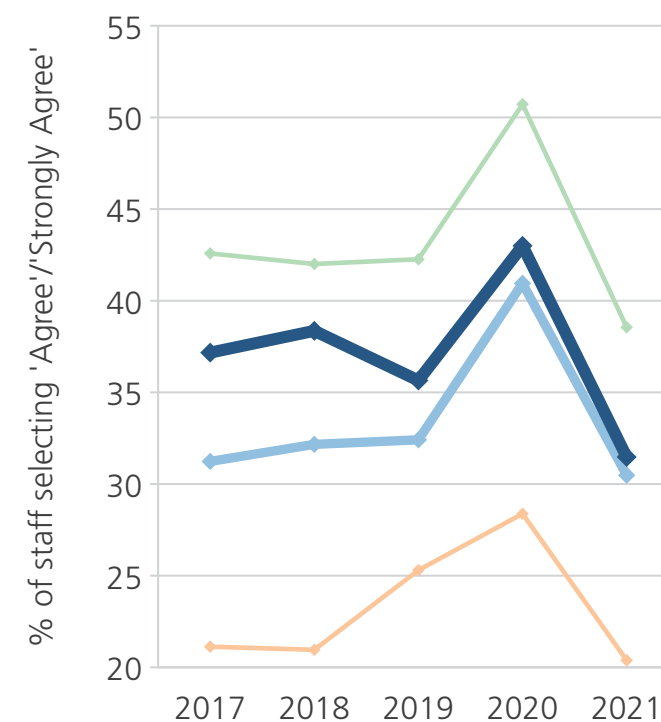
I have adequate materials, supplies and equipment to do my work



Responses 2,342 2,494 2,826 2,580 2,563

Q3i

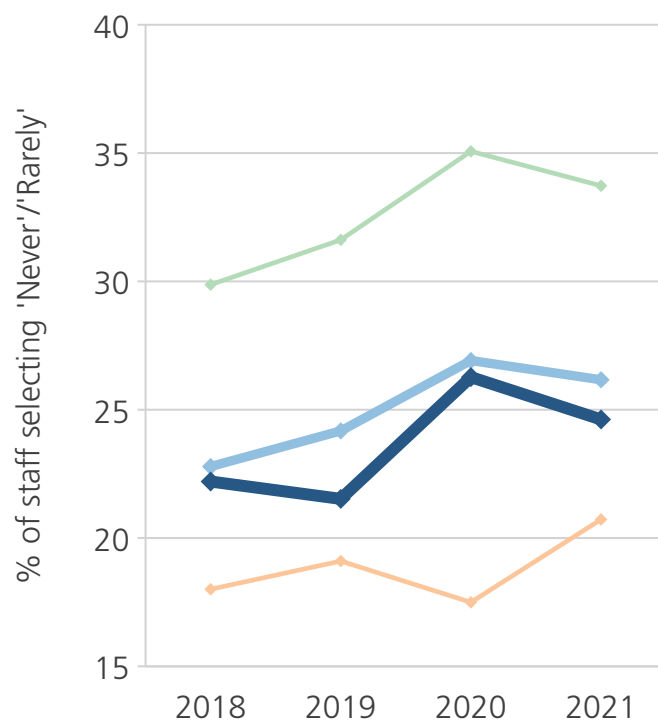
There are enough staff at this organisation for me to do my job properly



Responses 2,355 2,498 2,827 2,587 2,564

Q5a

I have unrealistic time pressures



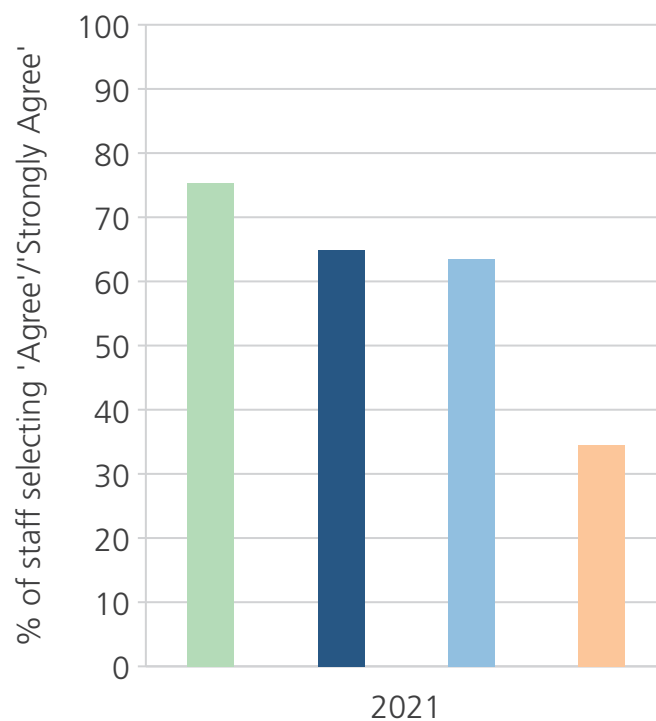
Best	29.9%	31.6%	35.1%	33.7%
Your org	22.2%	21.5%	26.3%	24.6%
Average	22.8%	24.2%	26.9%	26.2%
Worst	18.0%	19.1%	17.5%	20.7%

Responses 2,465 2,795 2,574 2,547

Q11a

My organisation takes positive action on health and well-being

No trend data are shown as this is a new question

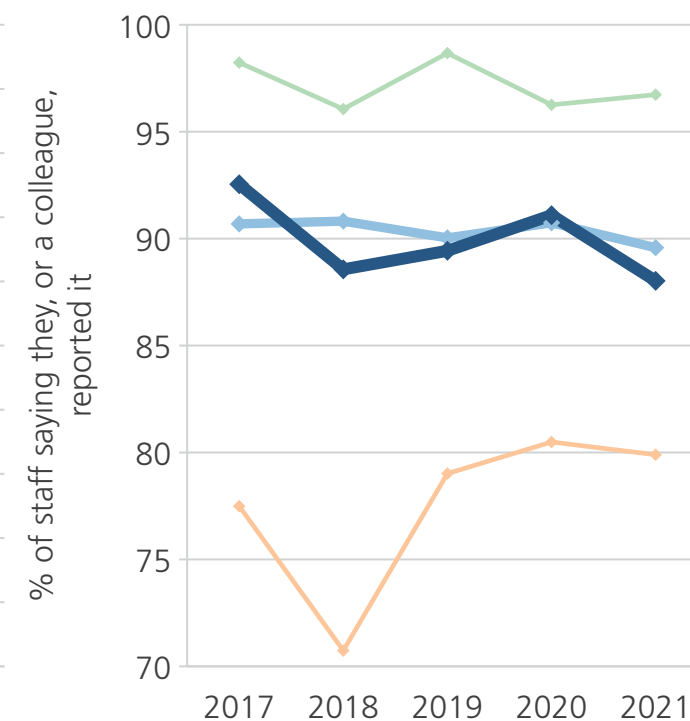


Best	75.3%
Your org	64.9%
Average	63.5%
Worst	34.5%

Responses 2,489

Q13d

The last time you experienced physical violence at work, did you or a colleague report it?

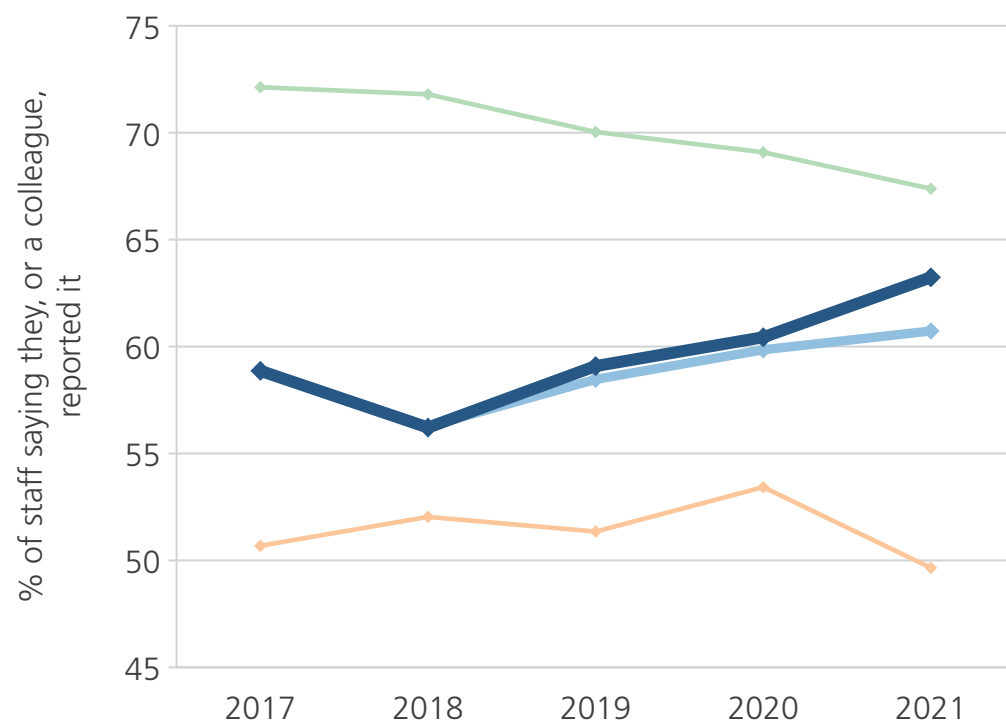


Best	98.2%	96.1%	98.7%	96.3%	96.7%
Your org	92.5%	88.6%	89.4%	91.1%	88.0%
Average	90.7%	90.8%	90.0%	90.7%	89.6%
Worst	77.5%	70.7%	79.0%	80.5%	79.9%

Responses 438 438 533 444 394

Q14d

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



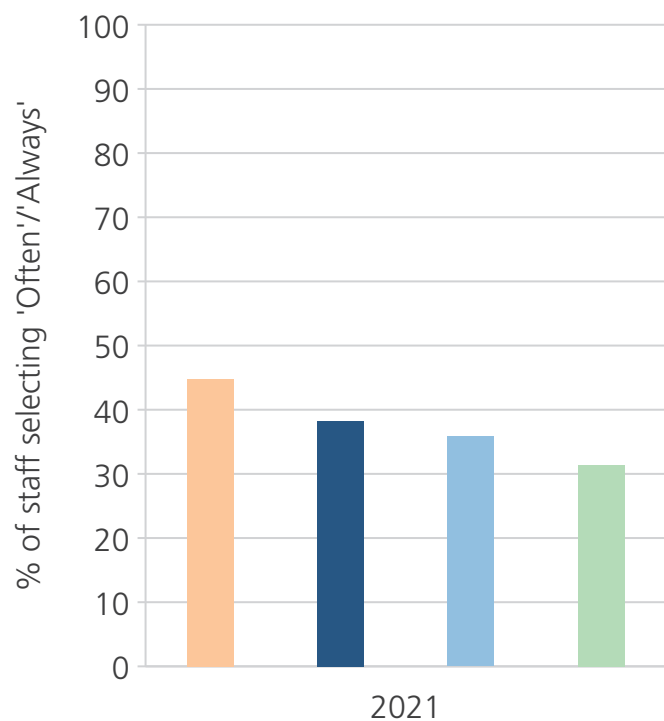
Best	72.1%	71.8%	70.0%	69.1%	67.4%
Your org	58.9%	56.2%	59.1%	60.4%	63.2%
Average	58.9%	56.3%	58.5%	59.8%	60.7%
Worst	50.7%	52.0%	51.3%	53.4%	49.7%

Responses 821 924 1,176 1,001 911

Q12a

How often, if at all, do you find your work emotionally exhausting?

No trend data are shown as this is a new question



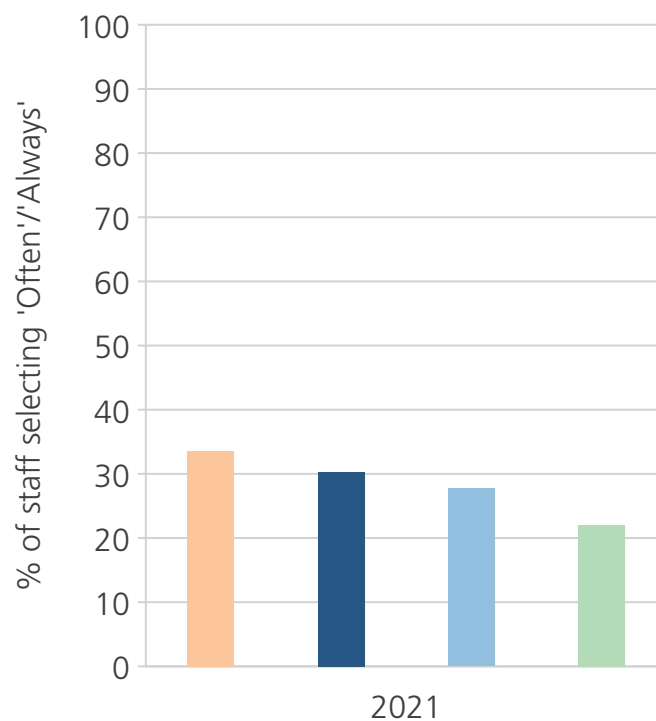
Worst	44.8%
Your org	38.3%
Average	35.8%
Best	31.4%

Responses 2,506

Q12b

How often, if at all, do you feel burnt out because of your work?

No trend data are shown as this is a new question



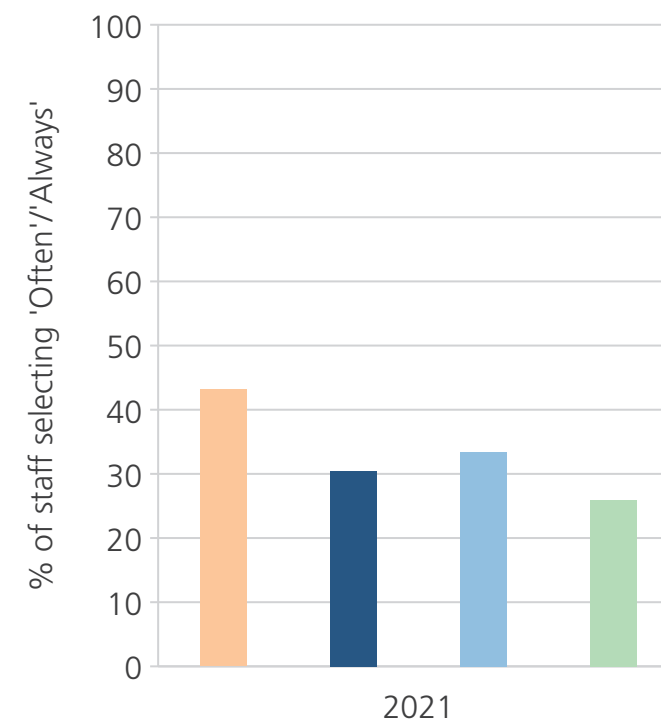
Worst	33.5%
Your org	30.3%
Average	27.7%
Best	22.1%

Responses 2,503

Q12c

How often, if at all, does your work frustrate you?

No trend data are shown as this is a new question



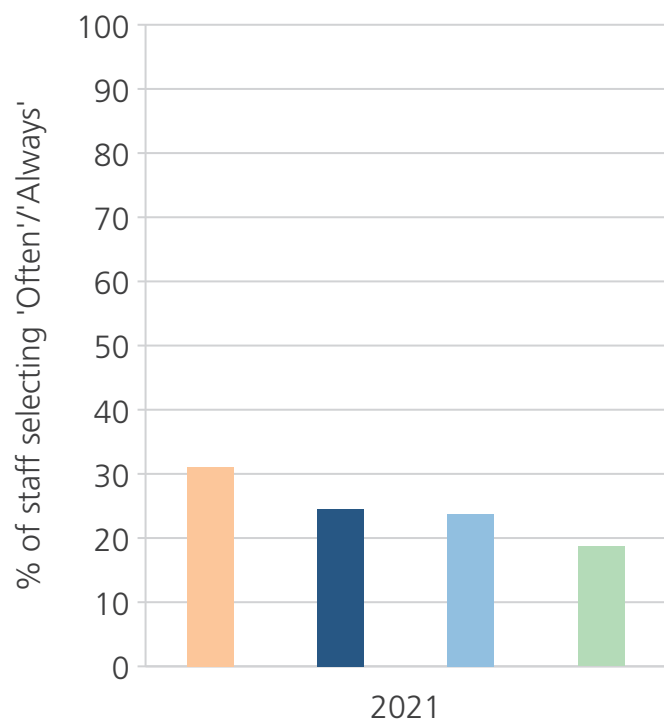
Worst	43.1%
Your org	30.5%
Average	33.4%
Best	26.0%

Responses 2,503

Q12d

How often, if at all, are you exhausted at the thought of another day/shift at work?

No trend data are shown as this is a new question



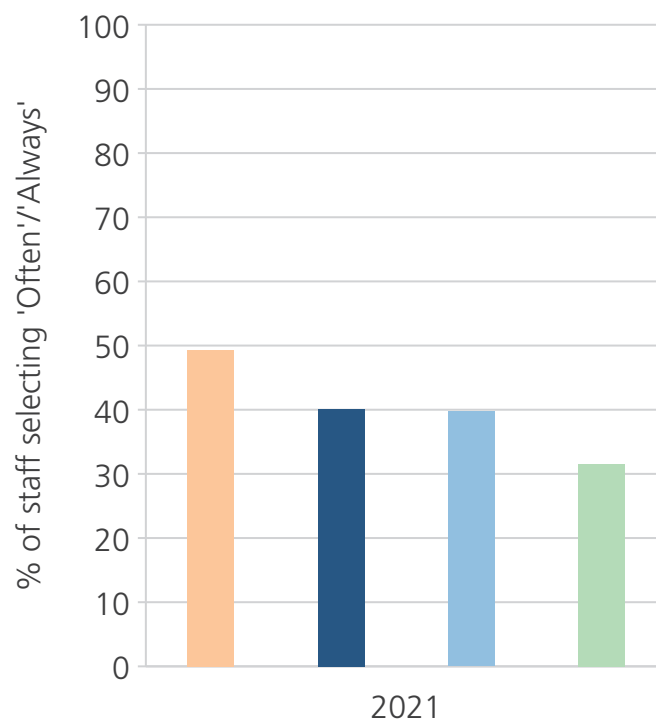
Worst	31.1%
Your org	24.5%
Average	23.8%
Best	18.7%

Responses 2,504

Q12e

How often, if at all, do you feel worn out at the end of your working day/shift?

No trend data are shown as this is a new question



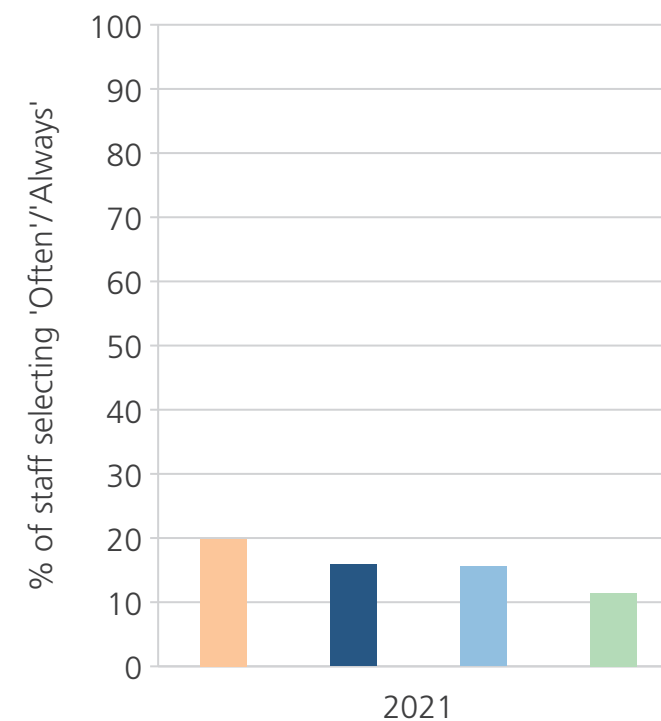
Worst	49.3%
Your org	40.2%
Average	39.7%
Best	31.5%

Responses 2,504

Q12f

How often, if at all, do you feel that every working hour is tiring for you?

No trend data are shown as this is a new question



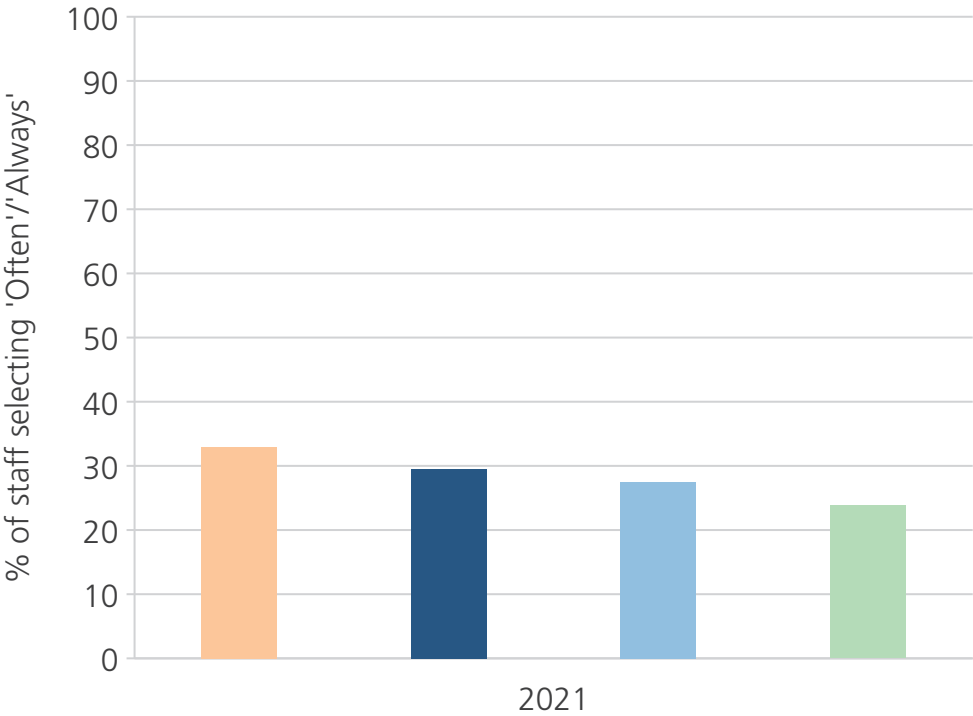
Worst	19.8%
Your org	15.9%
Average	15.6%
Best	11.4%

Responses 2,503

Q12g

How often, if at all, do you not have enough
energy for family and friends during leisure time?

No trend data are shown as this is a new question

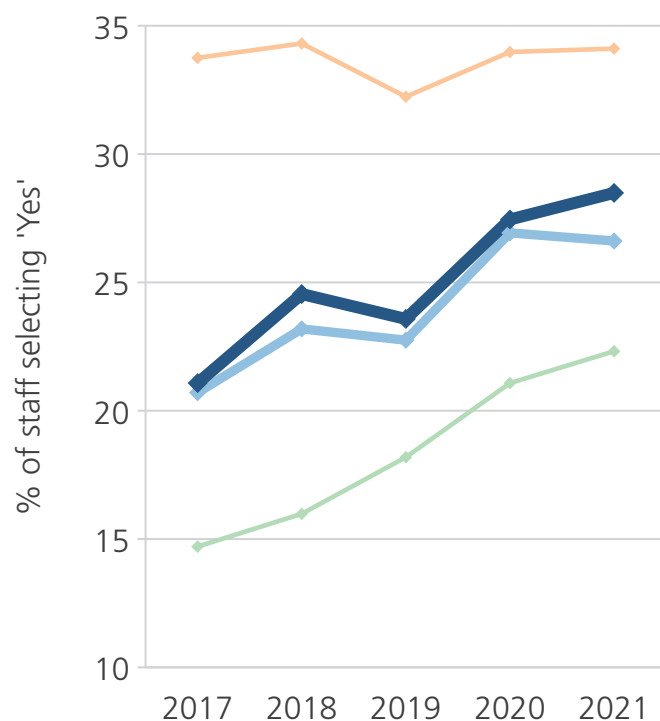


Worst	33.0%
Your org	29.5%
Average	27.5%
Best	23.8%

Responses 2,505

Q11b

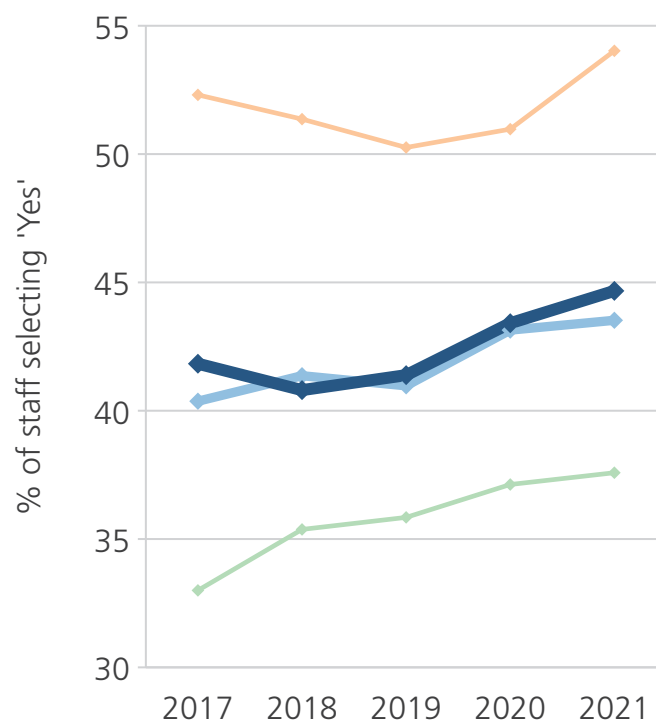
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Responses 2,314 2,433 2,794 2,565 2,503

Q11c

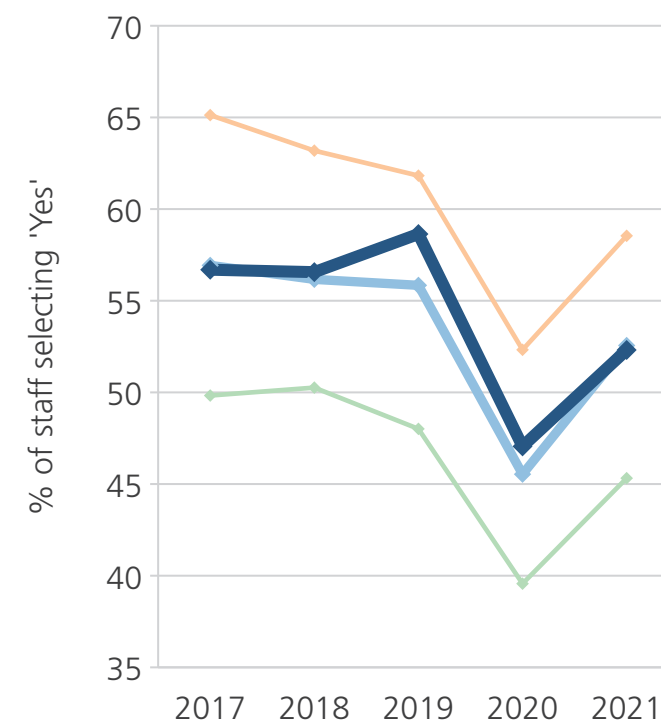
During the last 12 months have you felt unwell as a result of work related stress?



Responses 2,322 2,445 2,794 2,565 2,509

Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Responses 2,326 2,444 2,797 2,565 2,509

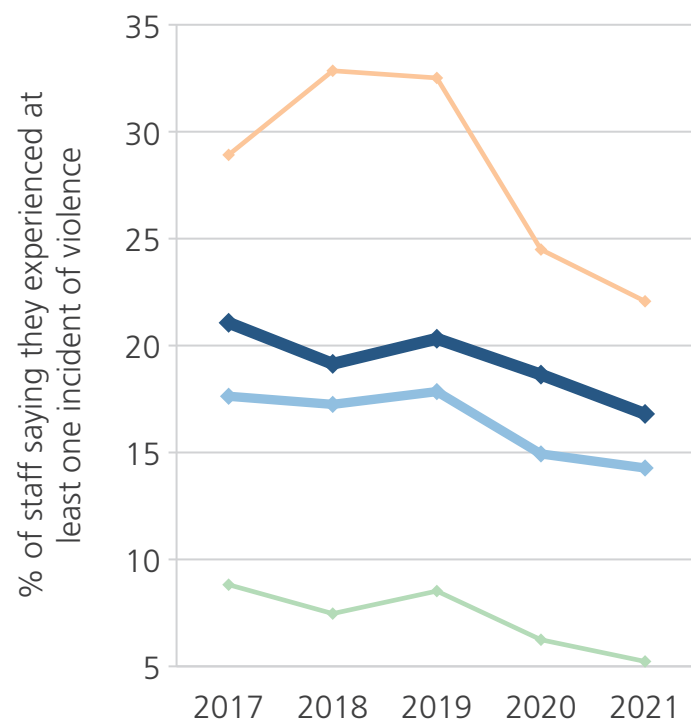
Worst	33.8%	34.3%	32.2%	34.0%	34.1%
Your org	21.1%	24.5%	23.6%	27.5%	28.5%
Average	20.7%	23.2%	22.7%	26.9%	26.6%
Best	14.7%	16.0%	18.2%	21.1%	22.3%

Worst	52.3%	51.4%	50.3%	51.0%	54.0%
Your org	41.8%	40.8%	41.4%	43.4%	44.7%
Average	40.4%	41.4%	41.0%	43.1%	43.5%
Best	33.0%	35.4%	35.8%	37.1%	37.6%

Worst	65.1%	63.2%	61.8%	52.3%	58.5%
Your org	56.7%	56.6%	58.6%	47.1%	52.3%
Average	56.9%	56.2%	55.8%	45.5%	52.6%
Best	49.8%	50.3%	48.0%	39.6%	45.3%

Q13a

In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

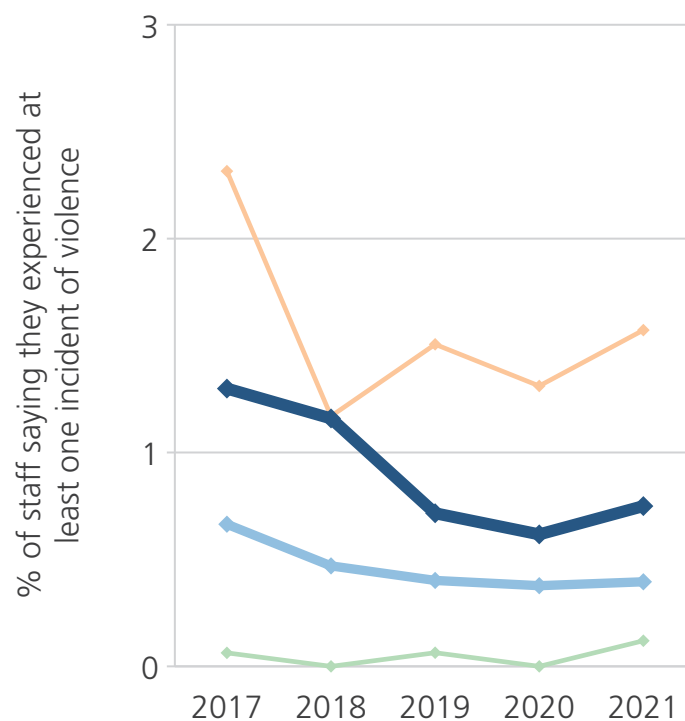


Worst	28.9%	32.8%	32.5%	24.5%	22.1%
Your org	21.1%	19.1%	20.3%	18.6%	16.8%
Average	17.6%	17.2%	17.8%	14.9%	14.3%
Best	8.8%	7.5%	8.5%	6.2%	5.2%

Responses 2,295 2,444 2,785 2,565 2,504

Q13b

In the last 12 months how many times have you personally experienced physical violence at work from managers?

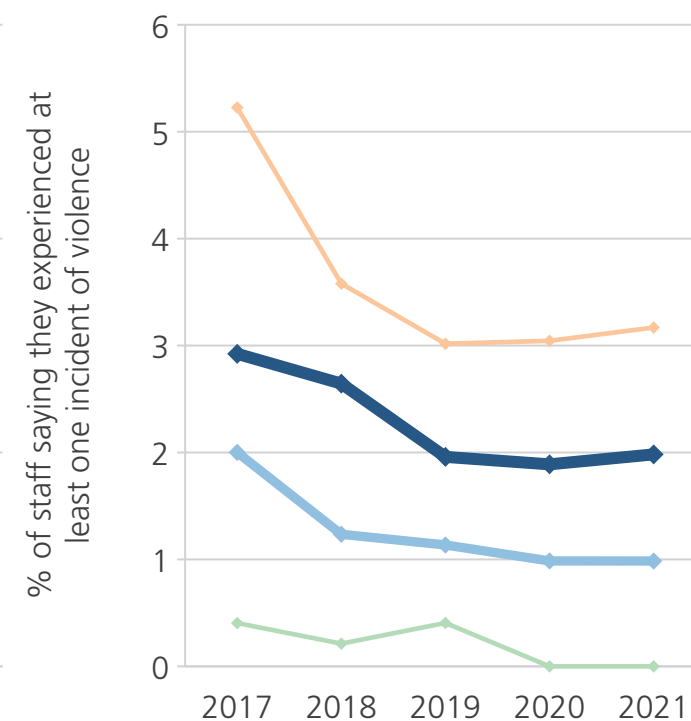


Worst	2.3%	1.2%	1.5%	1.3%	1.6%
Your org	1.3%	1.2%	0.7%	0.6%	0.7%
Average	0.7%	0.5%	0.4%	0.4%	0.4%
Best	0.1%	0.0%	0.1%	0.0%	0.1%

Responses 2,242 2,374 2,763 2,559 2,475

Q13c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?

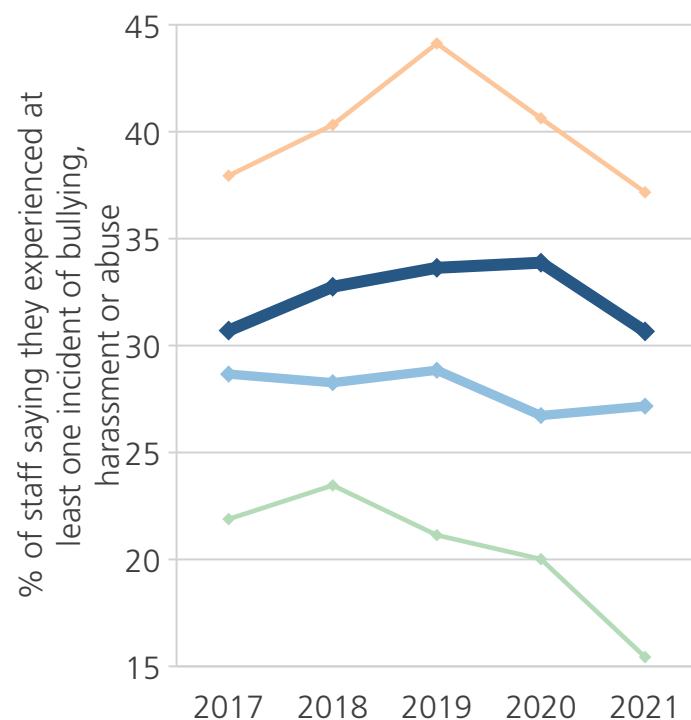


Worst	5.2%	3.6%	3.0%	3.0%	3.2%
Your org	2.9%	2.6%	2.0%	1.9%	2.0%
Average	2.0%	1.2%	1.1%	1.0%	1.0%
Best	0.4%	0.2%	0.4%	0.0%	0.0%

Responses 2,239 2,374 2,762 2,557 2,468

Q14a

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?

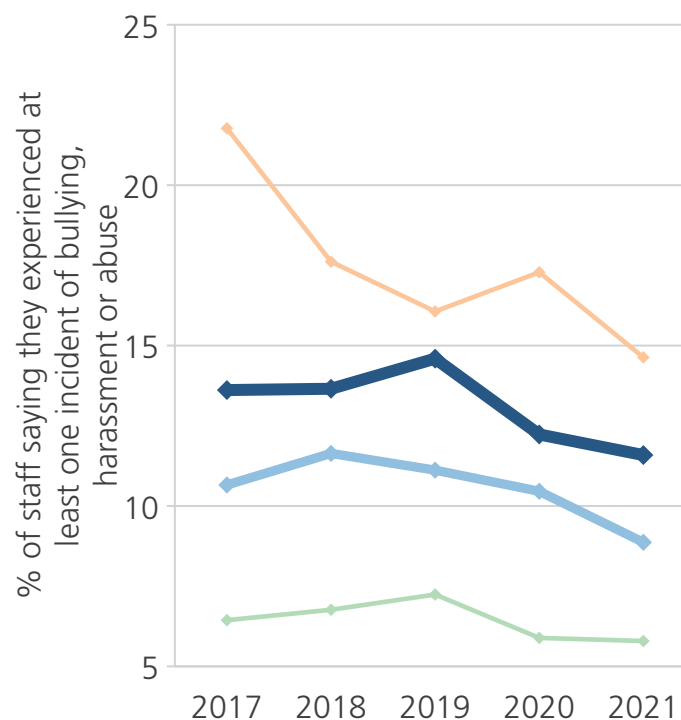


Worst	37.9%	40.3%	44.1%	40.6%	37.2%
Your org	30.7%	32.7%	33.6%	33.9%	30.7%
Average	28.7%	28.3%	28.8%	26.7%	27.2%
Best	21.9%	23.5%	21.1%	20.0%	15.4%

Responses 2,281 2,432 2,771 2,497 2,409

Q14b

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

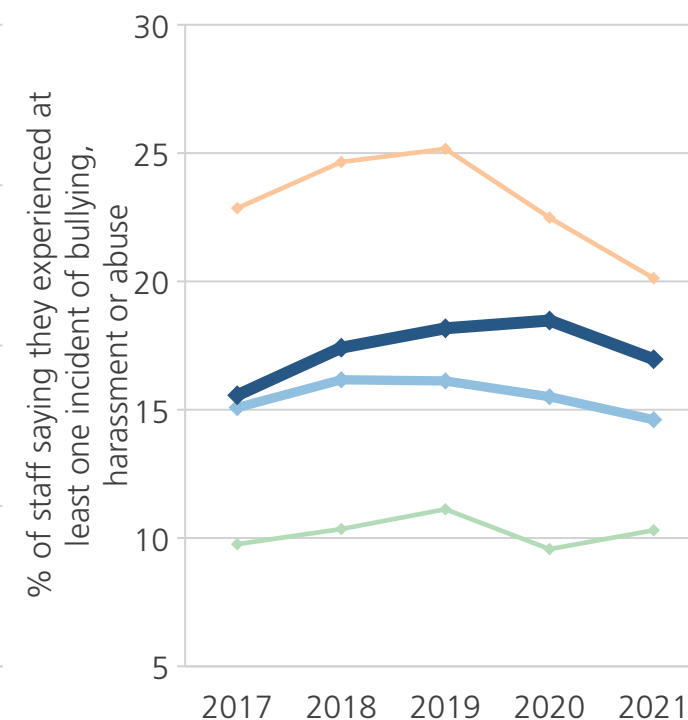


Worst	21.8%	17.6%	16.1%	17.3%	14.6%
Your org	13.6%	13.7%	14.6%	12.2%	11.6%
Average	10.7%	11.6%	11.1%	10.5%	8.9%
Best	6.4%	6.8%	7.2%	5.9%	5.8%

Responses 2,249 2,378 2,760 2,488 2,394

Q14c

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	22.9%	24.7%	25.2%	22.5%	20.1%
Your org	15.6%	17.4%	18.2%	18.5%	17.0%
Average	15.1%	16.2%	16.1%	15.5%	14.6%
Best	9.8%	10.4%	11.1%	9.6%	10.3%

Responses 2,237 2,378 2,753 2,491 2,393



People Promise element detailed information – We are always learning

Questions:

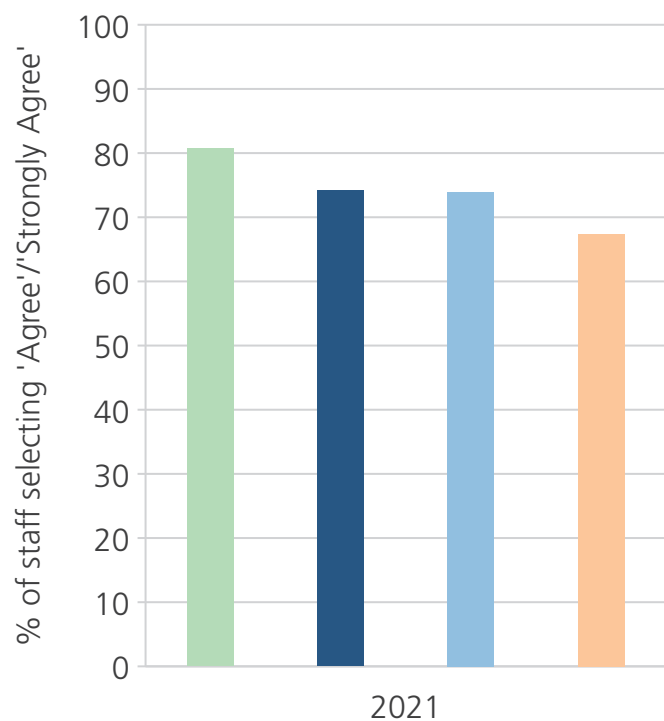
Q20a, Q20b, Q20c, Q20d, Q20e
Q19a, Q19b, Q19c, Q19d

East London NHS Foundation Trust
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Q20a

This organisation offers me challenging work

No trend data are shown as this is a new question



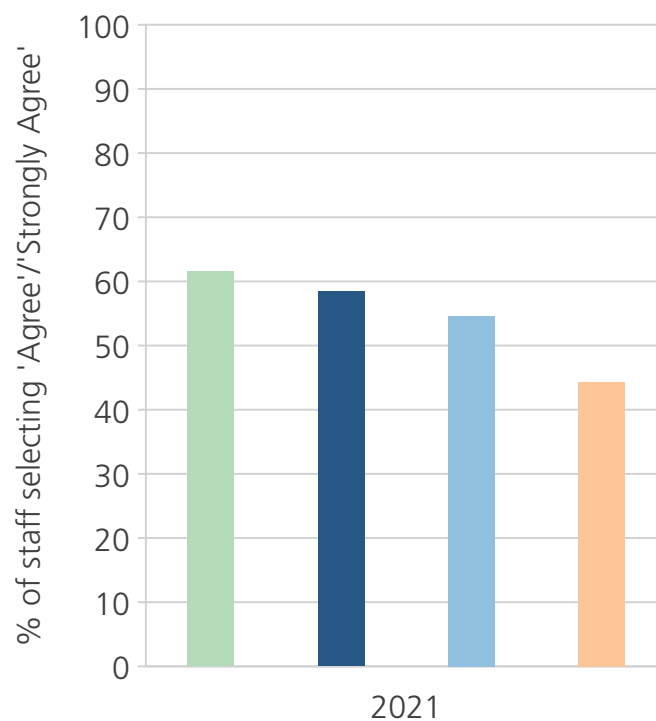
Best	80.7%
Your org	74.2%
Average	73.9%
Worst	67.4%

Responses 2,486

Q20b

There are opportunities for me to develop my career in this organisation

No trend data are shown as this is a new question



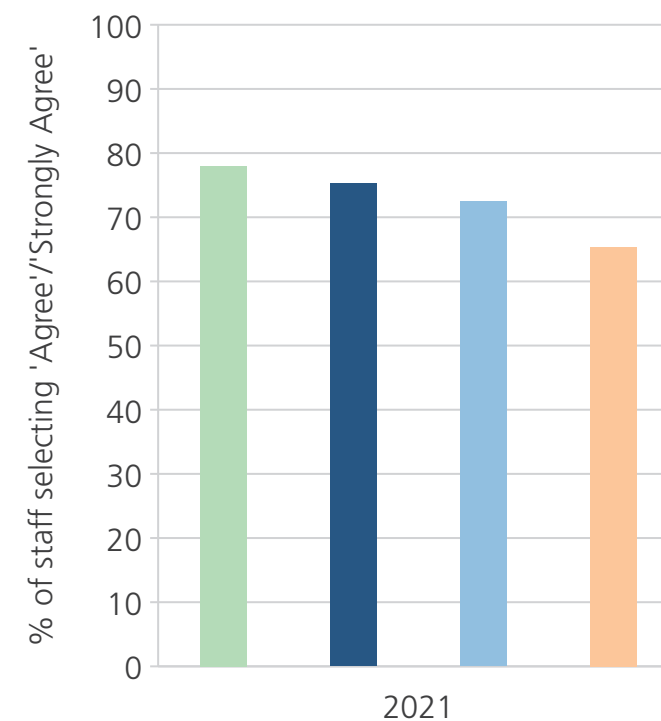
Best	61.6%
Your org	58.4%
Average	54.6%
Worst	44.3%

Responses 2,486

Q20c

I have opportunities to improve my knowledge and skills

No trend data are shown as this is a new question



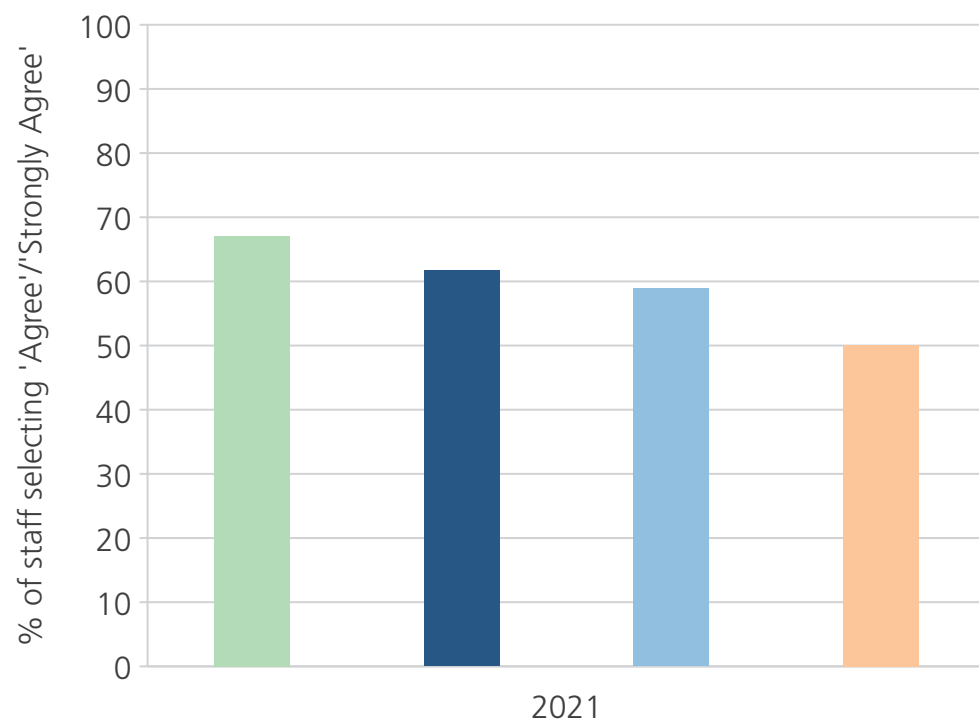
Best	78.0%
Your org	75.2%
Average	72.5%
Worst	65.4%

Responses 2,490

Q20d

I feel supported to develop my potential

No trend data are shown as this is a new question



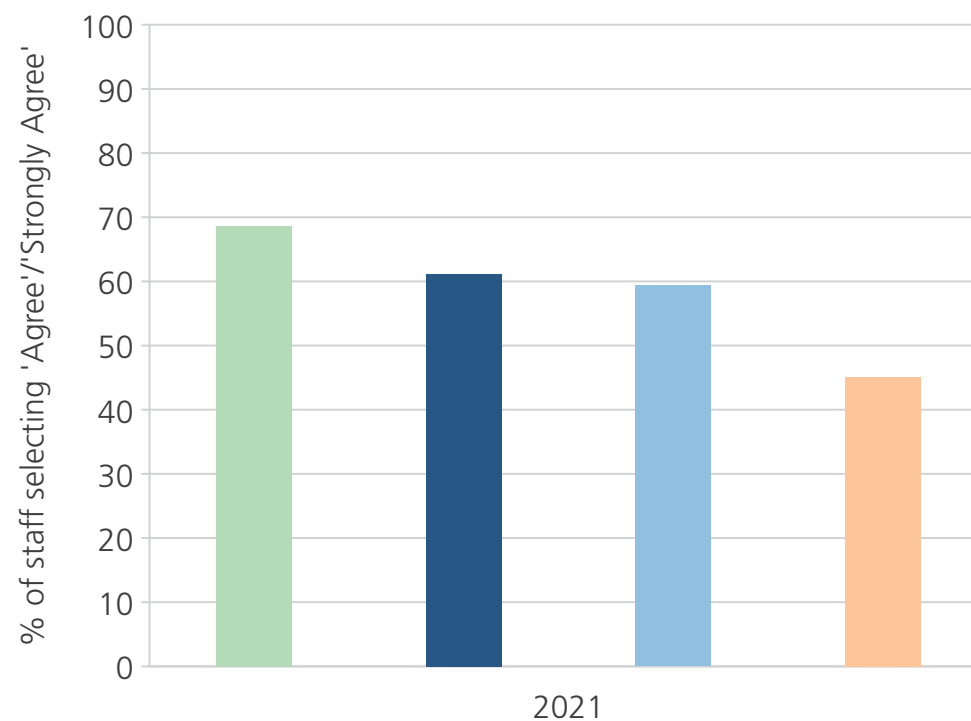
Best	67.1%
Your org	61.7%
Average	58.9%
Worst	50.1%

Responses 2,491

Q20e

I am able to access the right learning and development opportunities when I need to

No trend data are shown as this is a new question



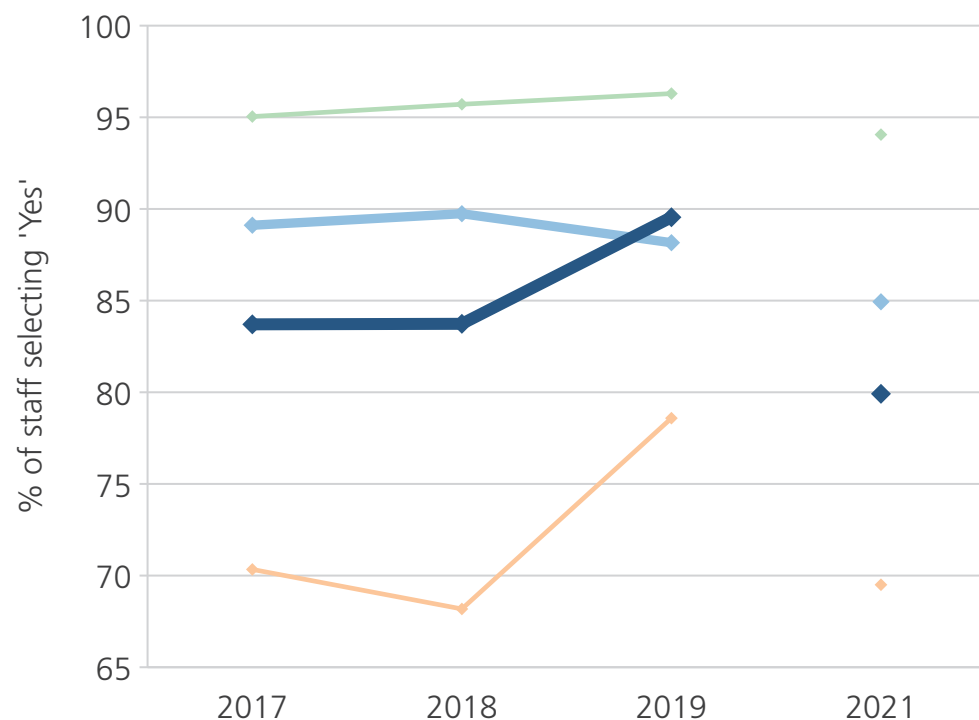
Best	68.7%
Your org	61.1%
Average	59.4%
Worst	45.1%

Responses 2,489

Q19a

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

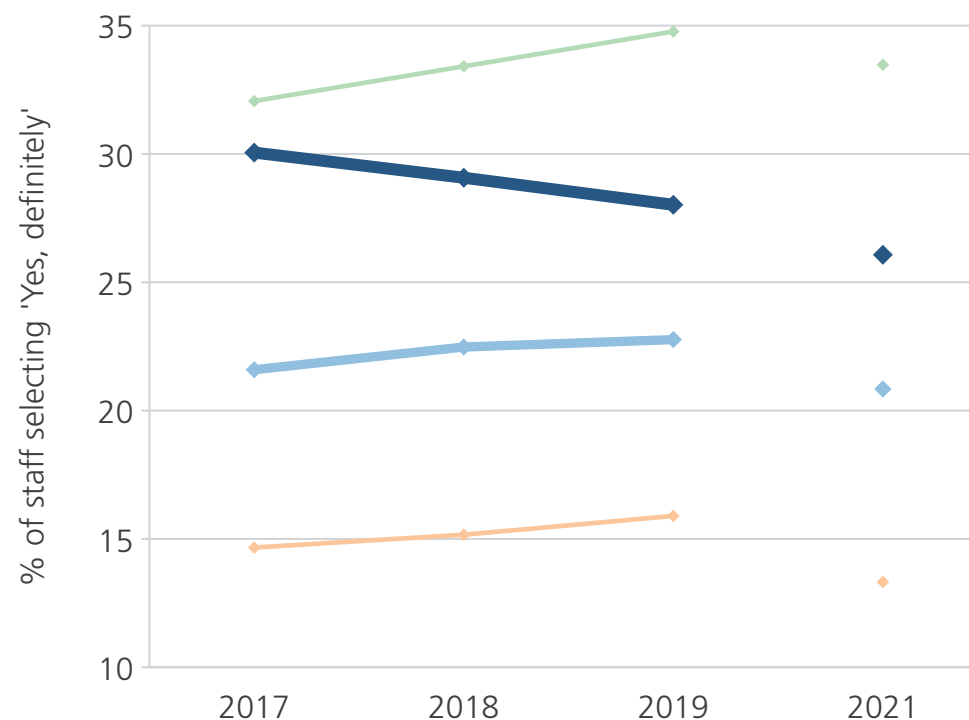


Highest	95.0%	95.7%	96.3%	94.1%
Your org	83.7%	83.7%	89.5%	79.9%
Average	89.1%	89.7%	88.2%	84.9%
Lowest	70.3%	68.2%	78.6%	69.5%
Responses	2,275	2,413	2,749	2,495

Q19b

It helped me to improve how I do my job

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

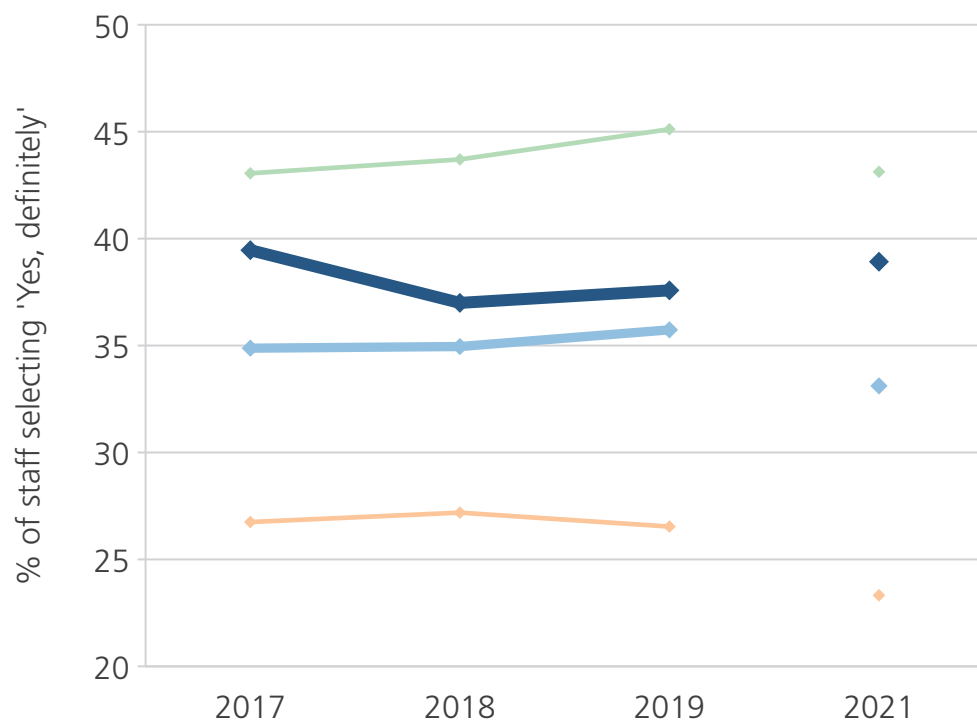


Best	32.1%	33.4%	34.8%	33.5%
Your org	30.1%	29.1%	28.0%	26.1%
Average	21.6%	22.5%	22.8%	20.8%
Worst	14.7%	15.2%	15.9%	13.3%
Responses	1,889	2,010	2,462	2,008

Q19c

It helped me agree clear objectives for my work

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.

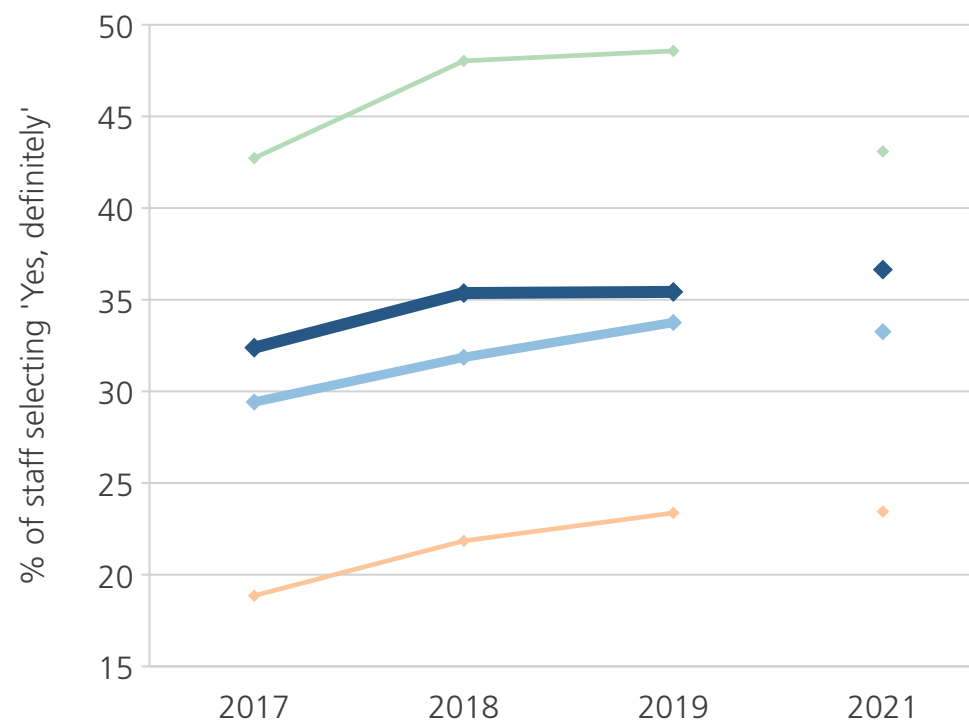


Best	43.1%	43.7%	45.1%	43.1%
Your org	39.5%	37.0%	37.6%	38.9%
Average	34.9%	35.0%	35.7%	33.1%
Worst	26.7%	27.2%	26.5%	23.3%
Responses	1,888	2,012	2,462	2,007

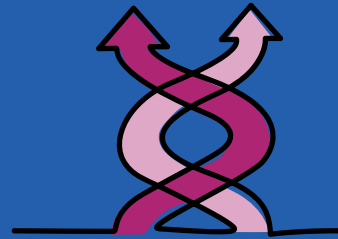
Q19d

It left me feeling that my work is valued by my organisation

Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



Best	42.7%	48.0%	48.6%	43.1%
Your org	32.4%	35.4%	35.4%	36.6%
Average	29.4%	31.9%	33.8%	33.3%
Worst	18.9%	21.8%	23.4%	23.4%
Responses	1,887	2,007	2,461	2,008



People Promise element detailed information – We work flexibly

Questions:

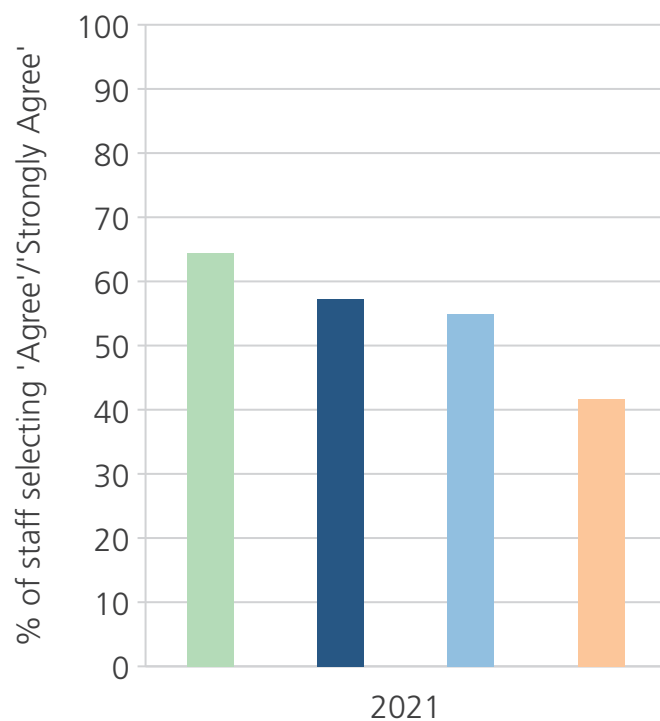
Q6b, Q6c, Q6d
Q4d

East London NHS Foundation Trust
2021 NHS Staff Survey Results

Q6b

My organisation is committed to helping me balance my work and home life

No trend data are shown as this is a new question



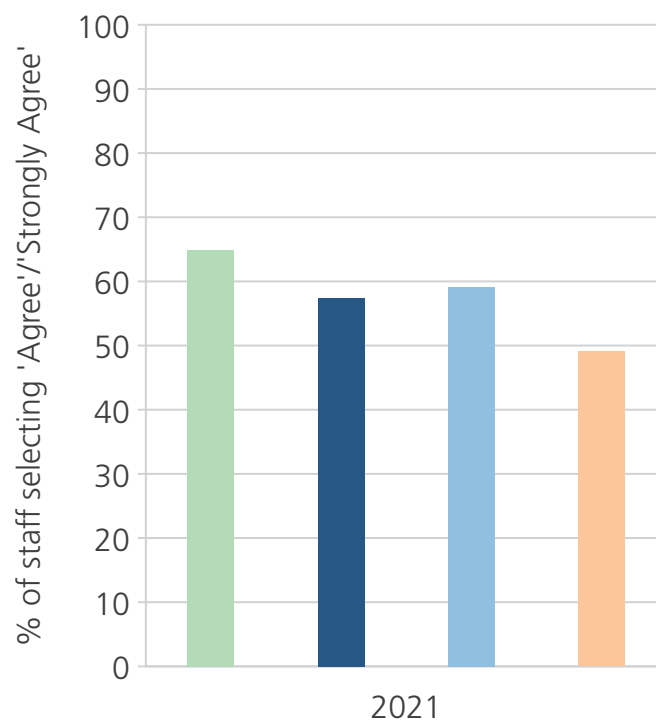
Best	64.4%
Your org	57.3%
Average	54.9%
Worst	41.6%

Responses 2,551

Q6c

I achieve a good balance between my work life and my home life

No trend data are shown as this is a new question



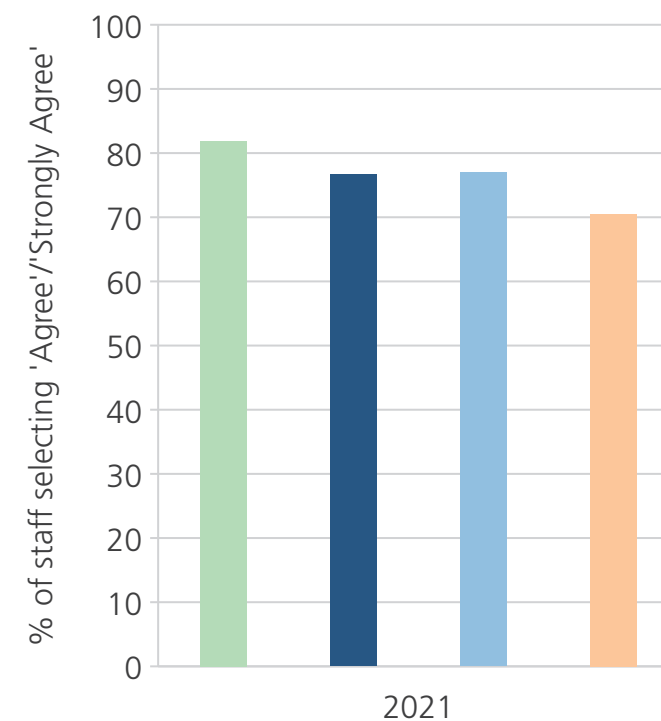
Best	64.9%
Your org	57.4%
Average	59.1%
Worst	49.1%

Responses 2,553

Q6d

I can approach my immediate manager to talk openly about flexible working

No trend data are shown as this is a new question

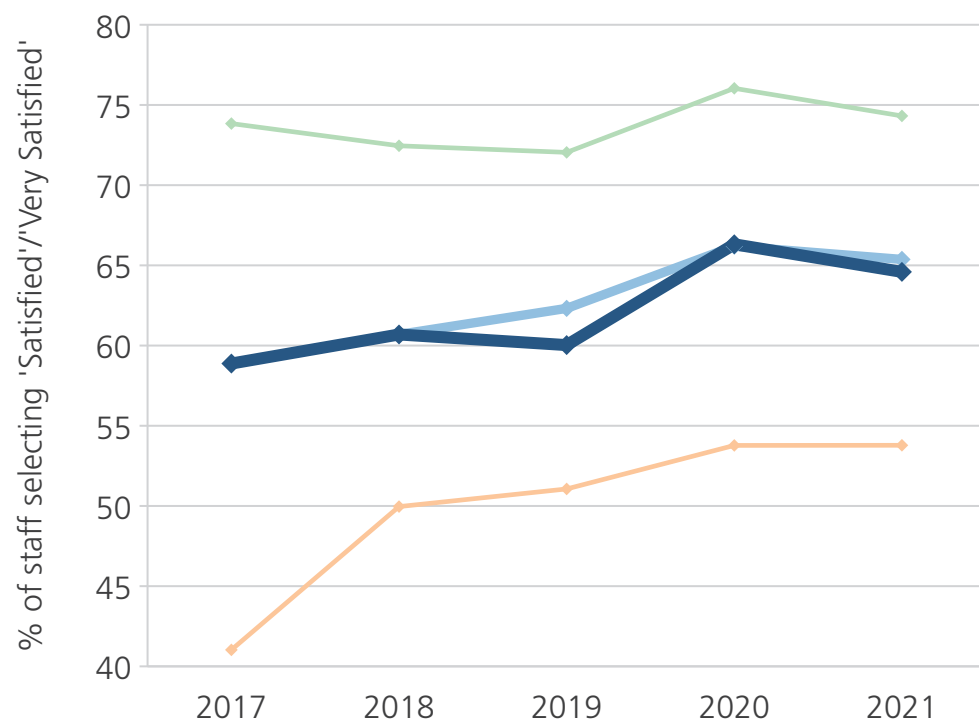


Best	81.9%
Your org	76.7%
Average	77.0%
Worst	70.5%

Responses 2,551

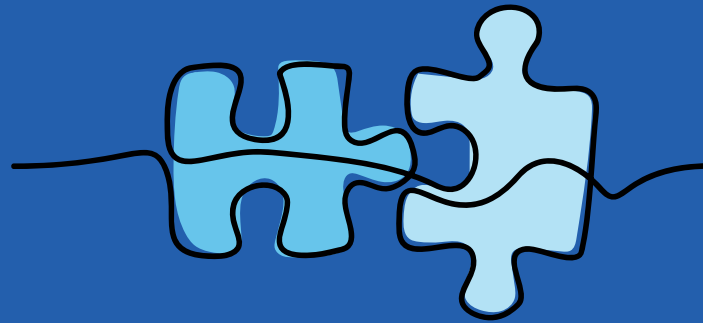
Q4d

The opportunities for flexible working patterns



Best	73.8%	72.5%	72.0%	76.0%	74.3%
Your org	58.9%	60.7%	60.0%	66.3%	64.6%
Average	58.9%	60.7%	62.3%	66.2%	65.4%
Worst	41.0%	50.0%	51.1%	53.8%	53.8%

Responses 2,342 2,456 2,803 2,585 2,561



People Promise element detailed information – We are a team

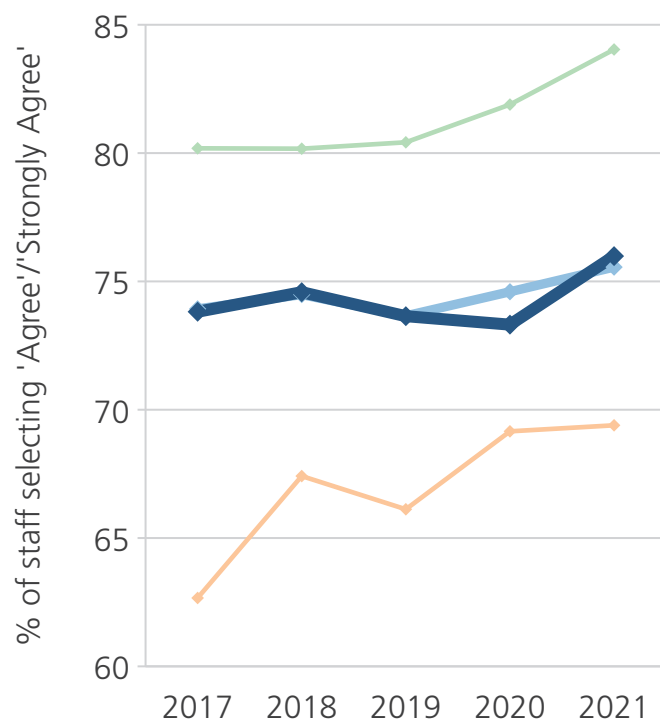
Questions:

Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
Q9a, Q9b, Q9c, Q9d

East London NHS Foundation Trust
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Q7a

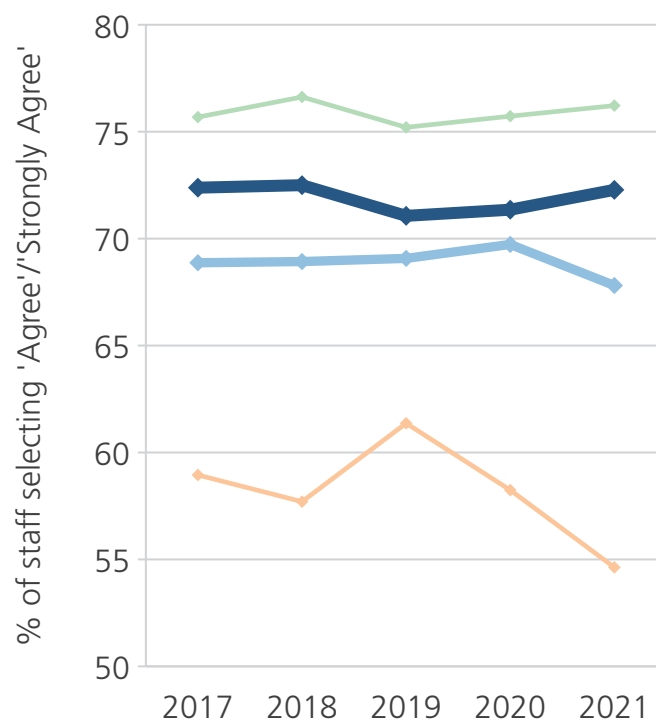
The team I work in has a set of shared objectives



Responses 2,350 2,495 2,810 2,580 2,545

Q7b

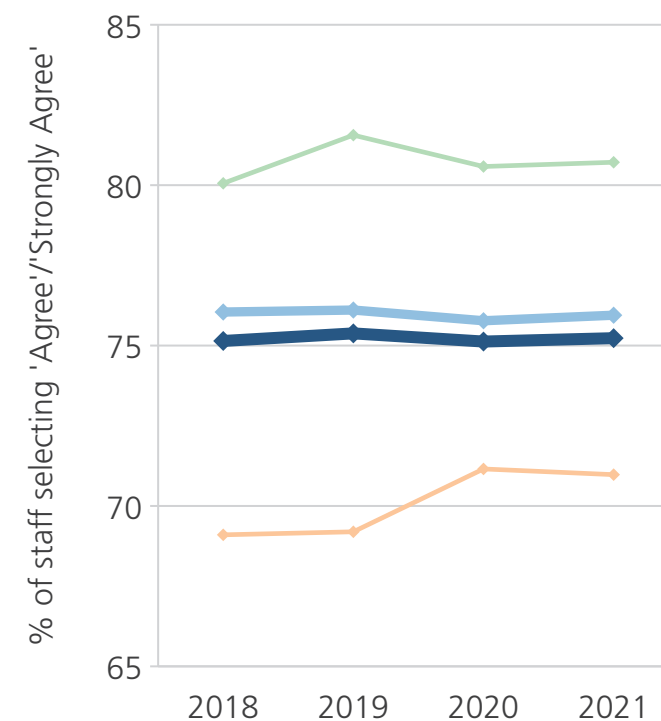
The team I work in often meets to discuss the team's effectiveness



Responses 2,352 2,500 2,824 2,588 2,540

Q7c

I receive the respect I deserve from my colleagues at work

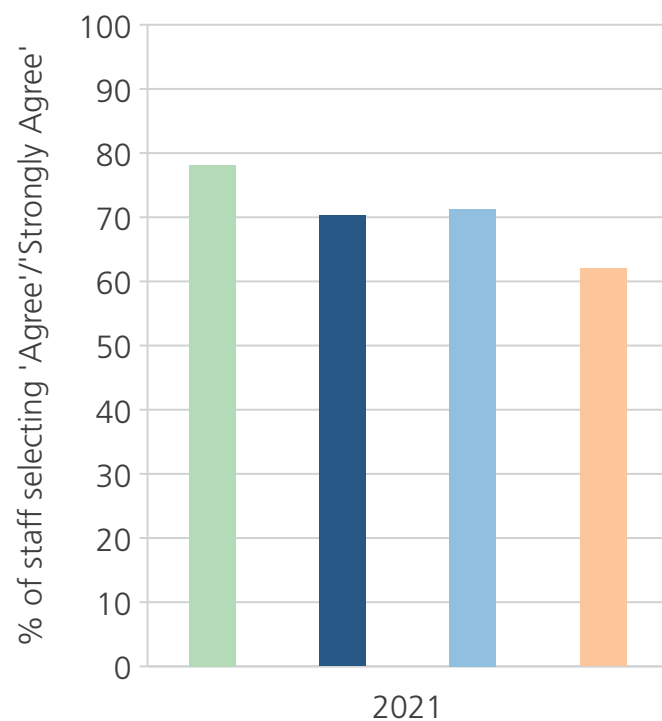


Responses 2,508 2,832 2,588 2,541

Q7d

Team members understand
each other's roles

No trend data are shown as this is a new question



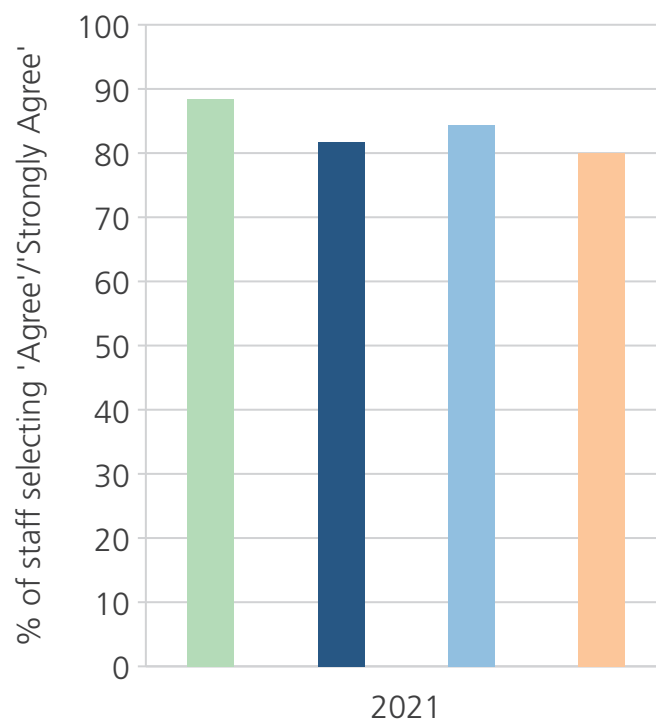
Best	78.1%
Your org	70.3%
Average	71.3%
Worst	62.0%

Responses 2,538

Q7e

I enjoy working with the
colleagues in my team

No trend data are shown as this is a new question



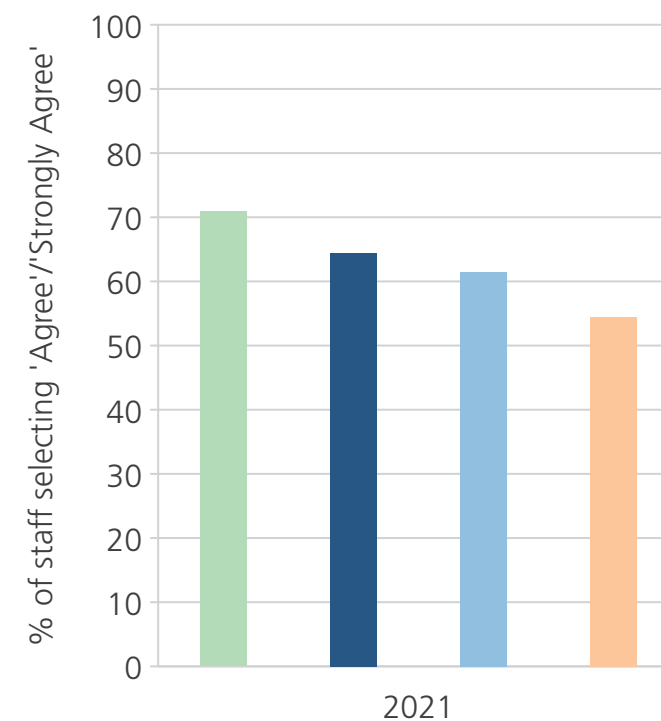
Best	88.5%
Your org	81.7%
Average	84.3%
Worst	80.1%

Responses 2,539

Q7f

My team has enough freedom
in how to do its work

No trend data are shown as this is a new question



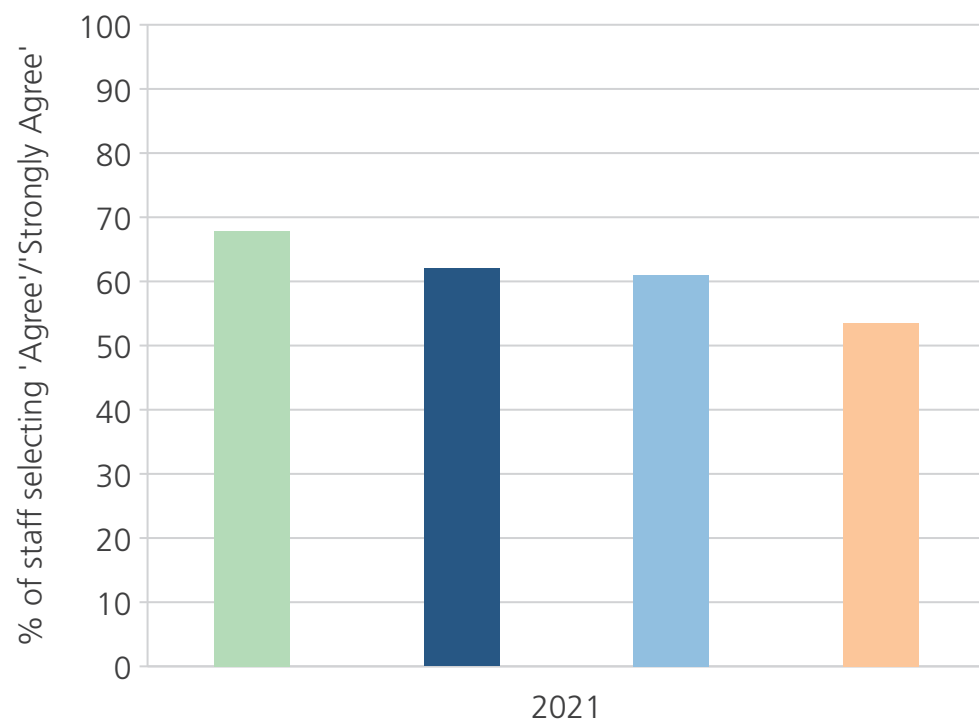
Best	70.9%
Your org	64.4%
Average	61.5%
Worst	54.5%

Responses 2,538

Q7g

In my team disagreements are dealt with constructively

No trend data are shown as this is a new question



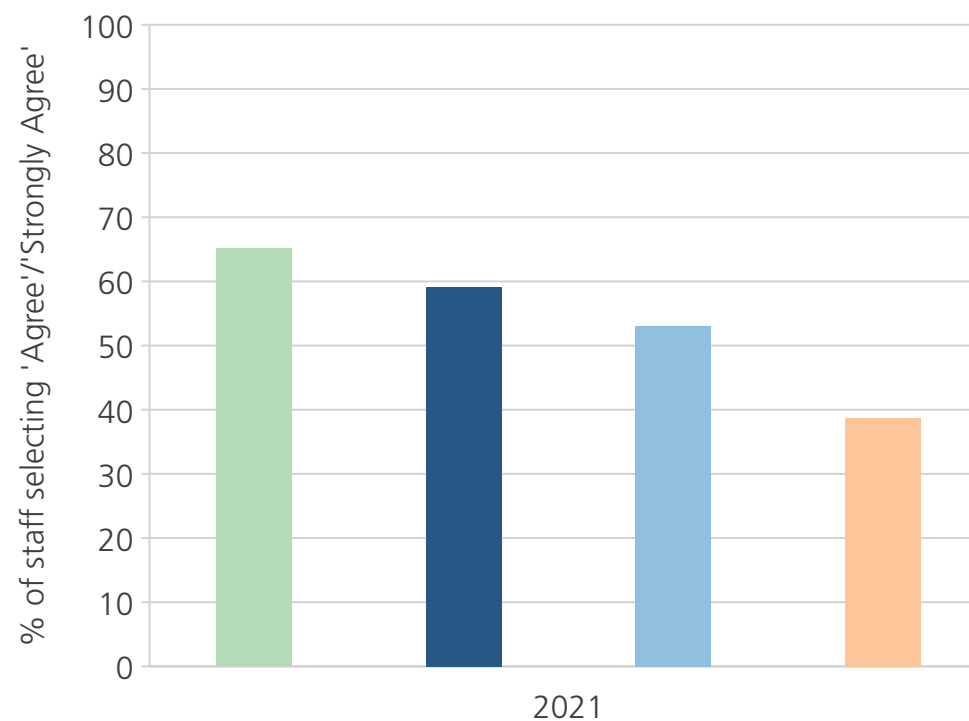
Best	67.9%
Your org	62.0%
Average	61.0%
Worst	53.5%

Responses 2,539

Q8a

Teams within this organisation work well together to achieve their objectives

No trend data are shown as this is a new question

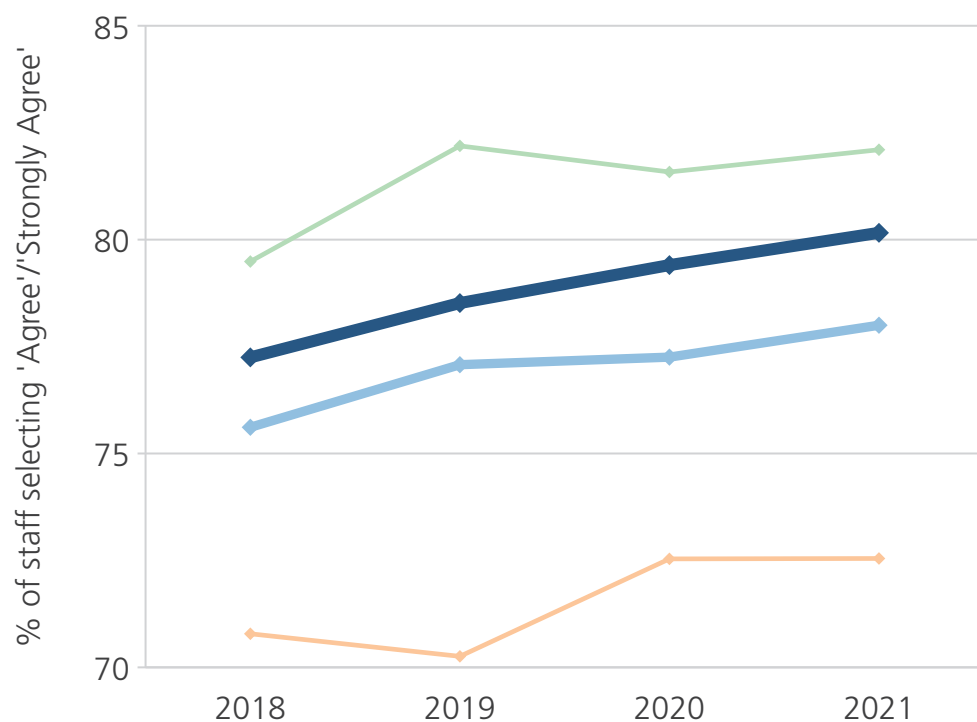


Best	65.1%
Your org	59.1%
Average	53.1%
Worst	38.8%

Responses 2,534

Q9a

My immediate manager encourages me at work

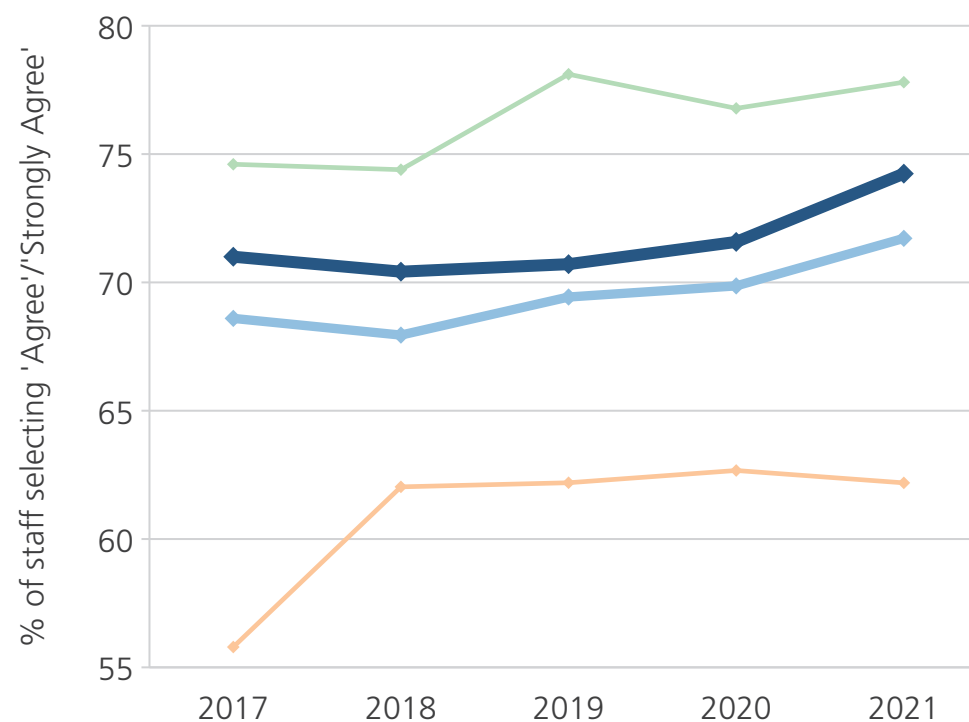


Best	79.5%	82.2%	81.6%	82.1%
Your org	77.2%	78.5%	79.4%	80.2%
Average	75.6%	77.1%	77.3%	78.0%
Worst	70.8%	70.3%	72.5%	72.5%

Responses 2,456 2,792 2,573 2,519

Q9b

My immediate manager gives me clear feedback on my work

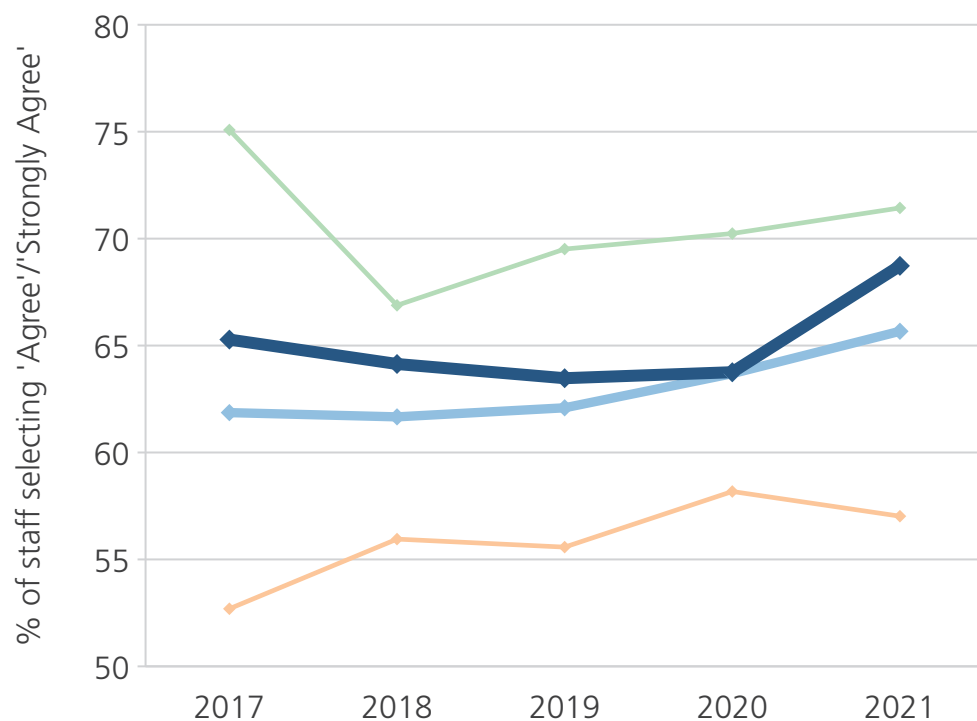


Best	74.6%	74.4%	78.1%	76.8%	77.8%
Your org	71.0%	70.4%	70.7%	71.6%	74.2%
Average	68.6%	67.9%	69.4%	69.9%	71.7%
Worst	55.8%	62.0%	62.2%	62.7%	62.2%

Responses 2,269 2,454 2,797 2,569 2,519

Q9c

My immediate manager asks for my opinion before making decisions that affect my work

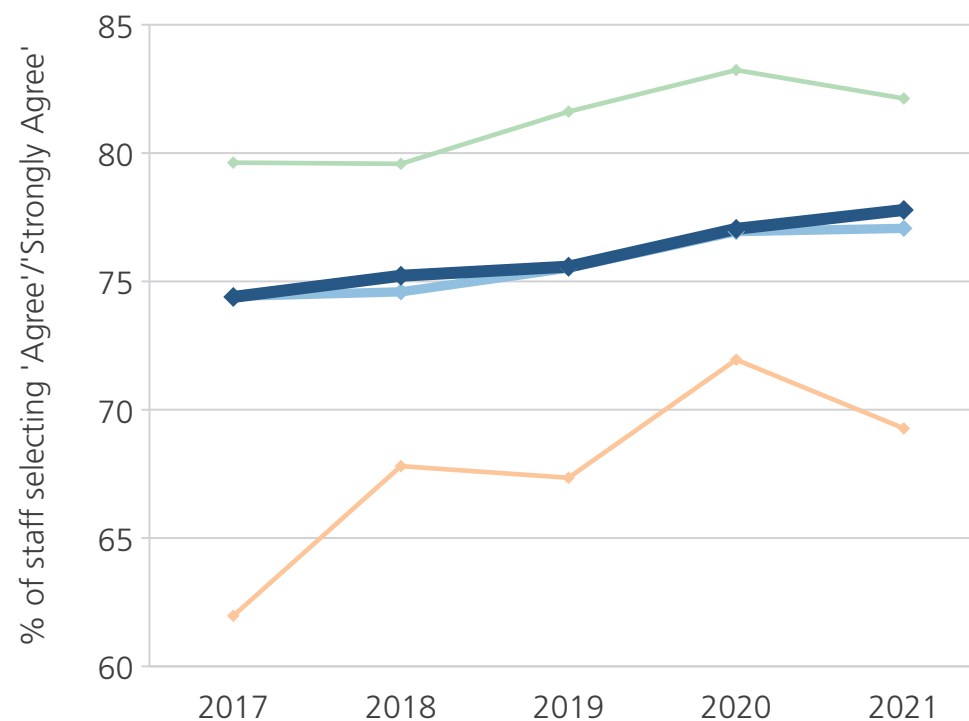


Best	75.1%	66.9%	69.5%	70.2%	71.4%
Your org	65.3%	64.1%	63.5%	63.8%	68.7%
Average	61.9%	61.7%	62.1%	63.7%	65.7%
Worst	52.7%	56.0%	55.6%	58.2%	57.0%

Responses 2,267 2,452 2,795 2,568 2,518

Q9d

My immediate manager takes a positive interest in my health and well-being



Best	79.6%	79.6%	81.6%	83.2%	82.1%
Your org	74.4%	75.2%	75.6%	77.0%	77.8%
Average	74.4%	74.6%	75.5%	76.9%	77.1%
Worst	62.0%	67.8%	67.3%	72.0%	69.3%

Responses 2,273 2,454 2,793 2,570 2,518

Theme detailed information – Staff Engagement

Questions:

Q2a, Q2b, Q2c

Q3c, Q3d, Q3f

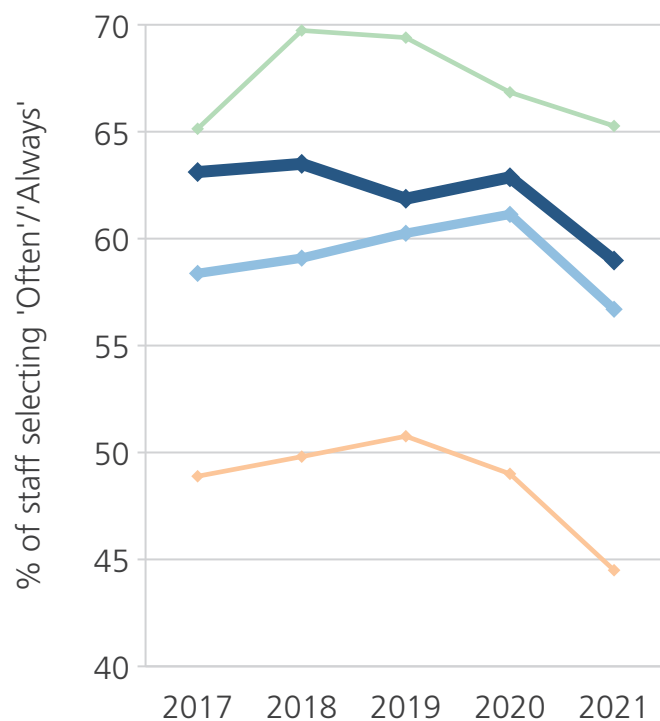
Q21a, Q21c, Q21d

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Q2a

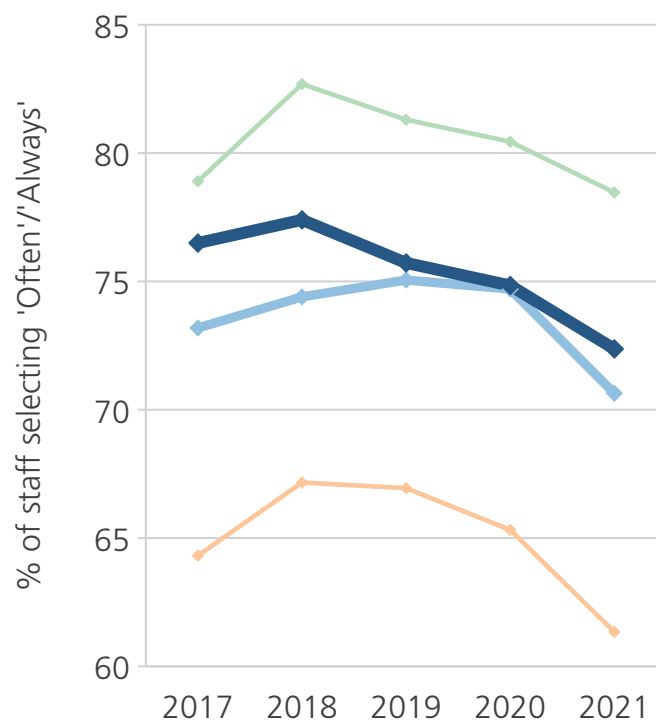
I look forward to going to work



% of staff selecting 'Often'/'Always'

Q2b

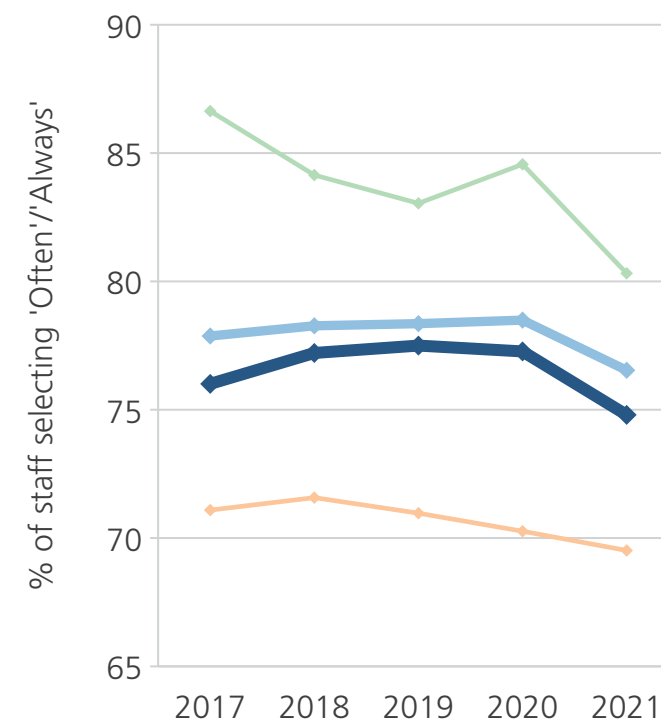
I am enthusiastic about my job



% of staff selecting 'Often'/'Always'

Q2c

Time passes quickly when I am working



% of staff selecting 'Often'/'Always'

Best	65.1%	69.7%	69.4%	66.8%	65.3%
Your org	63.1%	63.5%	61.9%	62.9%	59.0%
Average	58.4%	59.1%	60.3%	61.1%	56.7%
Worst	48.9%	49.8%	50.8%	49.0%	44.5%

Responses 2,358 2,499 2,817 2,592 2,585

Best	78.9%	82.7%	81.3%	80.4%	78.5%
Your org	76.5%	77.4%	75.7%	74.8%	72.4%
Average	73.2%	74.4%	75.1%	74.7%	70.6%
Worst	64.3%	67.2%	66.9%	65.3%	61.3%

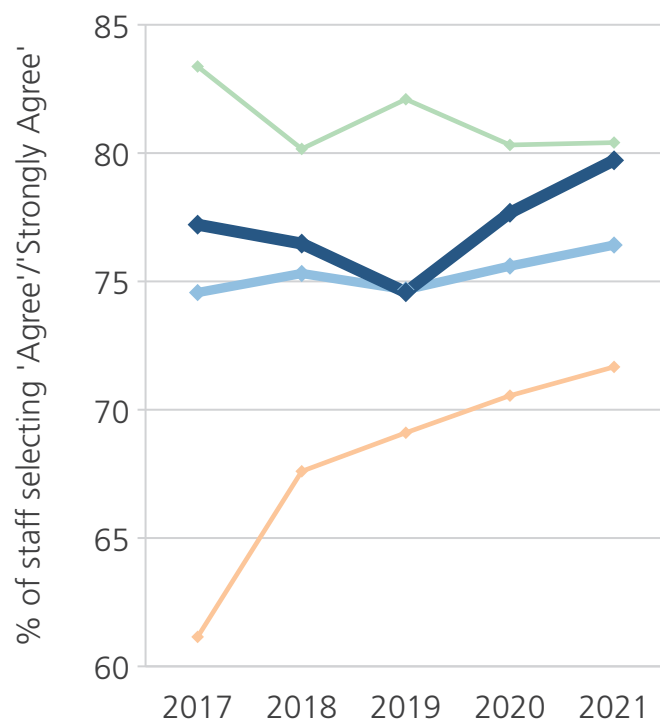
Responses 2,313 2,452 2,800 2,586 2,577

Best	86.6%	84.1%	83.0%	84.6%	80.3%
Your org	76.0%	77.2%	77.5%	77.3%	74.8%
Average	77.9%	78.3%	78.4%	78.5%	76.5%
Worst	71.1%	71.6%	71.0%	70.3%	69.5%

Responses 2,303 2,442 2,791 2,578 2,563

Q3c

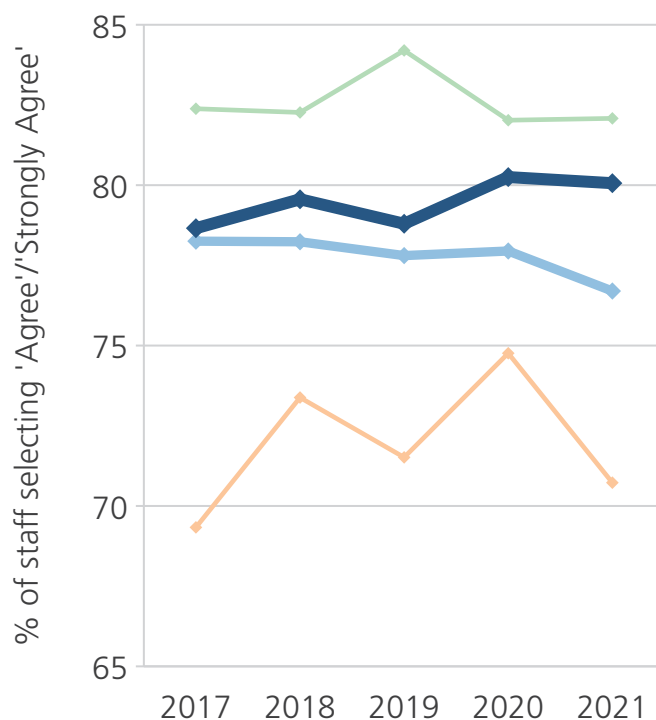
There are frequent opportunities for me to show initiative in my role



Responses 2,369 2,505 2,834 2,589 2,564

Q3d

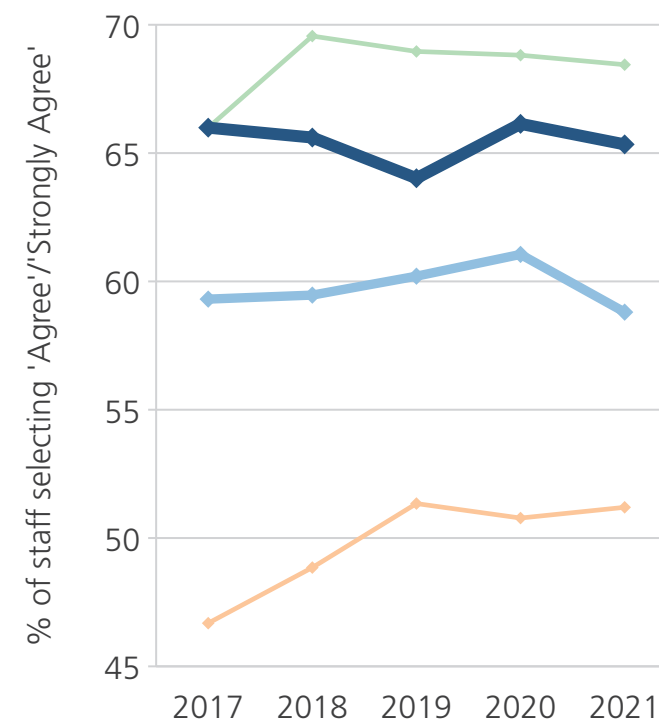
I am able to make suggestions to improve the work of my team / department



Responses 2,363 2,508 2,832 2,590 2,564

Q3f

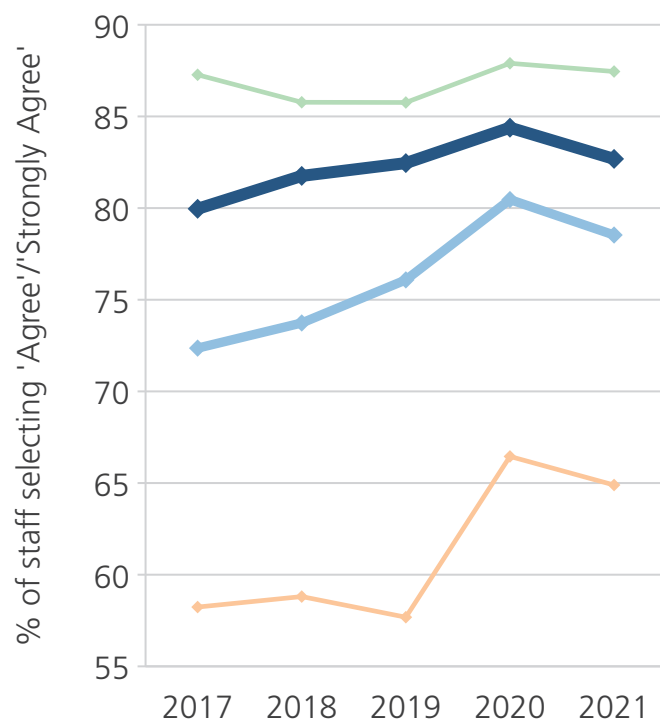
I am able to make improvements happen in my area of work



Responses 2,352 2,501 2,826 2,588 2,562

Q21a

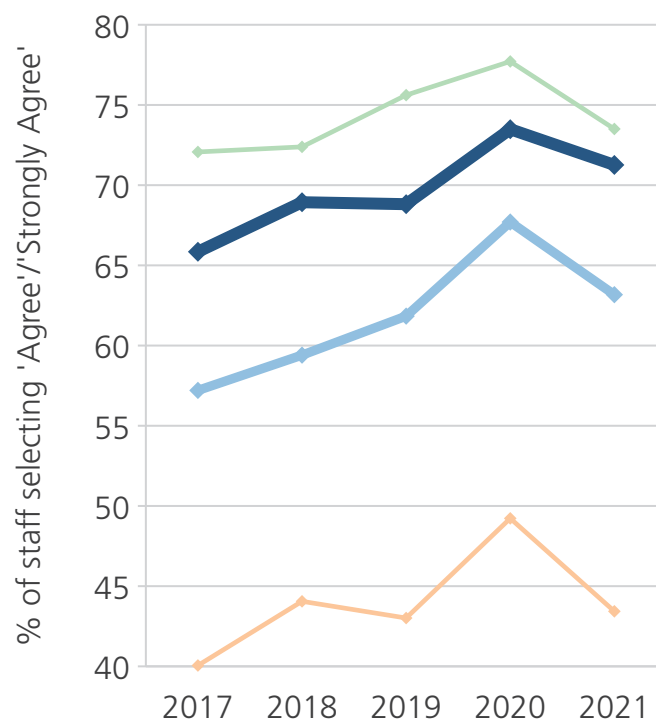
Care of patients / service users
is my organisation's top priority



Responses 2,280 2,404 2,741 2,537 2,484

Q21c

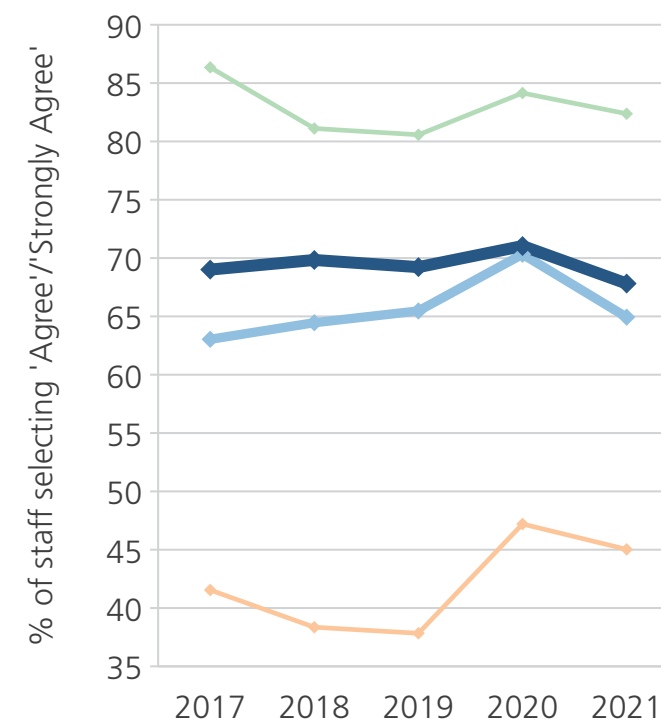
I would recommend my
organisation as a place to work



Responses 2,271 2,405 2,736 2,532 2,485

Q21d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



Responses 2,266 2,393 2,734 2,531 2,482

Theme detailed information – Morale

Questions:

Q22a, Q22b, Q22c

Q3g, Q3h, Q3i

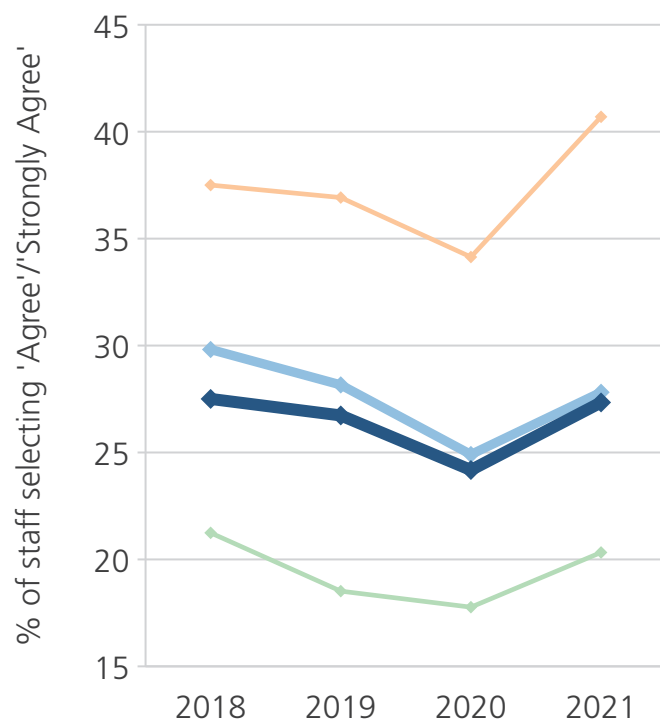
Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

East London NHS Foundation Trust

2021 NHS Staff Survey Results

Q22a

I often think about
leaving this organisation

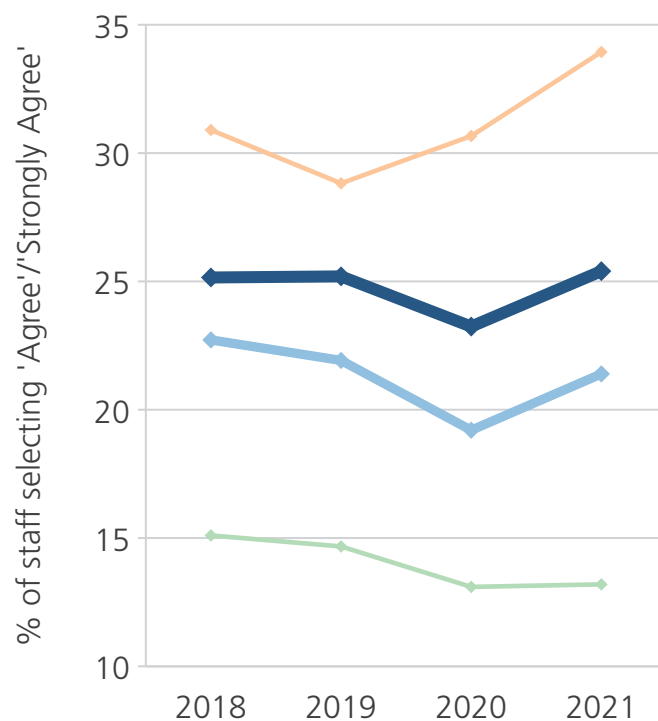


Worst	37.5%	36.9%	34.1%	40.7%
Your org	27.5%	26.7%	24.2%	27.3%
Average	29.8%	28.2%	24.9%	27.8%
Best	21.2%	18.5%	17.8%	20.3%

Responses 2,410 2,741 2,532 2,479

Q22b

I will probably look for a job at a new
organisation in the next 12 months

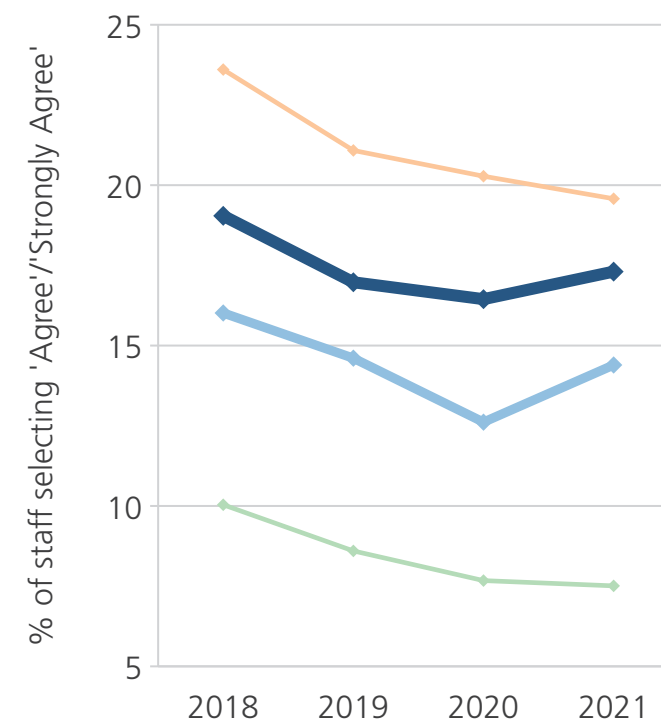


Worst	30.9%	28.8%	30.7%	33.9%
Your org	25.2%	25.2%	23.2%	25.4%
Average	22.7%	21.9%	19.2%	21.4%
Best	15.1%	14.7%	13.1%	13.2%

Responses 2,403 2,738 2,529 2,481

Q22c

As soon as I can find another
job, I will leave this organisation

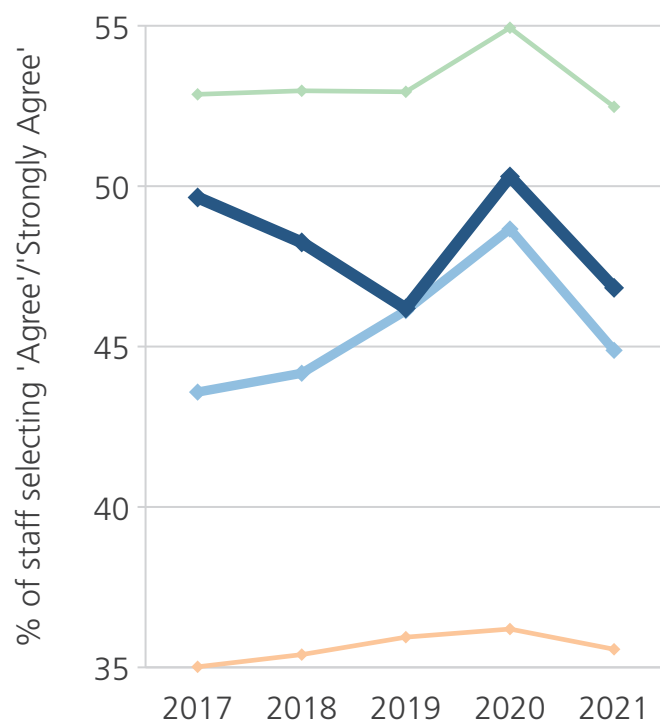


Worst	23.6%	21.1%	20.3%	19.6%
Your org	19.0%	17.0%	16.4%	17.3%
Average	16.0%	14.6%	12.6%	14.4%
Best	10.0%	8.6%	7.7%	7.5%

Responses 2,322 2,731 2,530 2,479

Q3g

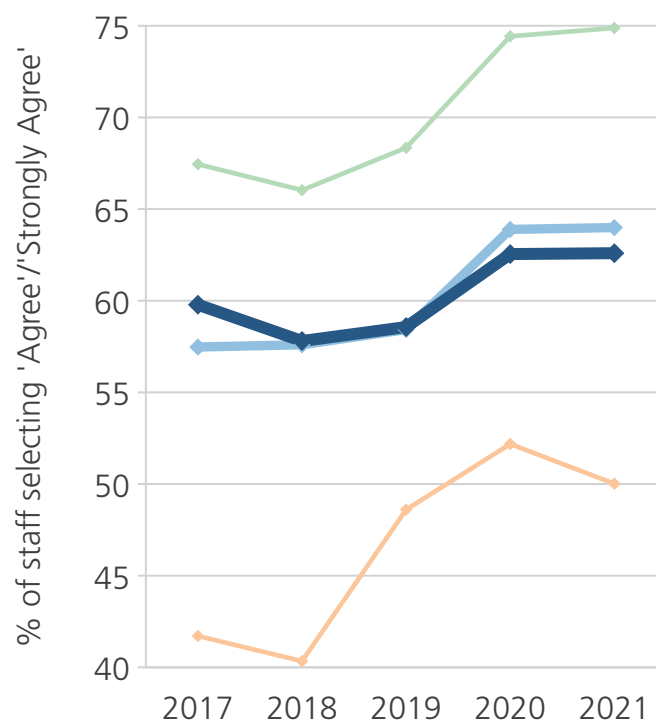
I am able to meet all the conflicting demands on my time at work



Responses 2,355 2,492 2,824 2,575 2,564

Q3h

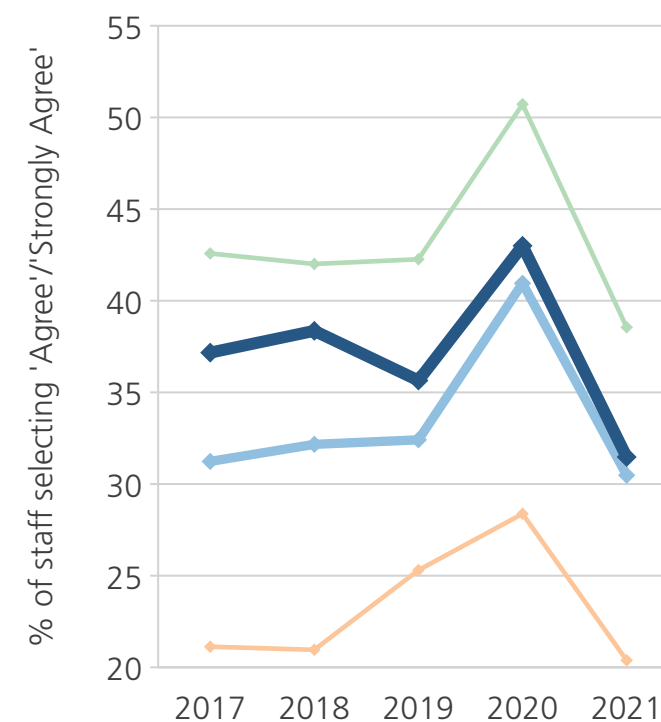
I have adequate materials, supplies and equipment to do my work



Responses 2,342 2,494 2,826 2,580 2,563

Q3i

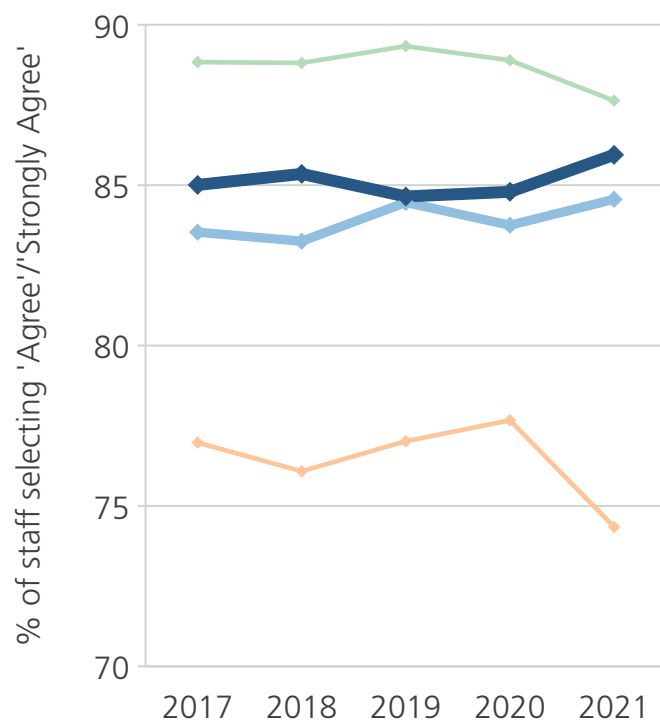
There are enough staff at this organisation for me to do my job properly



Responses 2,355 2,498 2,827 2,587 2,564

Q3a

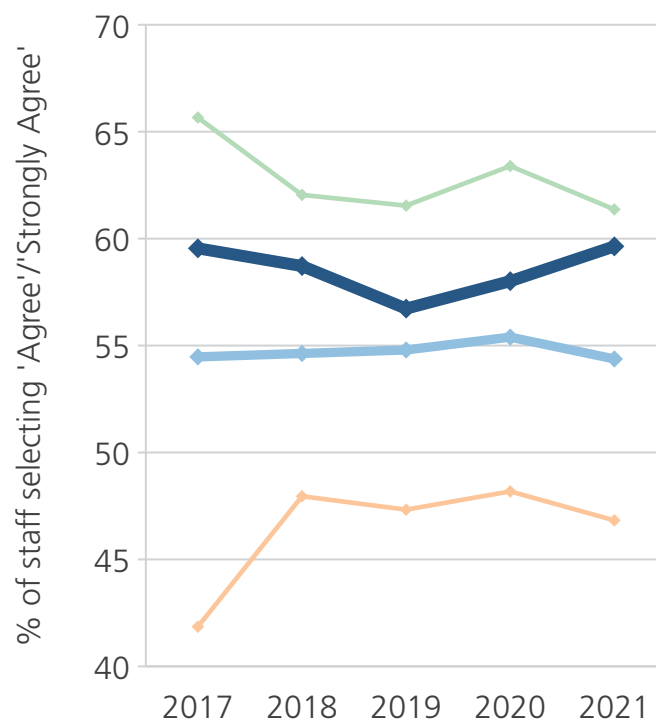
I always know what my
work responsibilities are



Responses 2,368 2,513 2,831 2,602 2,560

Q3e

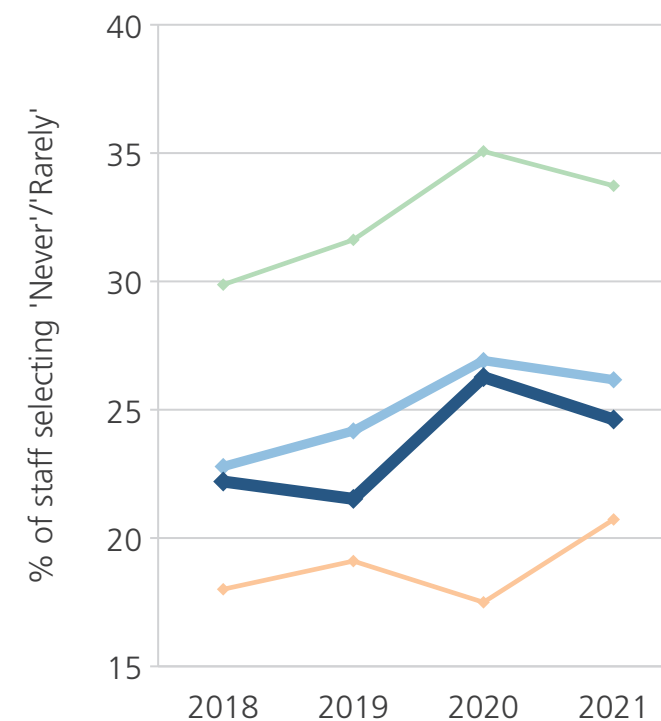
I am involved in deciding on
changes introduced that affect my
work area / team / department



Responses 2,355 2,505 2,829 2,587 2,563

Q5a

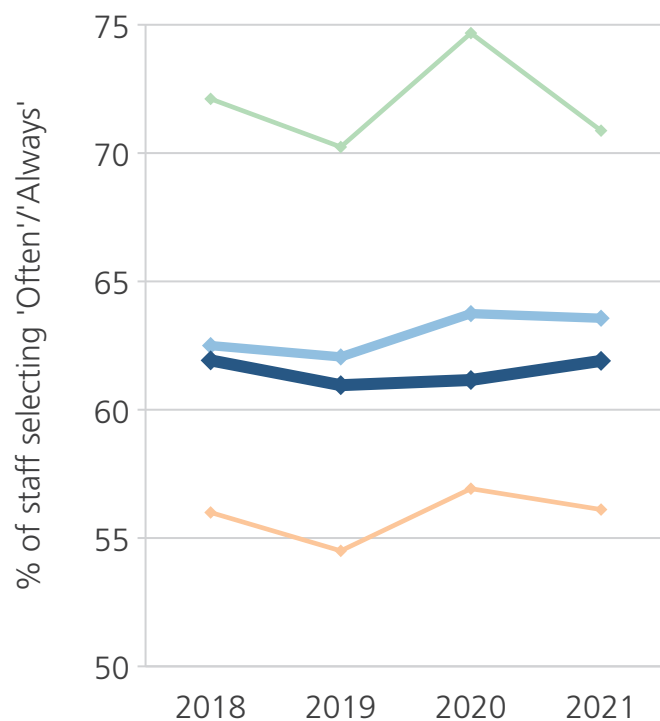
I have unrealistic time pressures



Responses 2,465 2,795 2,574 2,547

Q5b

I have a choice in deciding
how to do my work

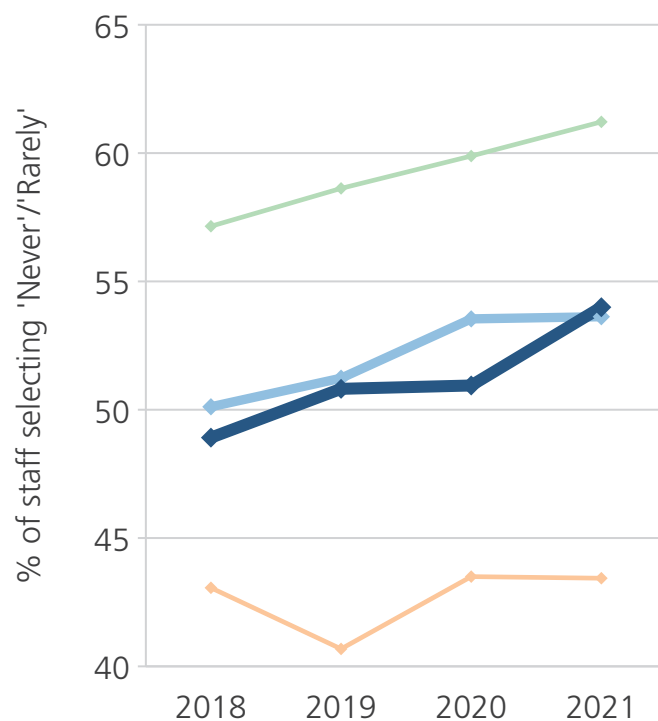


Best	72.1%	70.2%	74.7%	70.9%
Your org	61.9%	61.0%	61.2%	61.9%
Average	62.5%	62.1%	63.7%	63.6%
Worst	56.0%	54.5%	56.9%	56.1%

Responses 2,469 2,795 2,581 2,548

Q5c

Relationships at work are strained

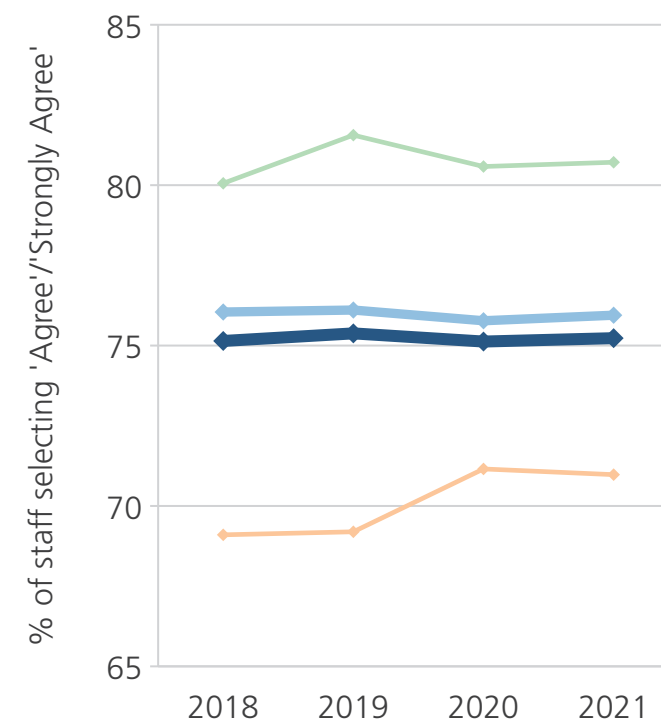


Best	57.1%	58.6%	59.9%	61.2%
Your org	48.9%	50.8%	50.9%	54.0%
Average	50.1%	51.2%	53.5%	53.6%
Worst	43.1%	40.7%	43.5%	43.4%

Responses 2,462 2,794 2,581 2,550

Q7c

I receive the respect I deserve
from my colleagues at work

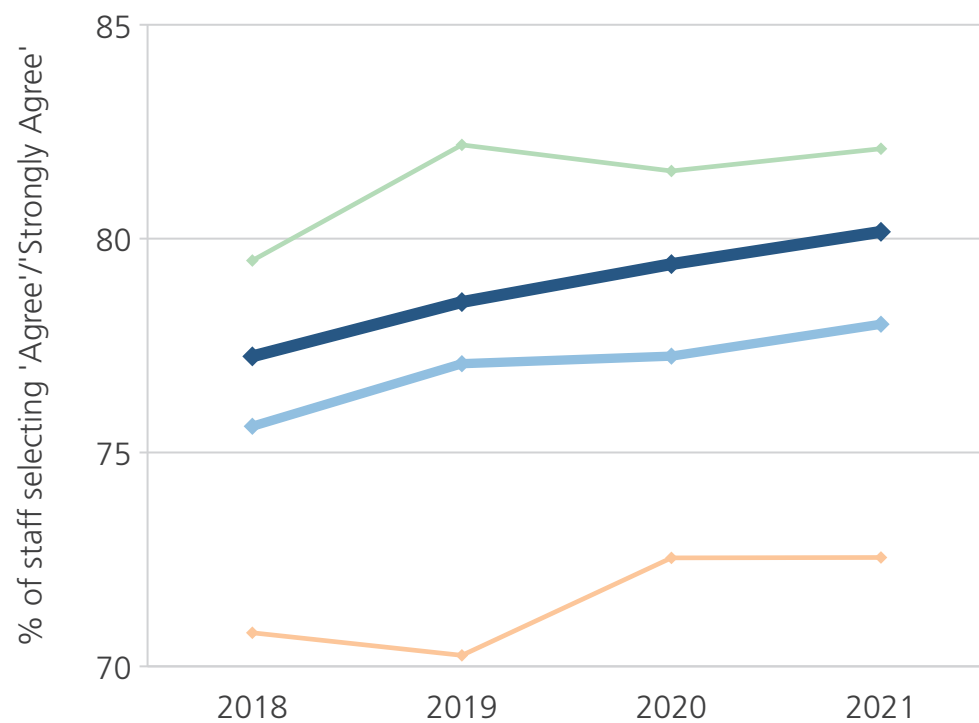


Best	80.1%	81.6%	80.6%	80.7%
Your org	75.1%	75.4%	75.1%	75.2%
Average	76.0%	76.1%	75.8%	75.9%
Worst	69.1%	69.2%	71.2%	71.0%

Responses 2,508 2,832 2,588 2,541

Q9a

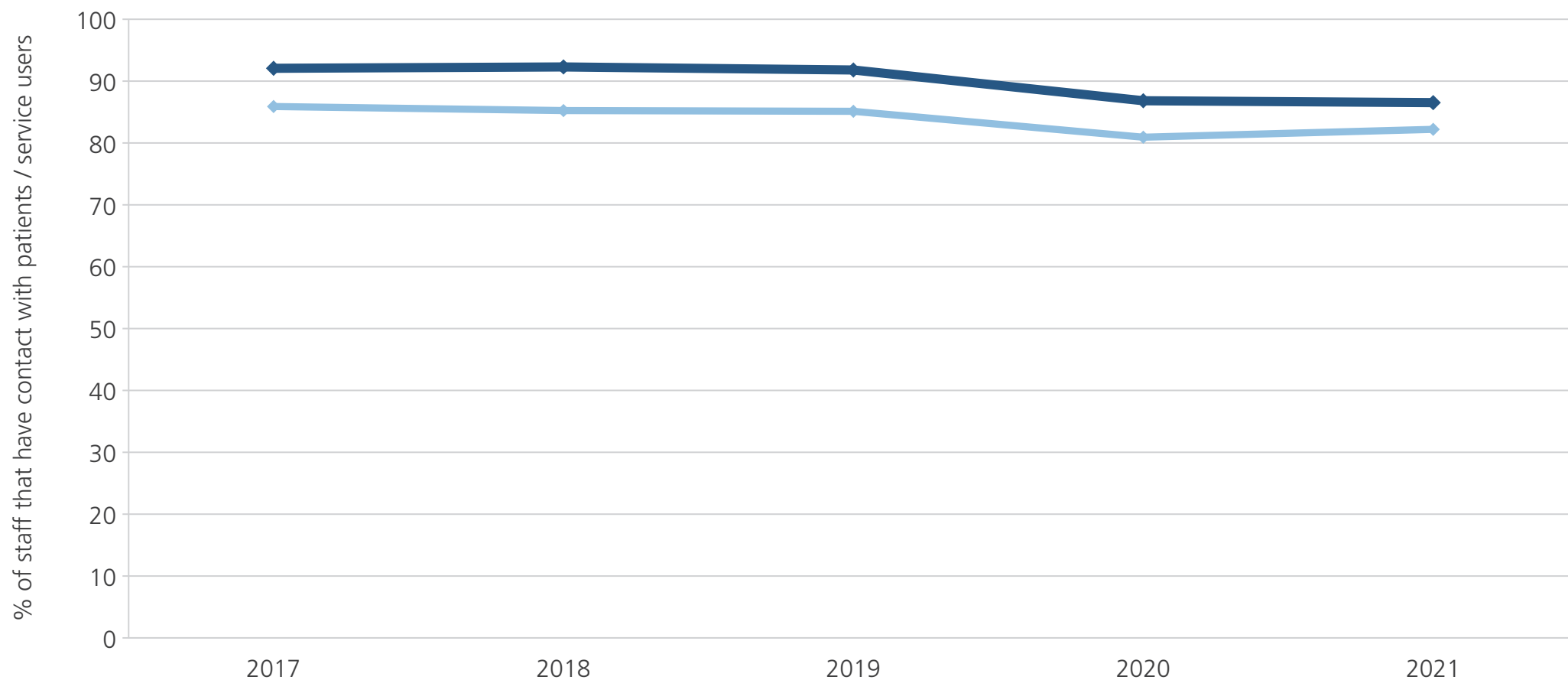
My immediate manager encourages me at work



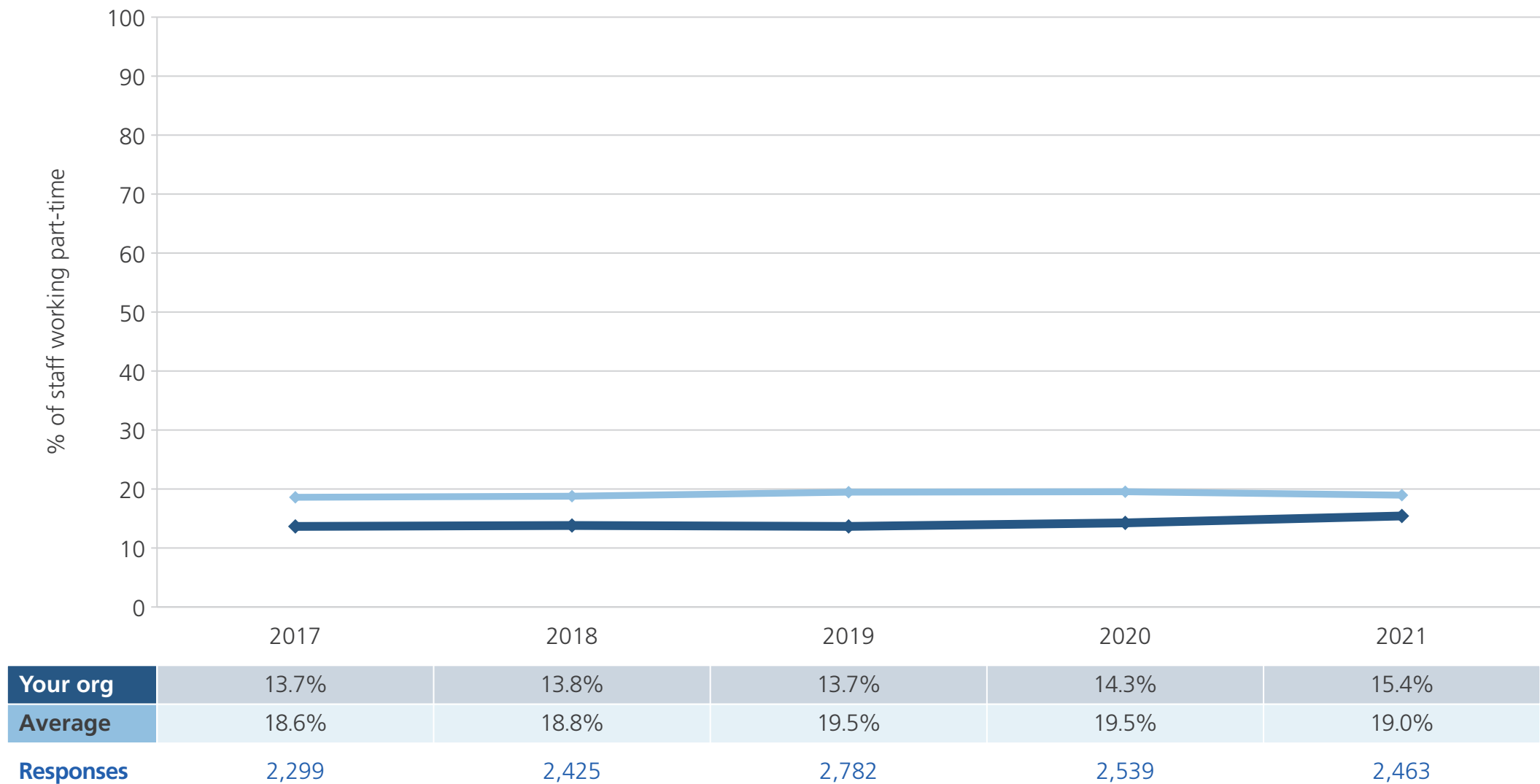
Best	79.5%	82.2%	81.6%	82.1%
Your org	77.2%	78.5%	79.4%	80.2%
Average	75.6%	77.1%	77.3%	78.0%
Worst	70.8%	70.3%	72.5%	72.5%

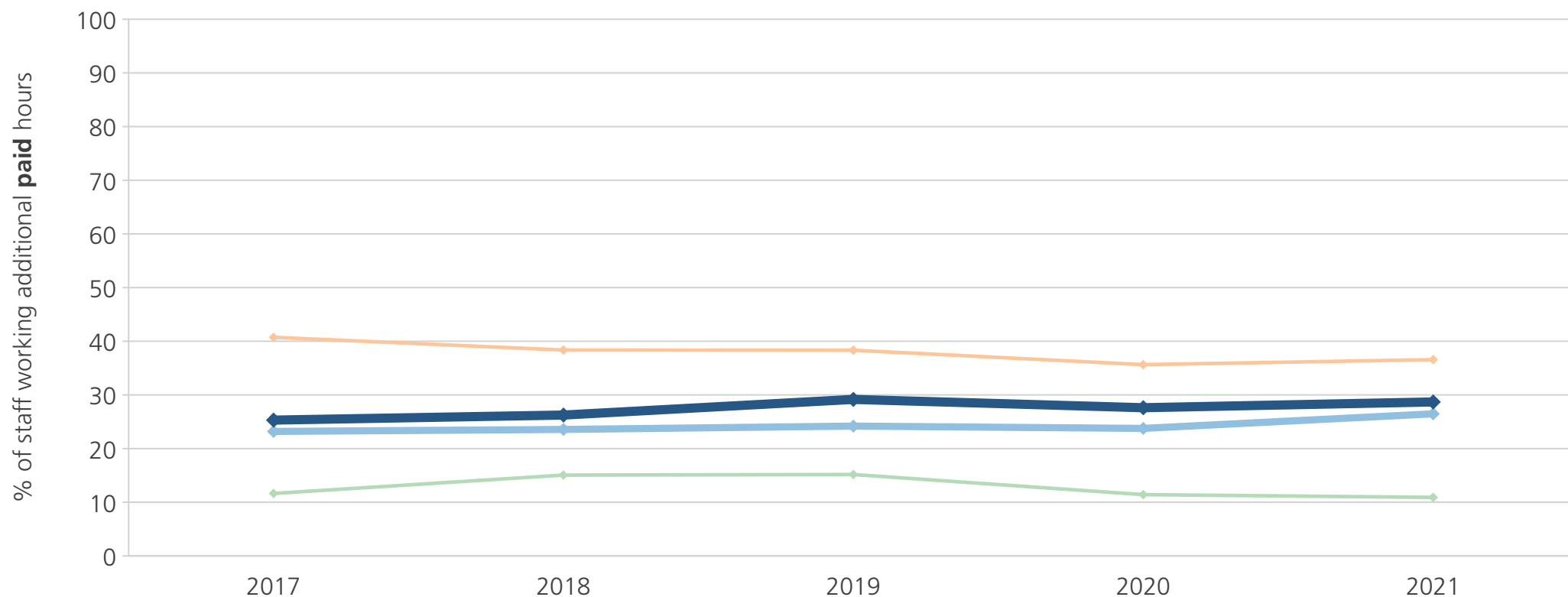
Responses 2,456 2,792 2,573 2,519

Questions not linked to the People Promise elements or themes

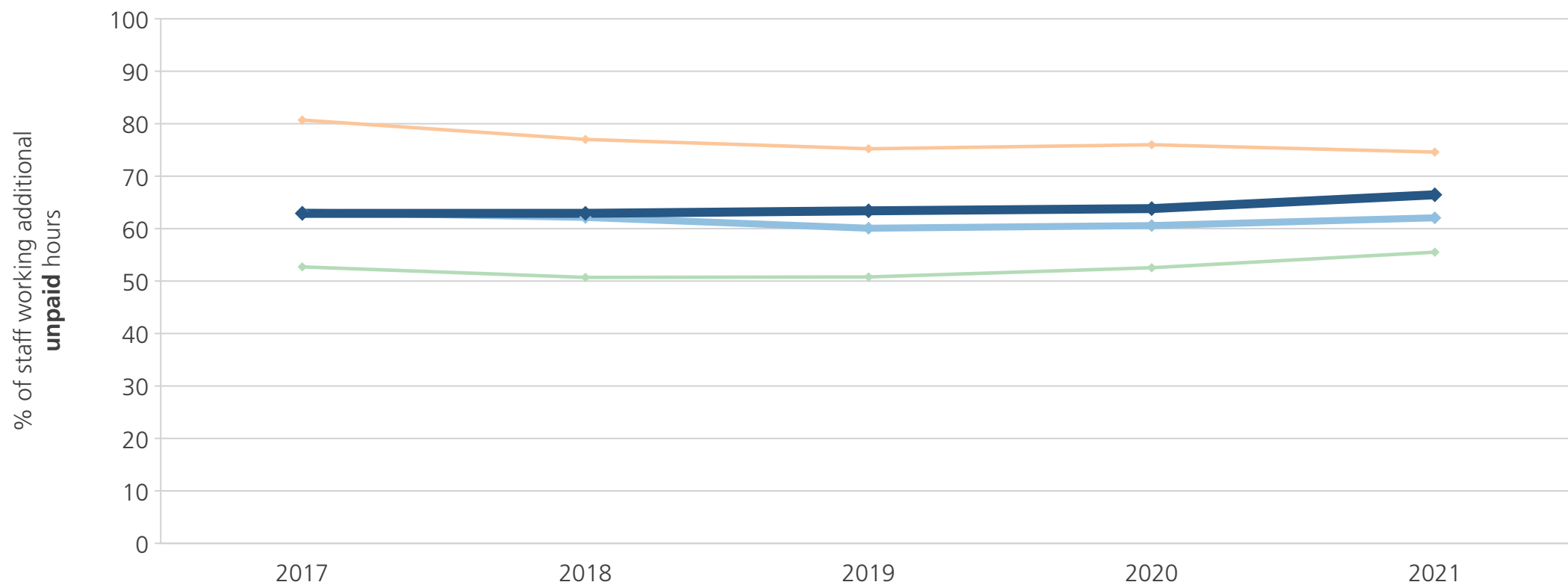


Your org	92.1%	92.3%	91.8%	86.8%	86.5%
Average	85.9%	85.2%	85.1%	80.9%	82.2%
Responses	2,157	2,400	2,841	2,619	2,597



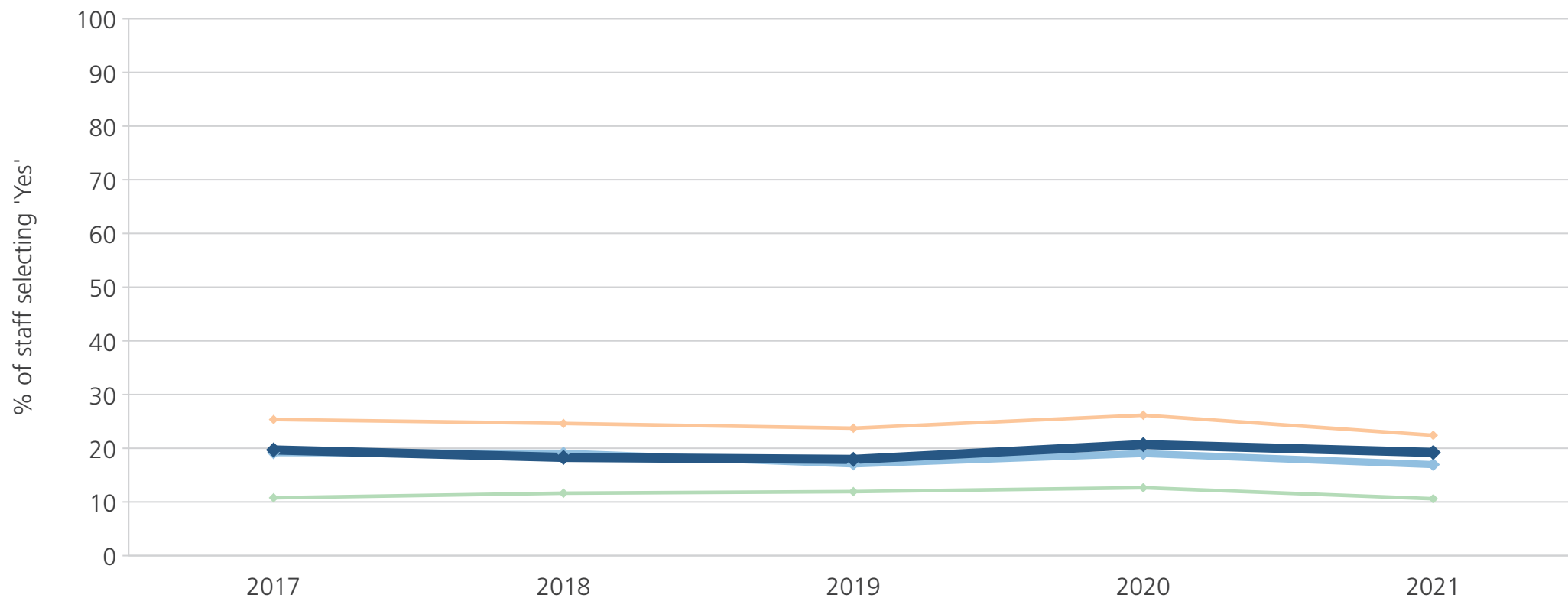


Highest	40.7%	38.4%	38.3%	35.6%	36.6%
Your org	25.3%	26.2%	29.2%	27.6%	28.7%
Average	23.2%	23.6%	24.2%	23.8%	26.5%
Lowest	11.6%	15.1%	15.2%	11.4%	10.9%
Responses	2,246	2,352	2,777	2,549	2,508

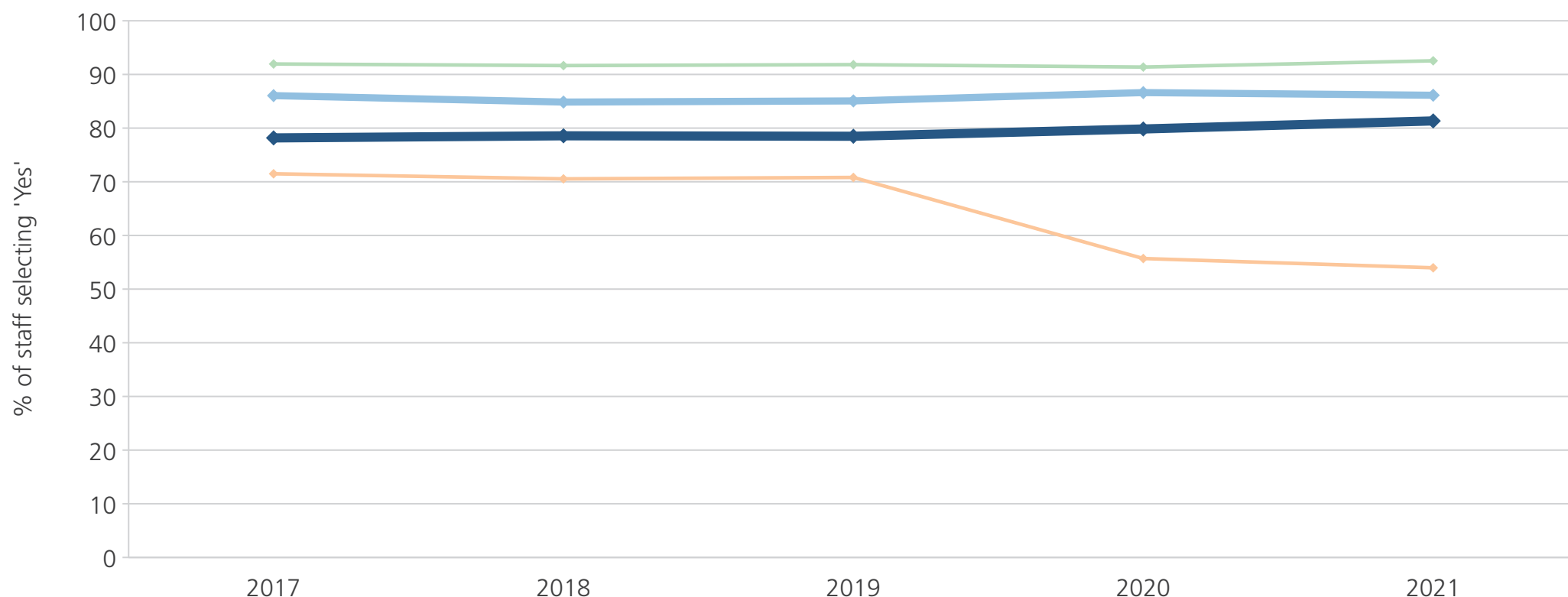


	2017	2018	2019	2020	2021
Highest	80.7%	77.0%	75.2%	76.0%	74.6%
Your org	62.9%	62.9%	63.4%	63.8%	66.5%
Average	63.2%	62.1%	60.1%	60.6%	62.1%
Lowest	52.7%	50.7%	50.8%	52.5%	55.5%
Responses	2,268	2,357	2,780	2,560	2,510

This question was only answered by people who responded 'Yes' to Q11d.



	2017	2018	2019	2020	2021
Worst	25.4%	24.6%	23.7%	26.2%	22.4%
Your org	19.7%	18.3%	17.9%	20.7%	19.2%
Average	19.2%	19.1%	17.1%	19.0%	17.0%
Best	10.8%	11.6%	11.9%	12.6%	10.6%
Responses	1,263	1,343	1,618	1,190	1,296



Best	91.9%	91.7%	91.8%	91.4%	92.5%
Your org	78.2%	78.6%	78.5%	79.8%	81.3%
Average	86.1%	84.9%	85.1%	86.6%	86.1%
Worst	71.5%	70.5%	70.8%	55.7%	54.0%

Responses

1,609

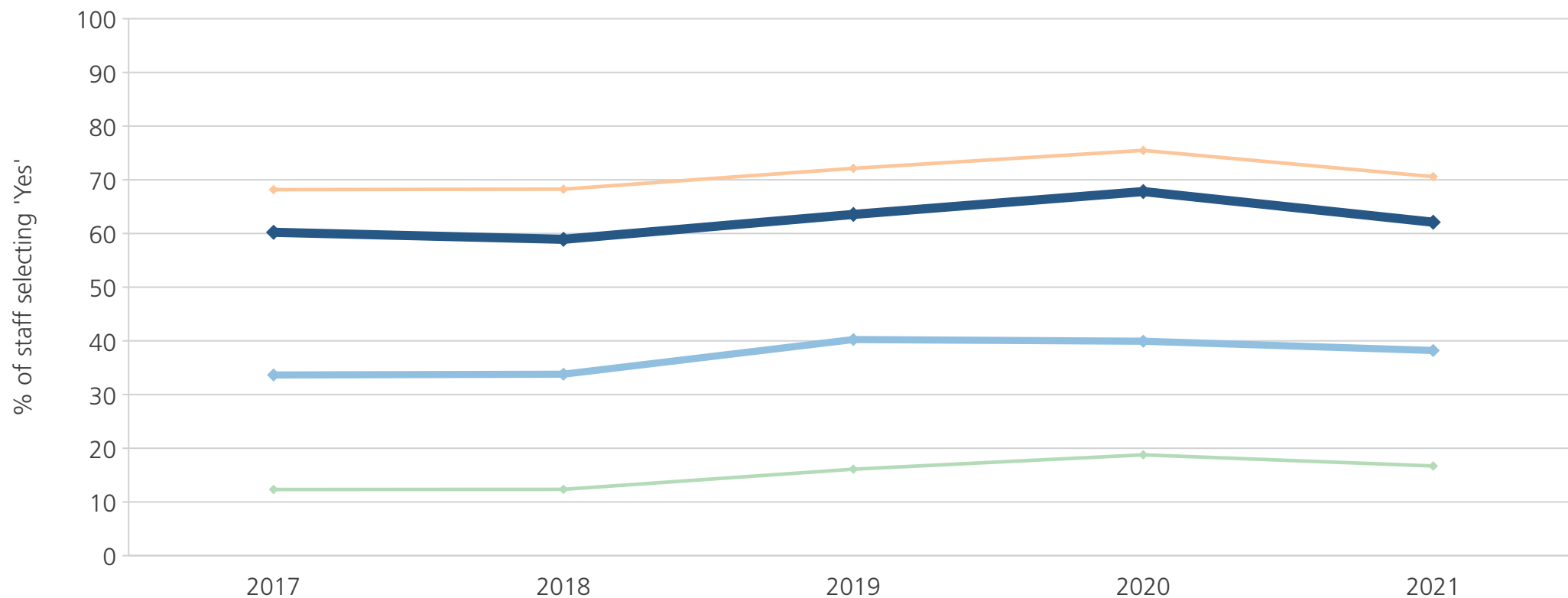
1,629

1,902

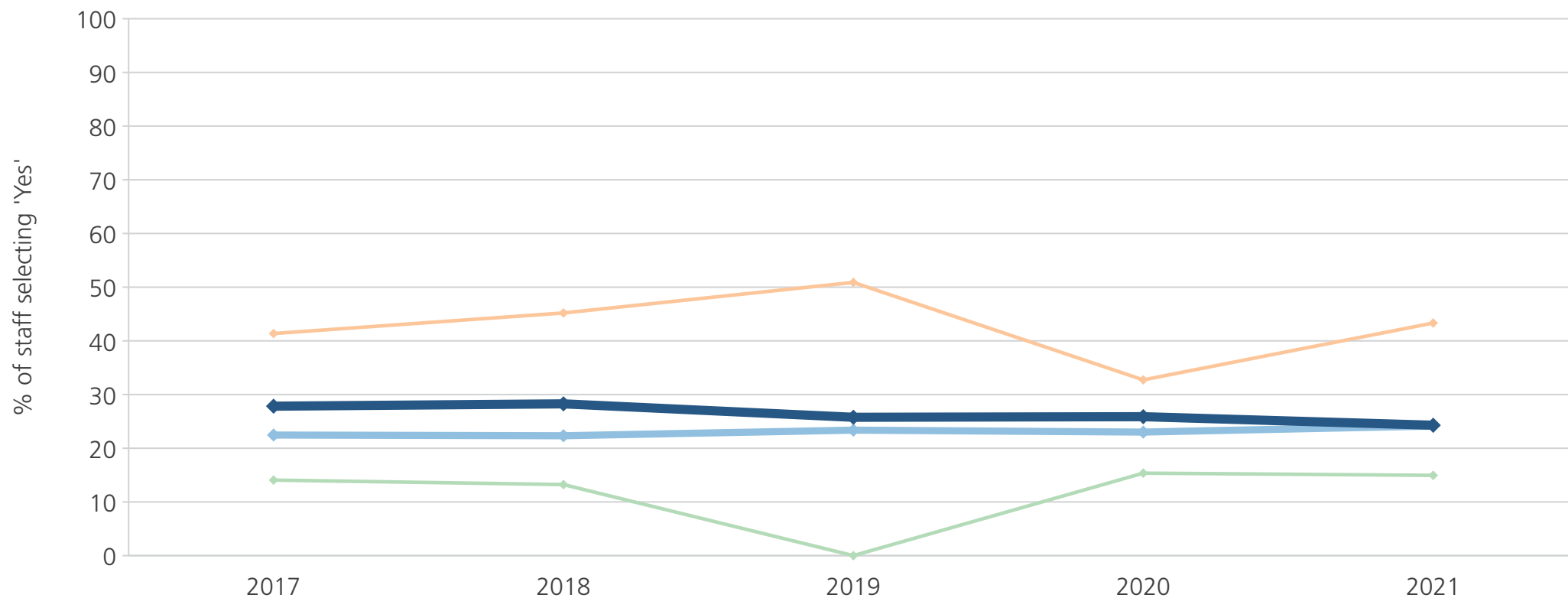
1,737

1,697

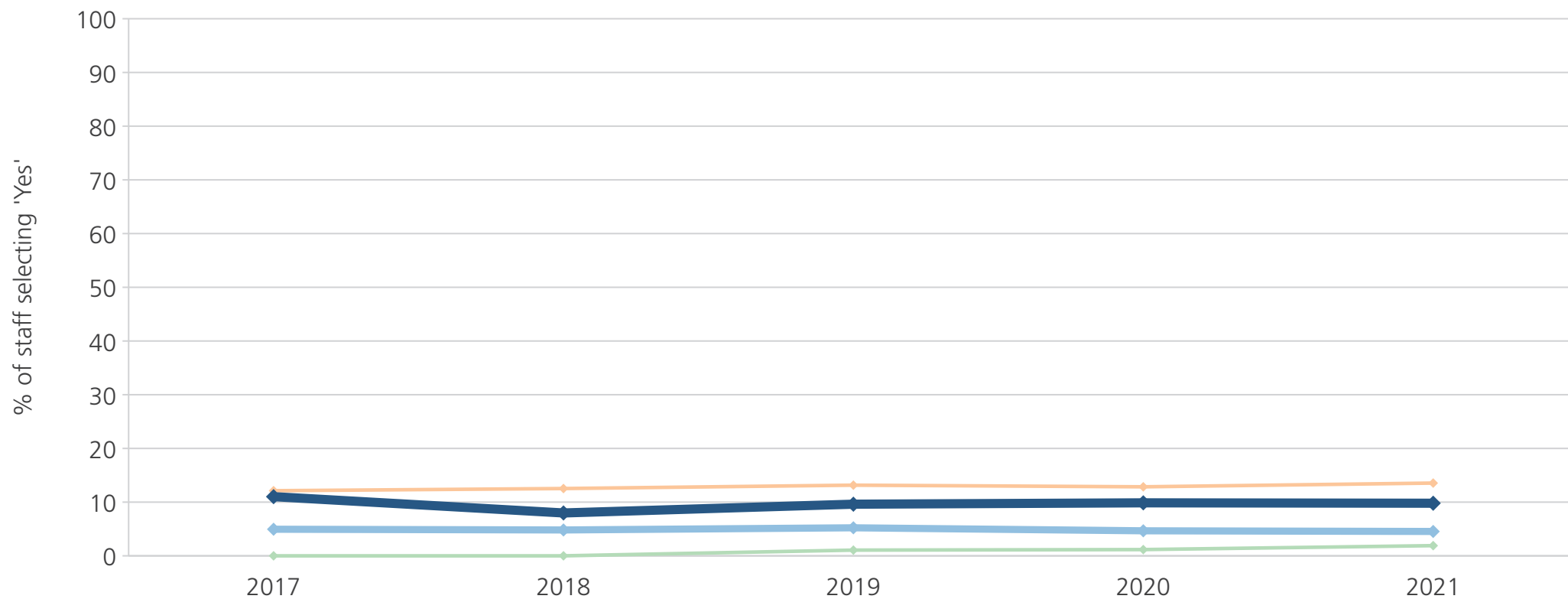
Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.



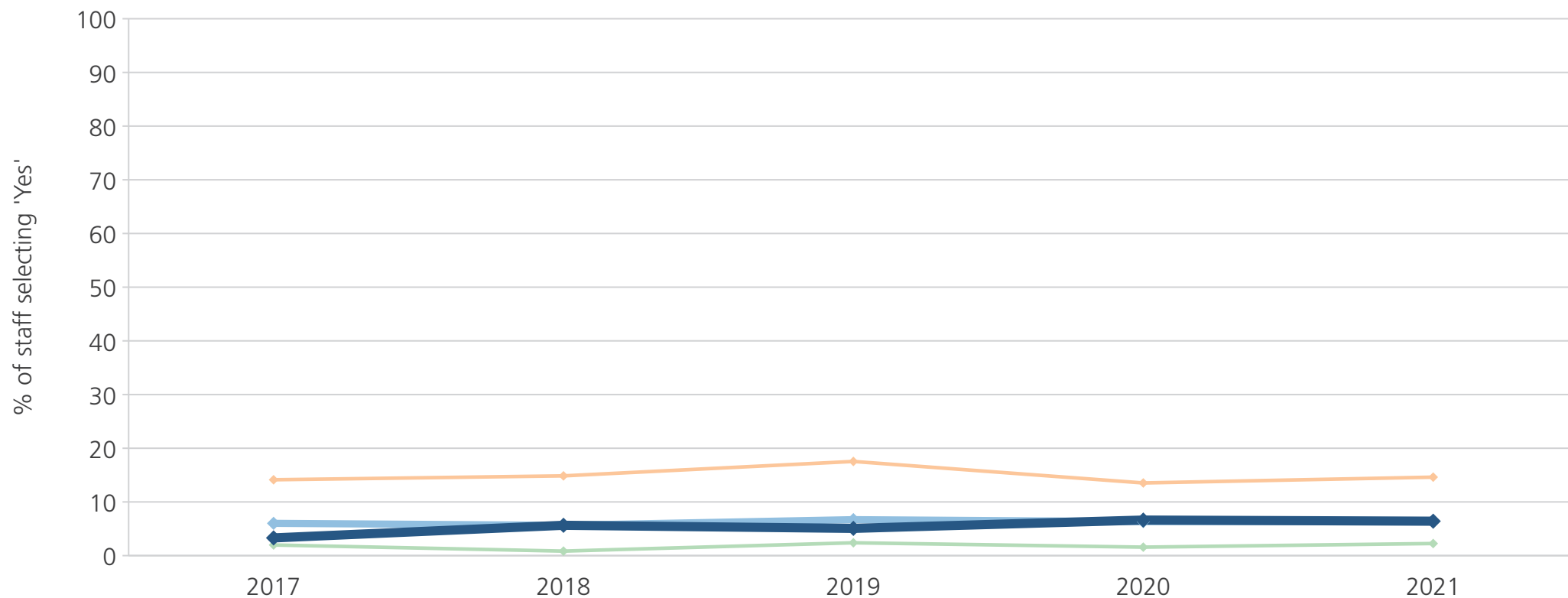
Worst	68.2%	68.3%	72.1%	75.5%	70.6%
Your org	60.2%	58.9%	63.5%	67.8%	62.1%
Average	33.6%	33.8%	40.2%	39.9%	38.2%
Best	12.3%	12.3%	16.1%	18.8%	16.7%
Responses	436	486	594	558	516



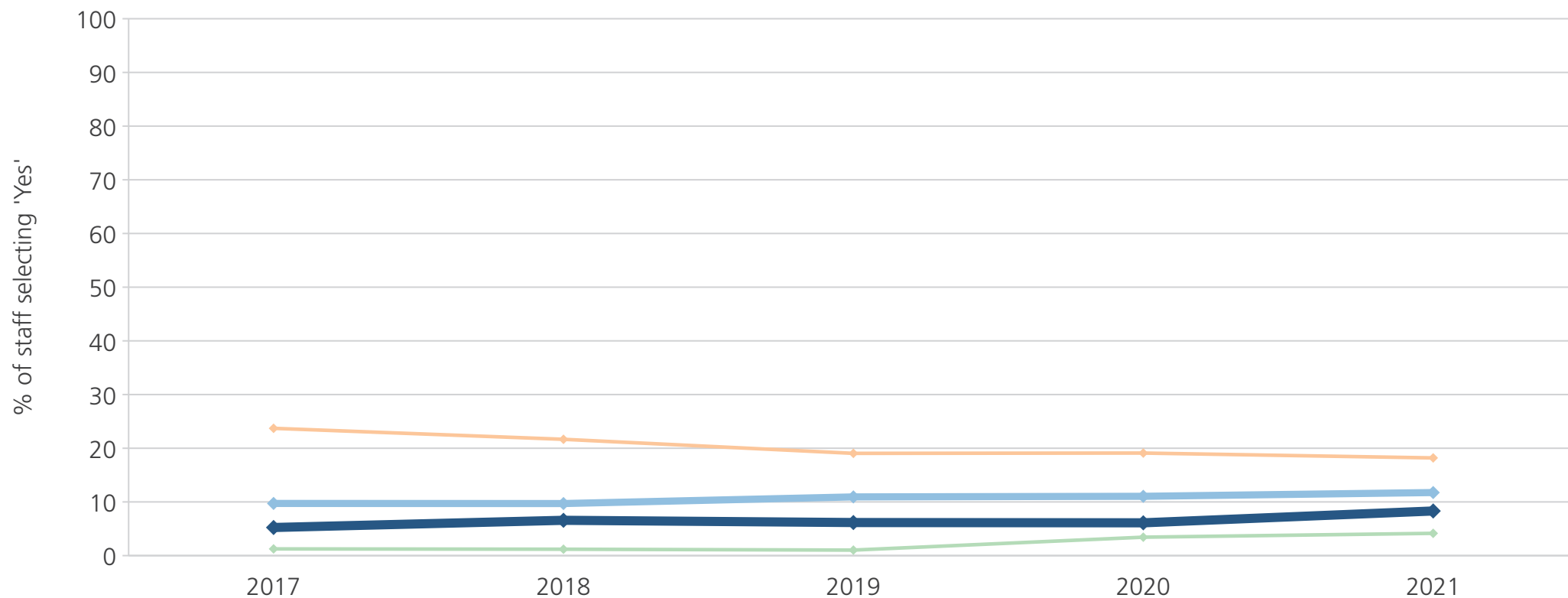
Worst	41.4%	45.2%	50.9%	32.7%	43.3%
Your org	27.8%	28.3%	25.8%	25.9%	24.3%
Average	22.5%	22.3%	23.4%	23.0%	24.1%
Best	14.1%	13.2%	0.0%	15.4%	14.9%
Responses	436	486	594	558	516



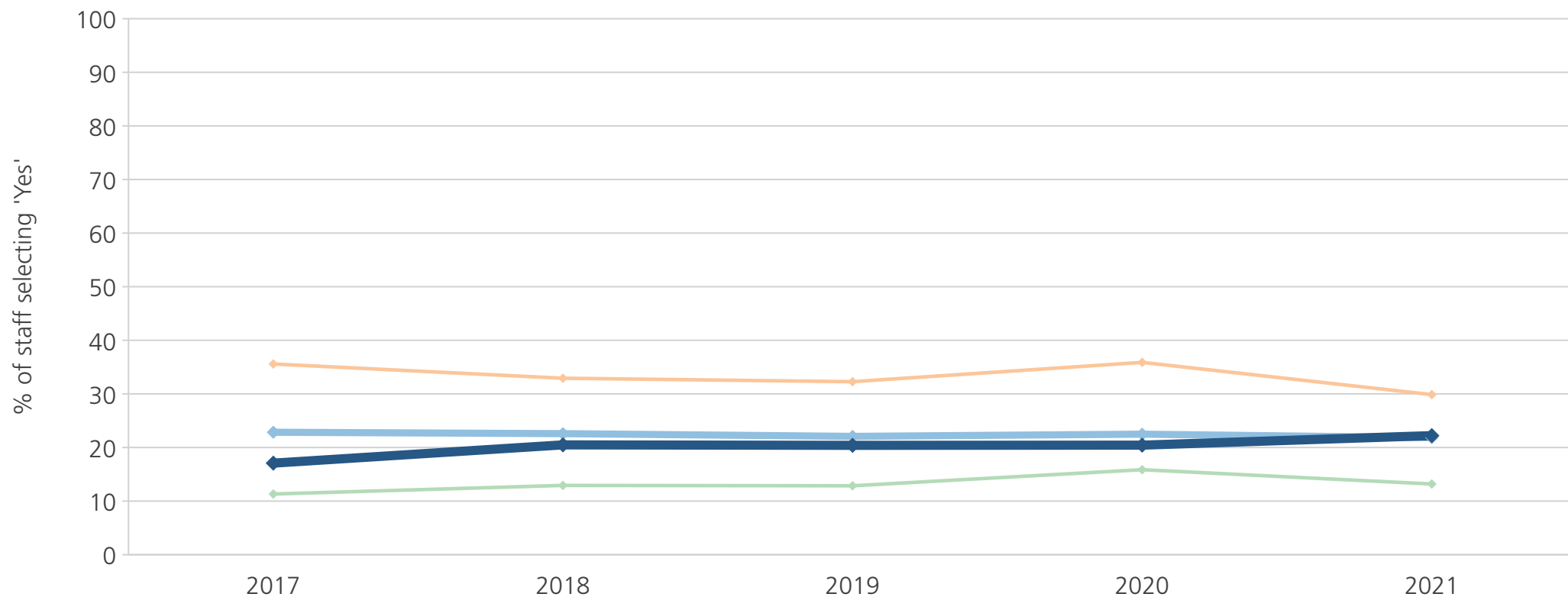
Worst	12.1%	12.5%	13.2%	12.9%	13.5%
Your org	11.0%	8.0%	9.6%	9.9%	9.8%
Average	5.0%	4.8%	5.2%	4.7%	4.5%
Best	0.0%	0.0%	1.1%	1.2%	1.9%
Responses	436	486	594	558	516



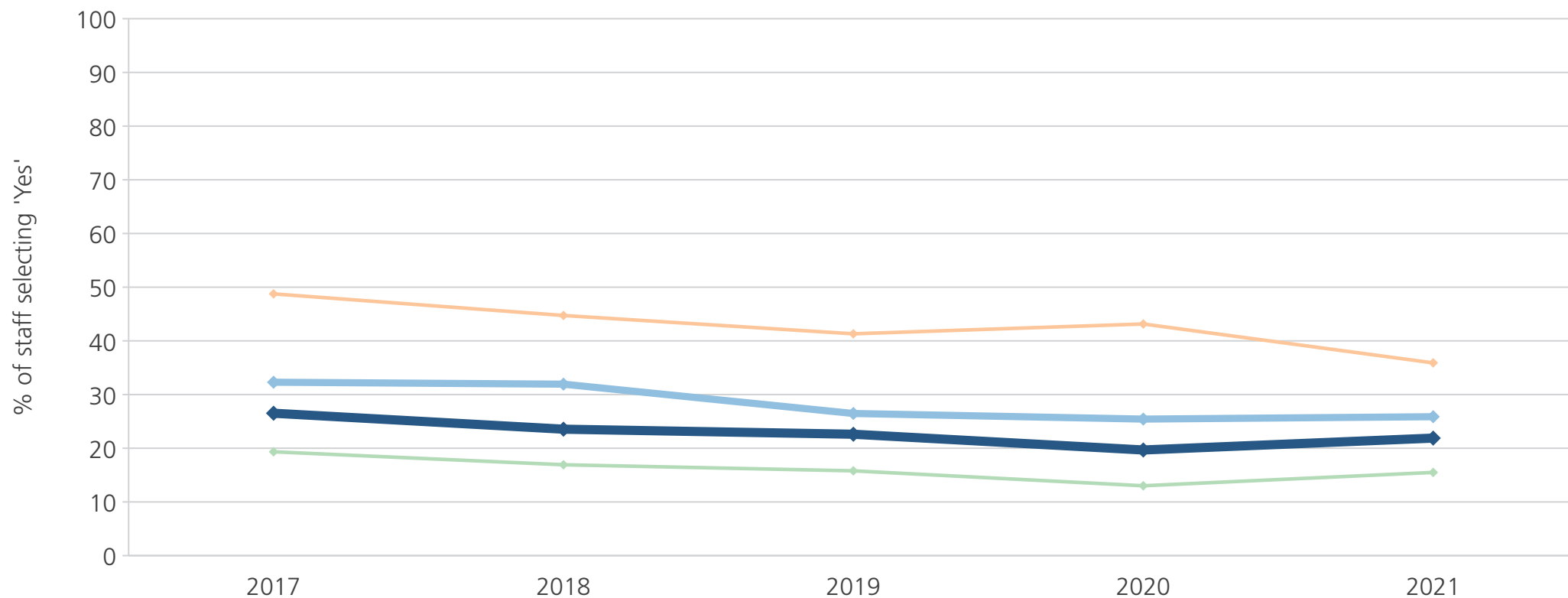
Worst	14.1%	14.9%	17.5%	13.5%	14.6%
Your org	3.3%	5.6%	5.1%	6.6%	6.4%
Average	6.0%	5.6%	6.7%	6.3%	6.4%
Best	2.0%	0.8%	2.4%	1.6%	2.3%
Responses	436	486	594	558	516



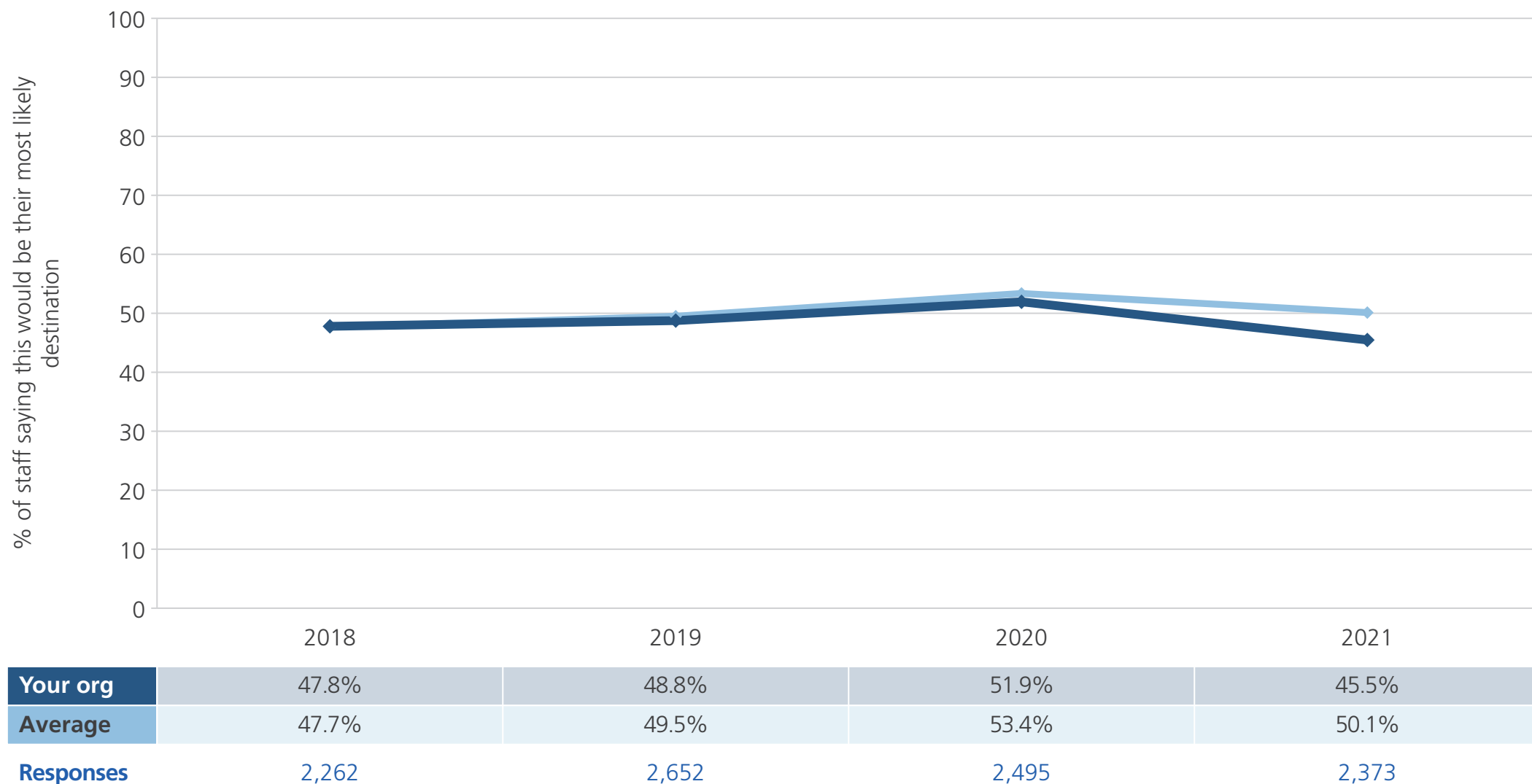
Worst	23.7%	21.7%	19.0%	19.1%	18.2%
Your org	5.2%	6.6%	6.2%	6.1%	8.3%
Average	9.7%	9.7%	10.9%	11.0%	11.7%
Best	1.3%	1.2%	1.0%	3.4%	4.1%
Responses	436	486	594	558	516

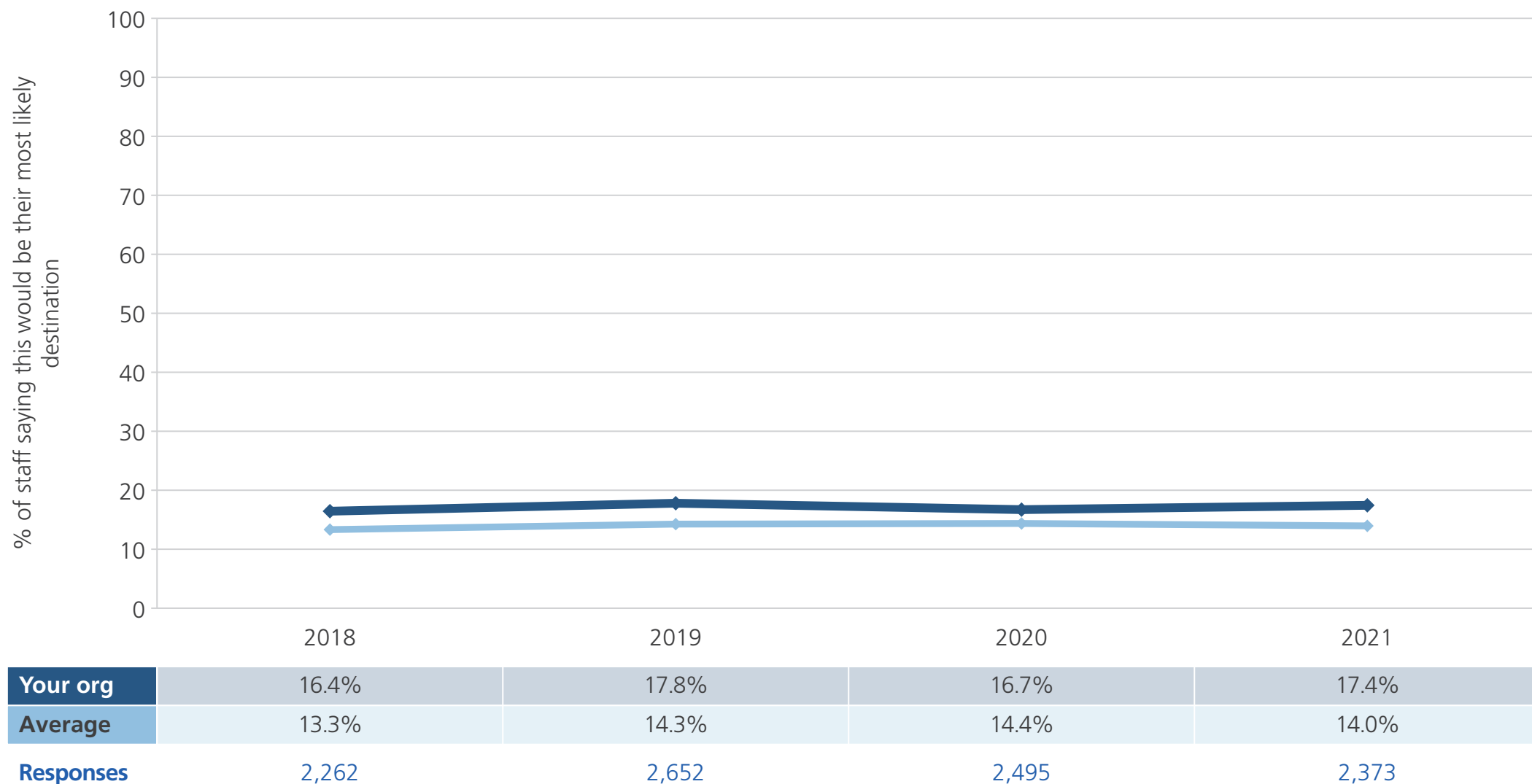


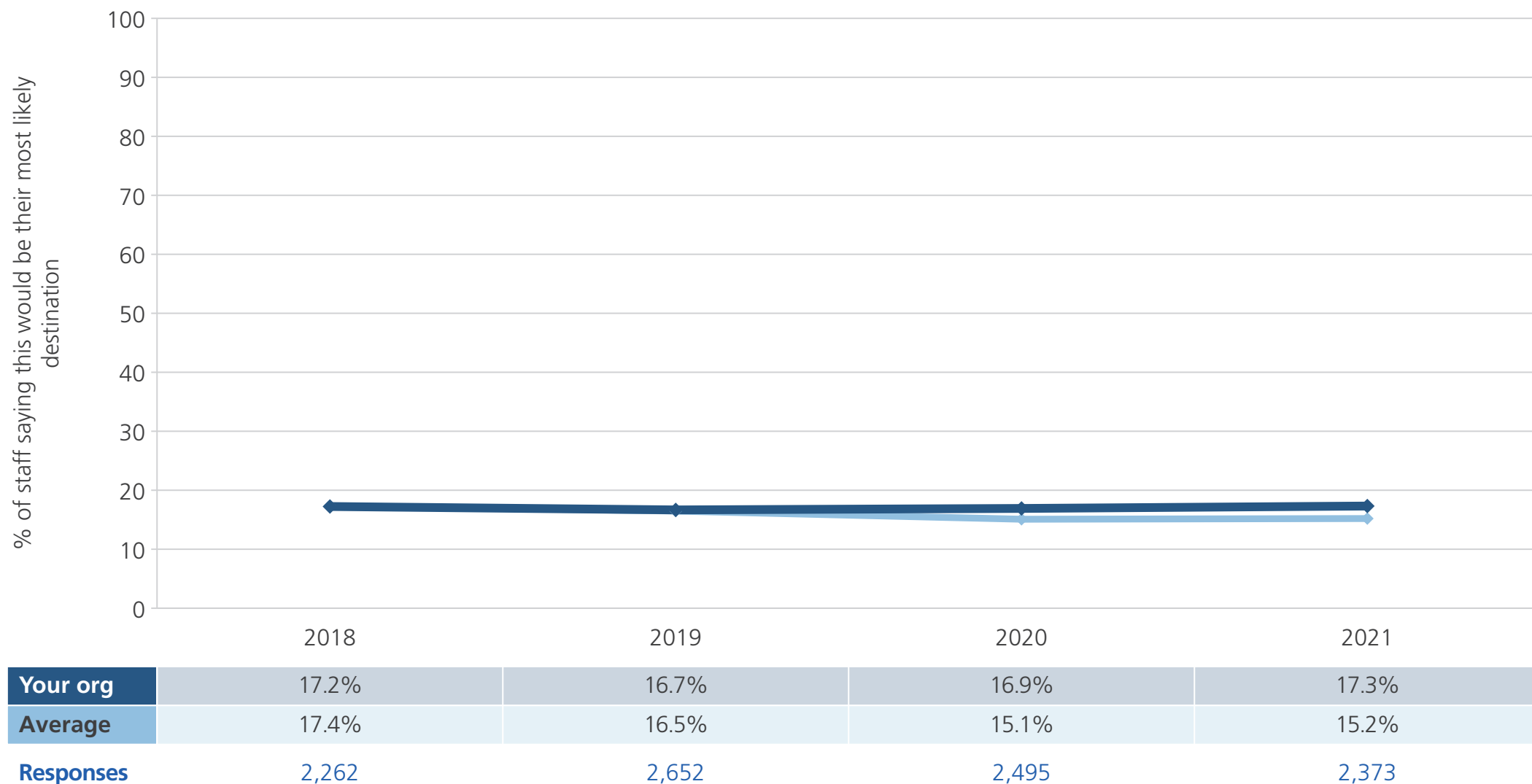
	2017	2018	2019	2020	2021
Worst	35.6%	32.9%	32.3%	35.9%	29.9%
Your org	17.1%	20.5%	20.4%	20.4%	22.2%
Average	22.8%	22.6%	22.1%	22.5%	21.8%
Best	11.3%	12.9%	12.9%	15.9%	13.2%
Responses	436	486	594	558	516

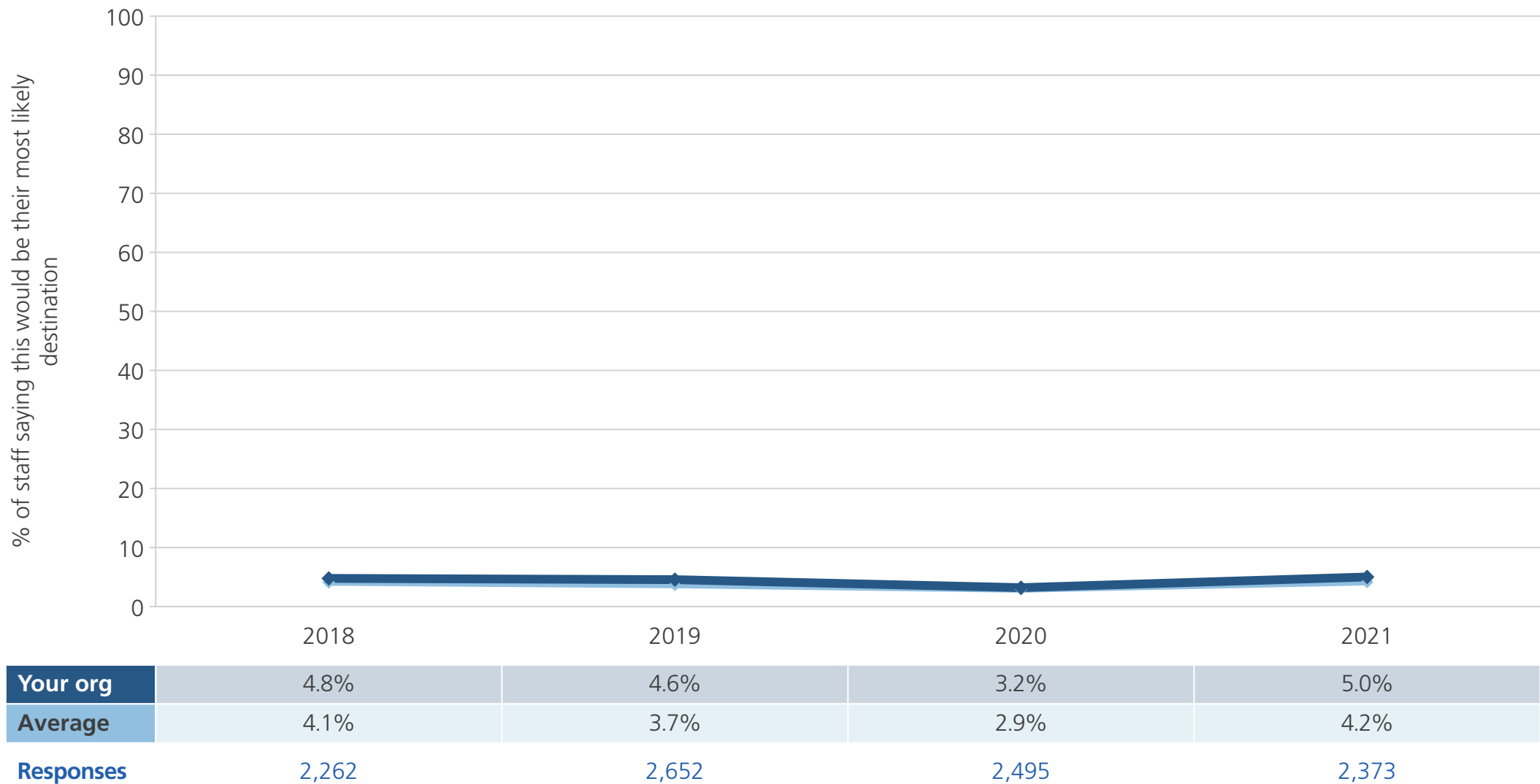


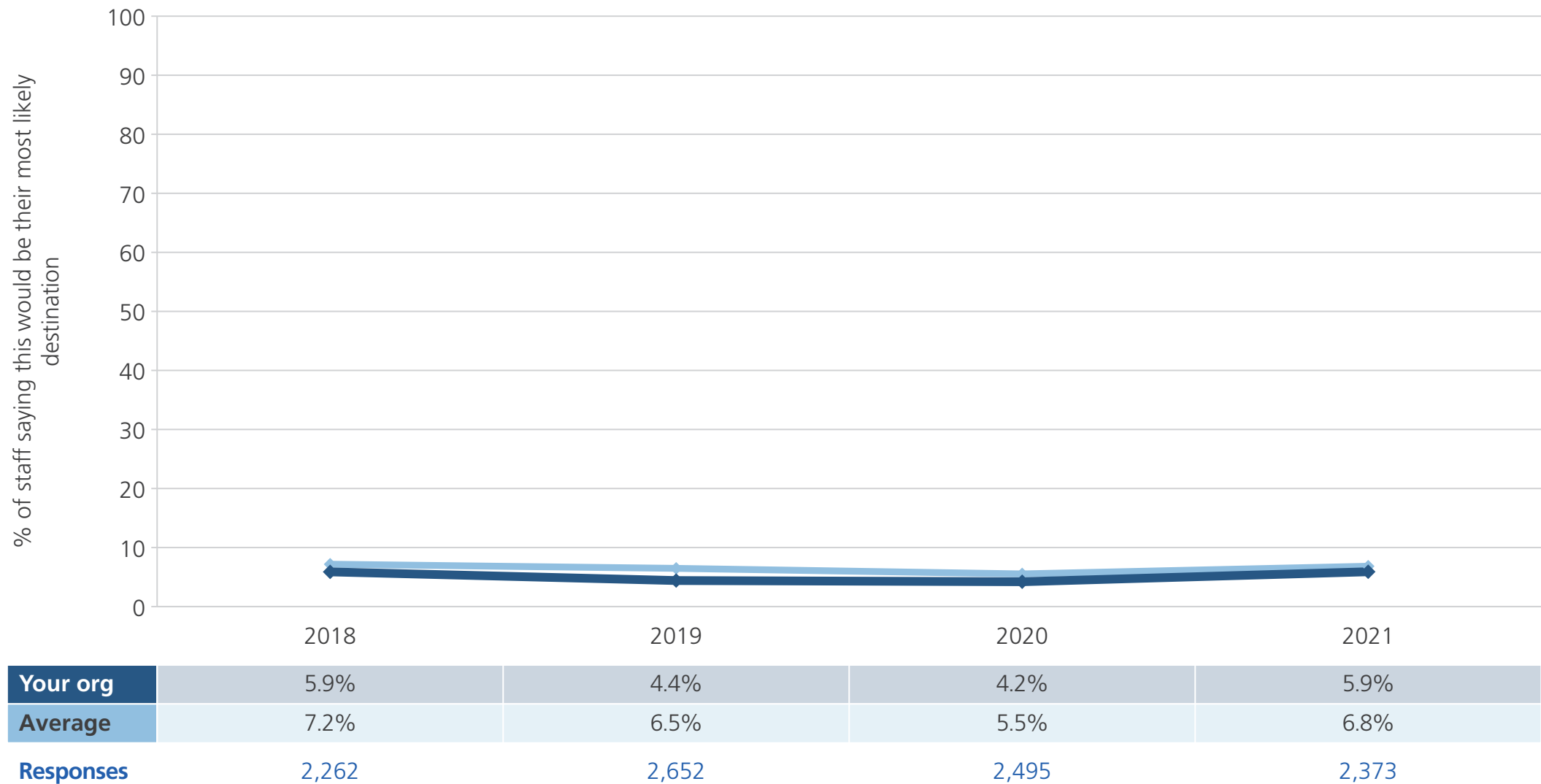
	2017	2018	2019	2020	2021
Worst	48.8%	44.7%	41.3%	43.1%	35.9%
Your org	26.5%	23.5%	22.6%	19.7%	21.9%
Average	32.3%	31.9%	26.5%	25.4%	25.9%
Best	19.3%	16.9%	15.8%	13.0%	15.5%
Responses	436	486	594	558	516

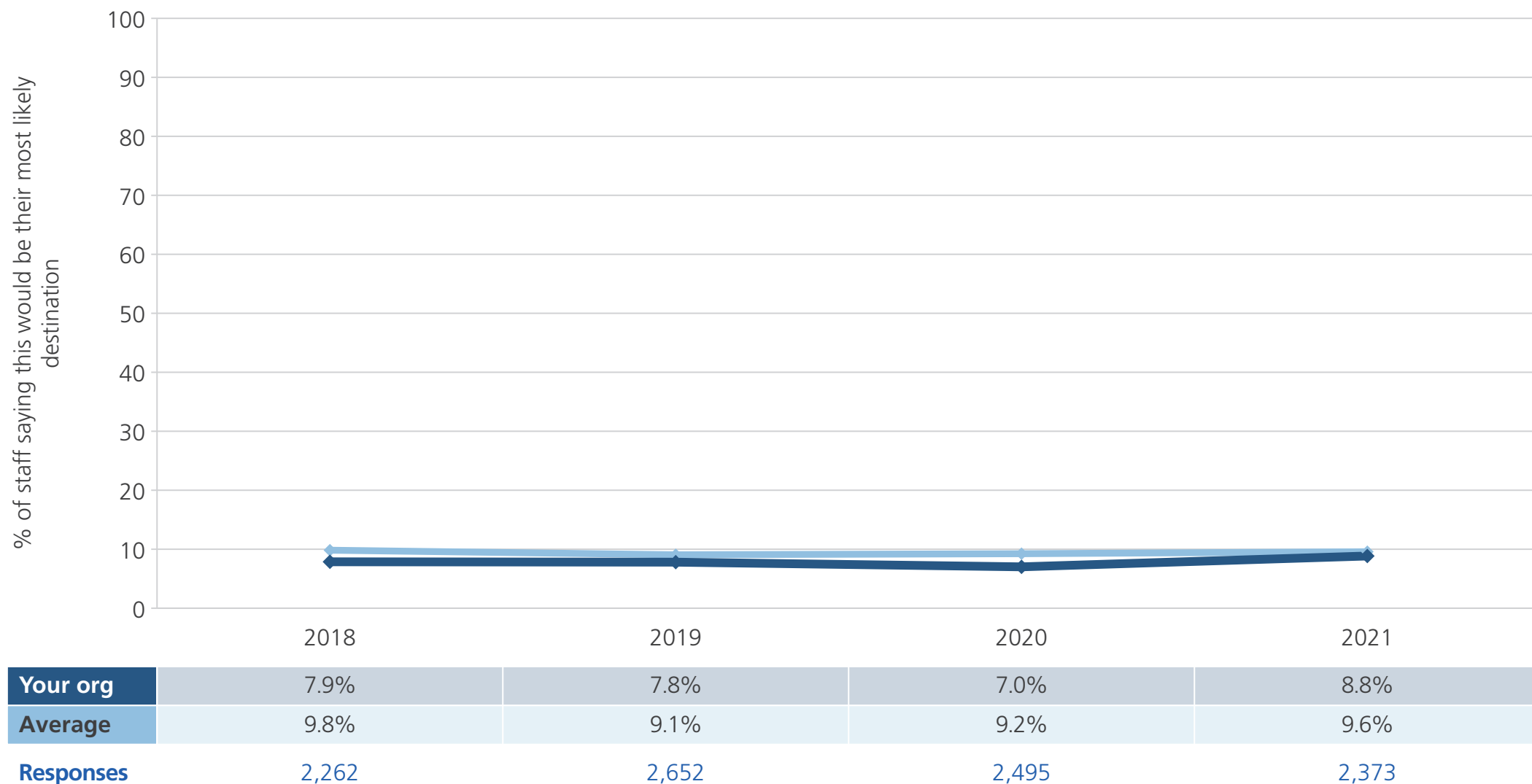




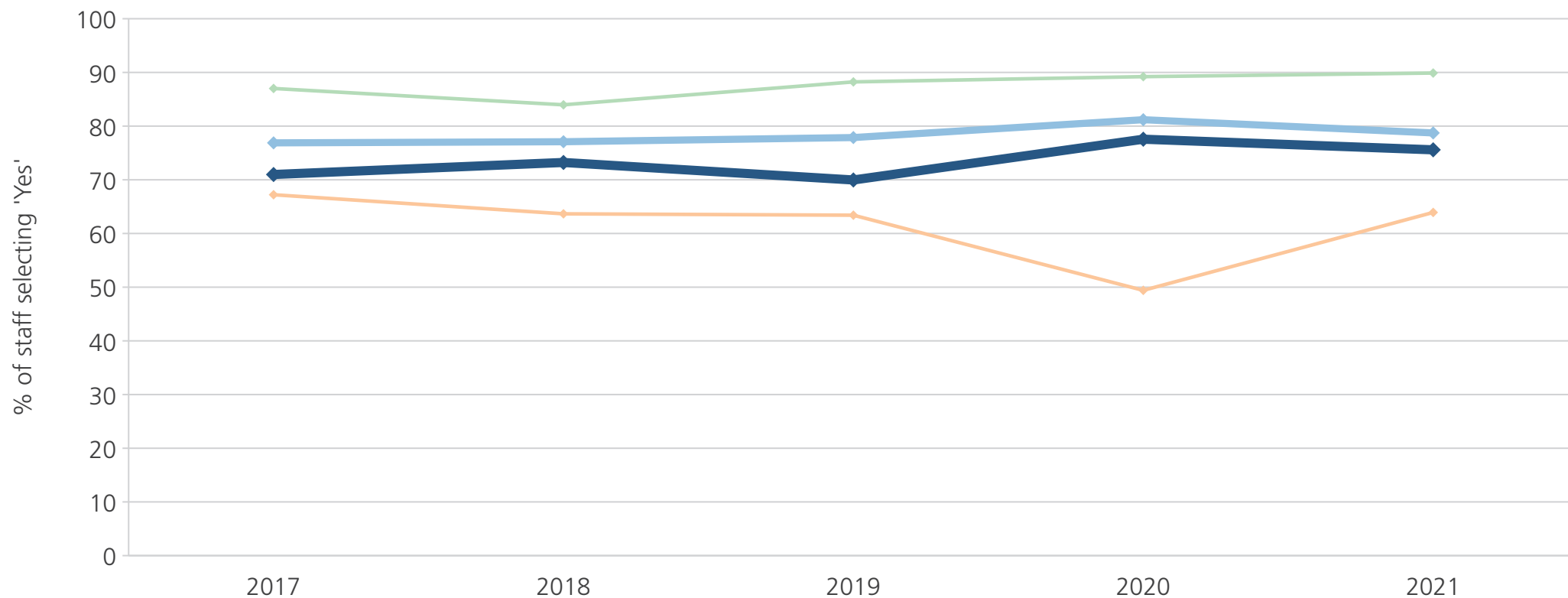








This questions was only answered by people who responded 'yes' to Q28a



Best	87.0%	84.0%	88.2%	89.2%	89.9%
Your org	71.0%	73.2%	70.0%	77.6%	75.6%
Average	76.9%	77.1%	77.9%	81.2%	78.7%
Worst	67.2%	63.7%	63.4%	49.4%	63.9%
Responses	217	244	317	354	371

About your respondents

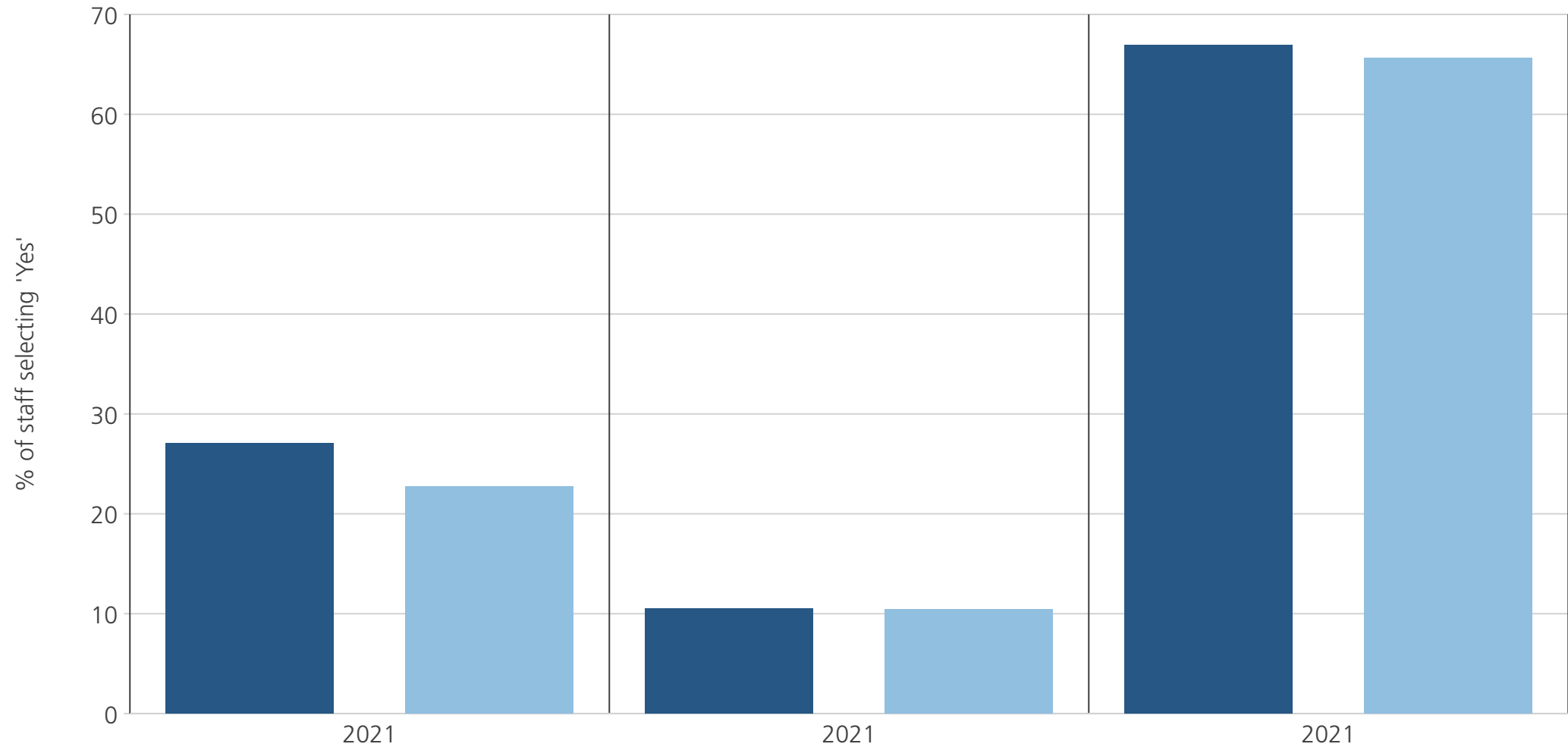
East London NHS Foundation Trust
2021 NHS Staff Survey Results

About your respondents – The Covid-19 pandemic

In the past 12 months, have you worked on a Covid-19 specific ward or area at any time?

In the past 12 months, have you been redeployed due to the Covid-19 pandemic at any time?

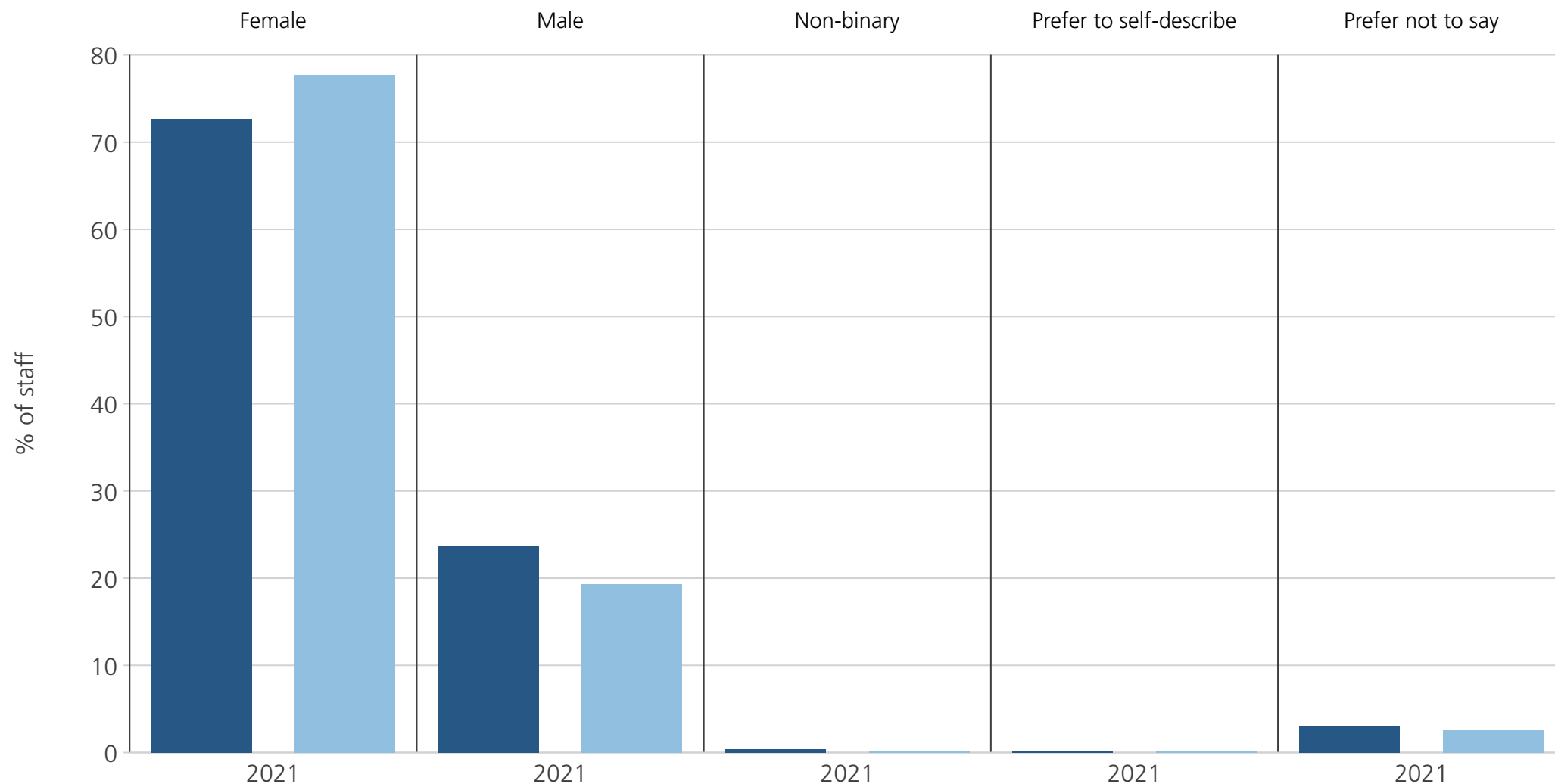
In the past 12 months, have you been required to work remotely/from home due to the Covid-19 pandemic?



Your org	27.1%	10.5%	66.9%
Average	22.7%	10.4%	65.6%
Responses	2,485	2,483	2,487

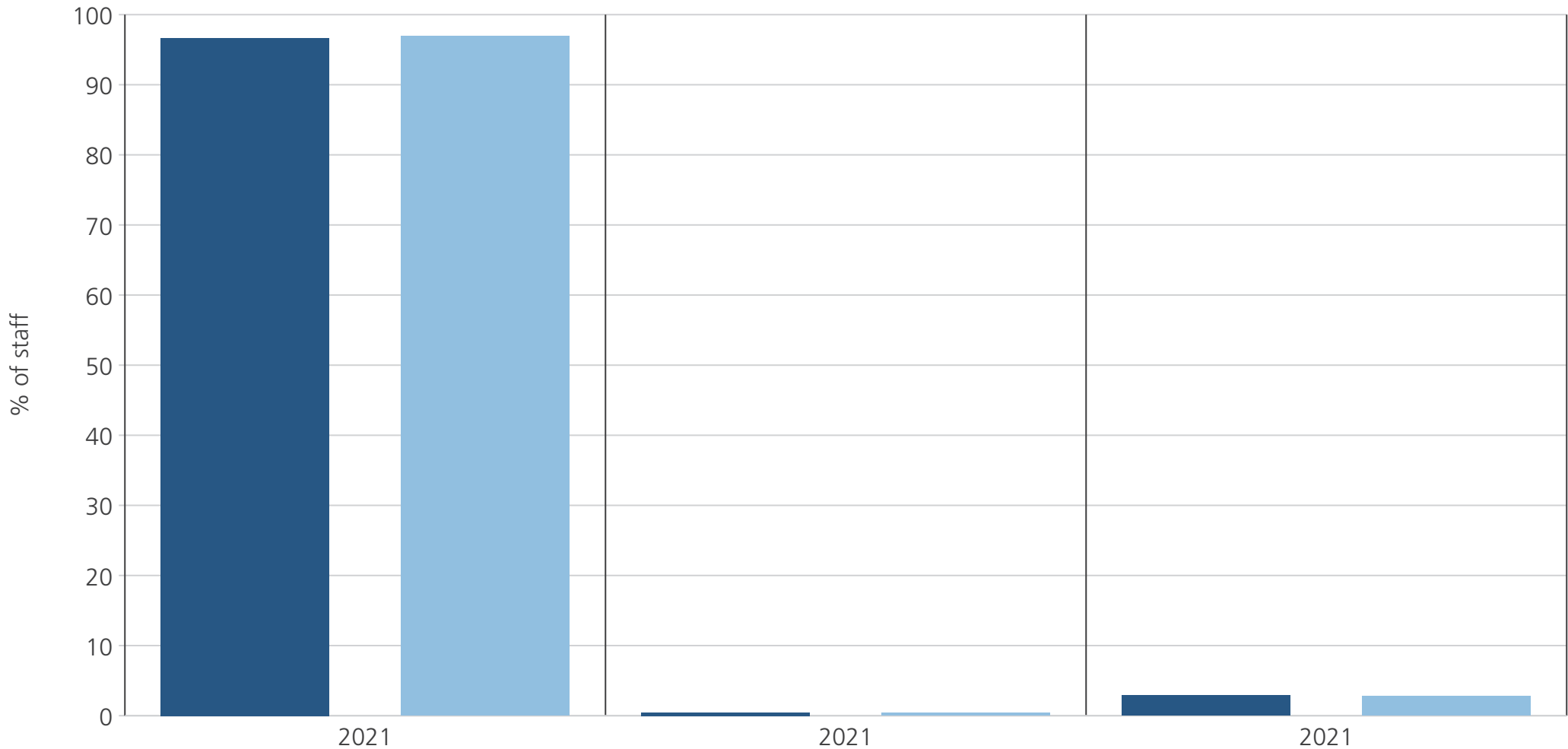
About your respondents – Background details

East London NHS Foundation Trust
2021 NHS Staff Survey Results

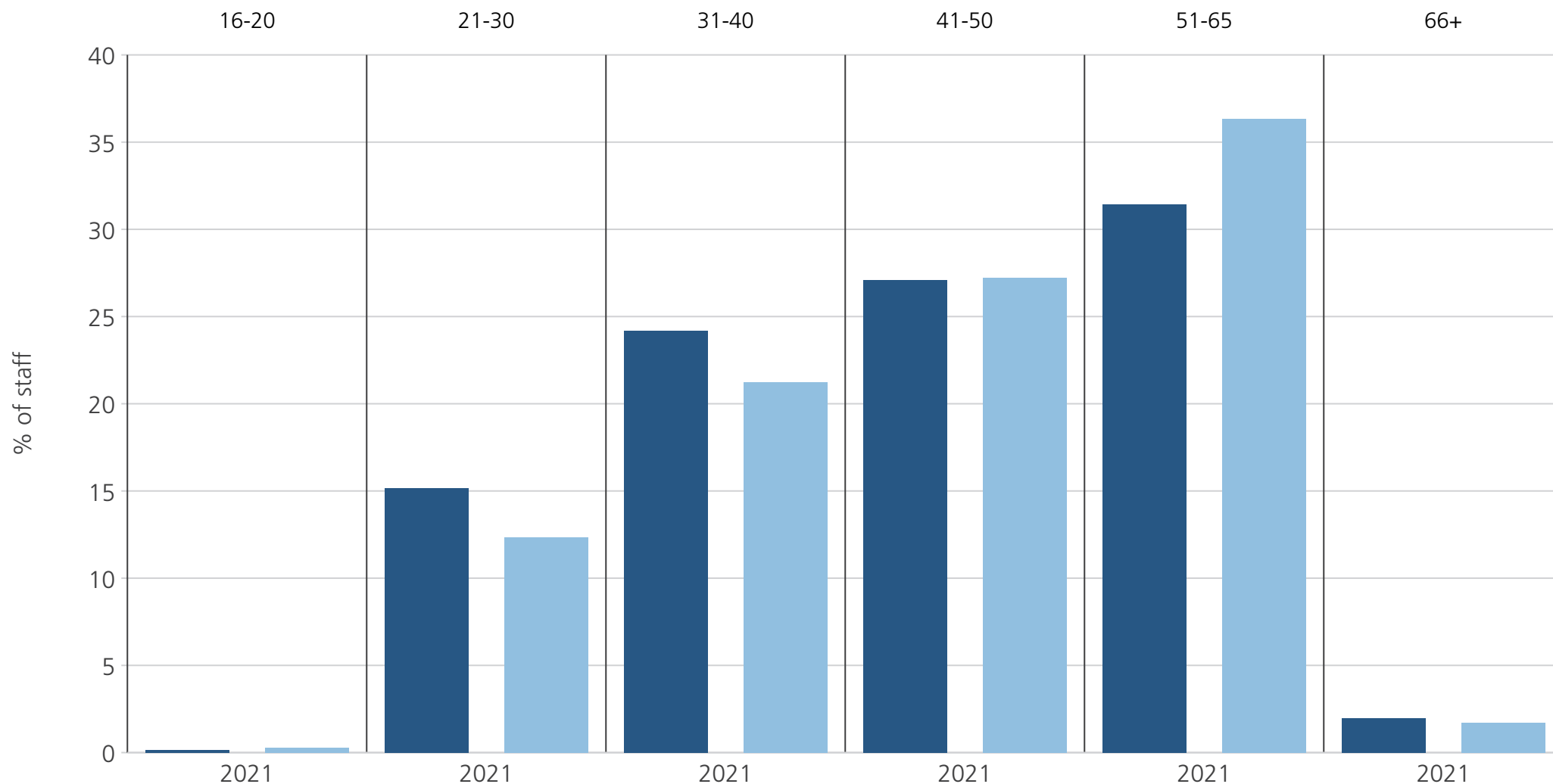


Your org	72.7%	23.7%	0.4%	0.1%	3.1%
Average	77.7%	19.3%	0.2%	0.2%	2.7%
Responses	2,469	2,469	2,469	2,469	2,469

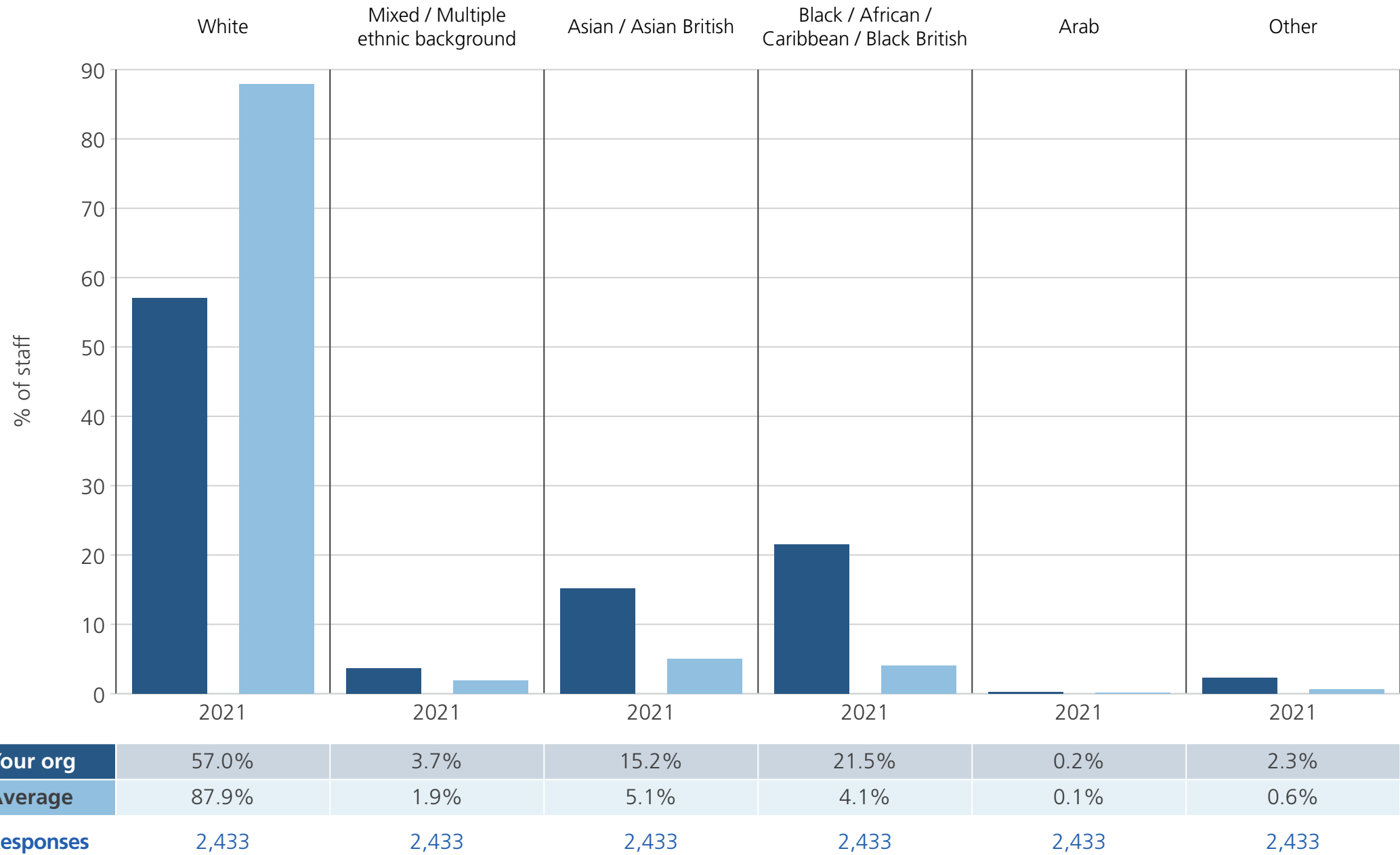
Yes No Prefer not to say

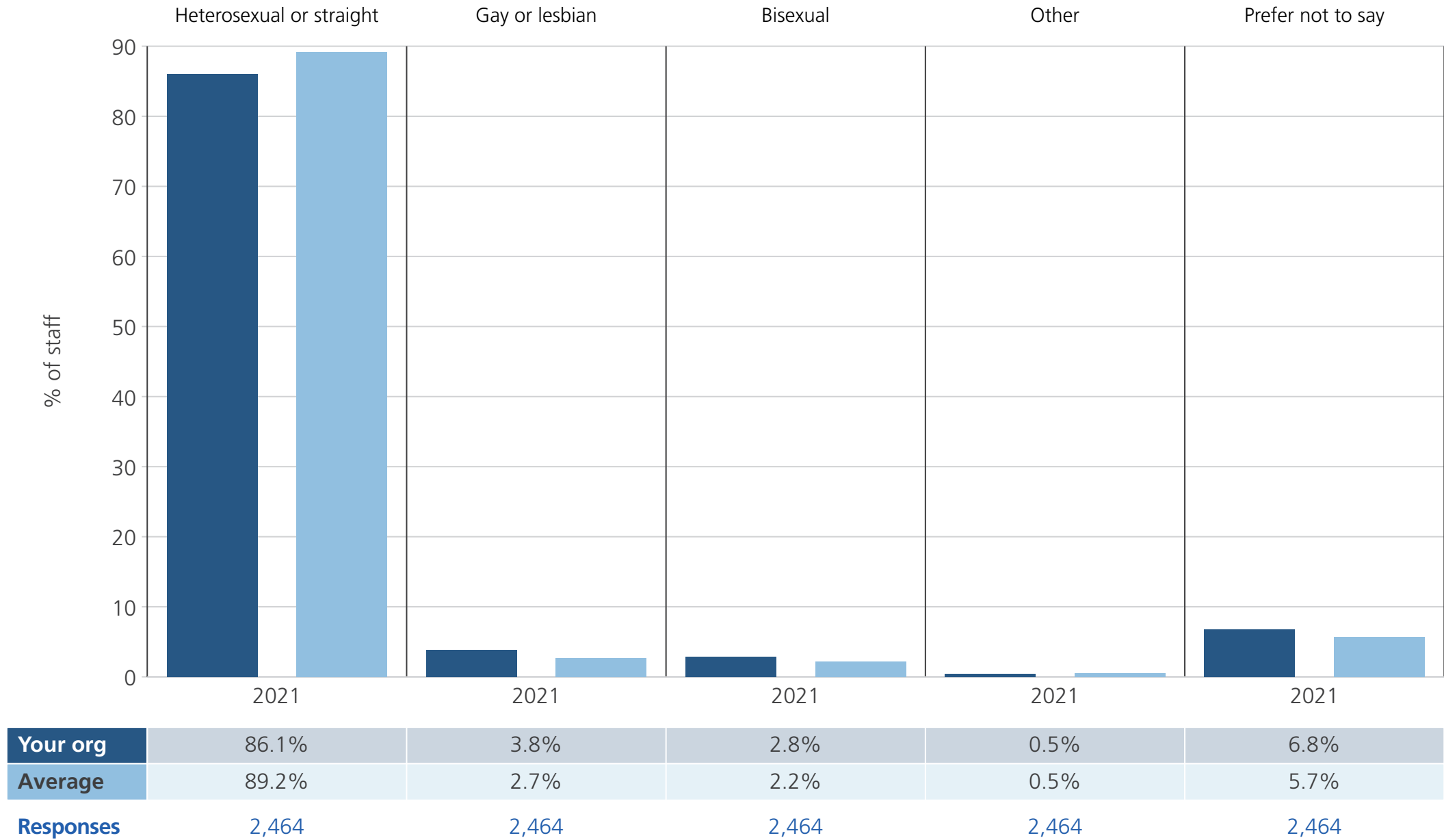


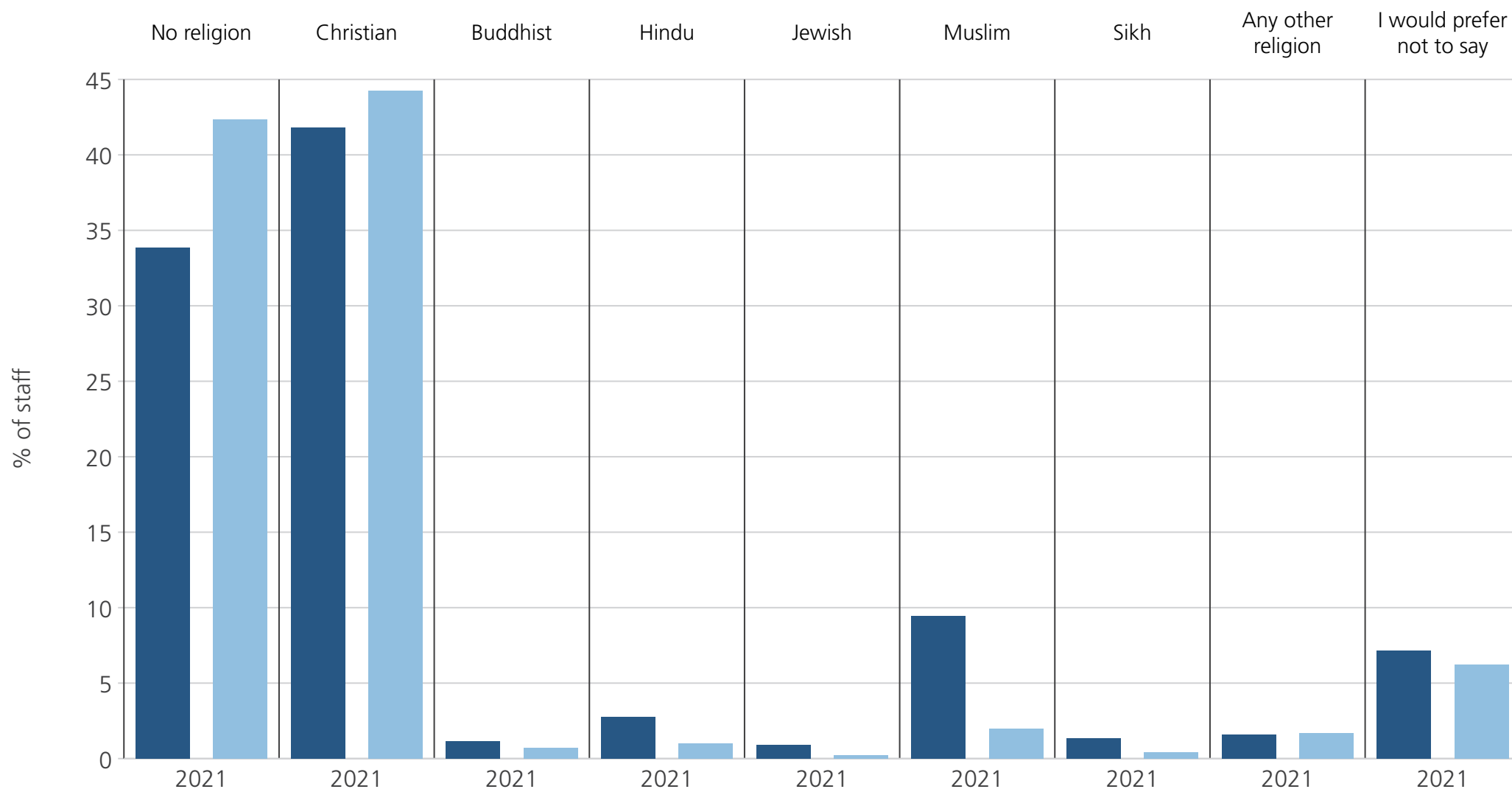
Your org	96.7%	0.4%	2.9%
Average	96.9%	0.4%	2.8%
Responses	2,457	2,457	2,457



Your org	0.2%	15.1%	24.2%	27.1%	31.4%	2.0%
Average	0.3%	12.4%	21.2%	27.2%	36.3%	1.7%
Responses	2,476	2,476	2,476	2,476	2,476	2,476

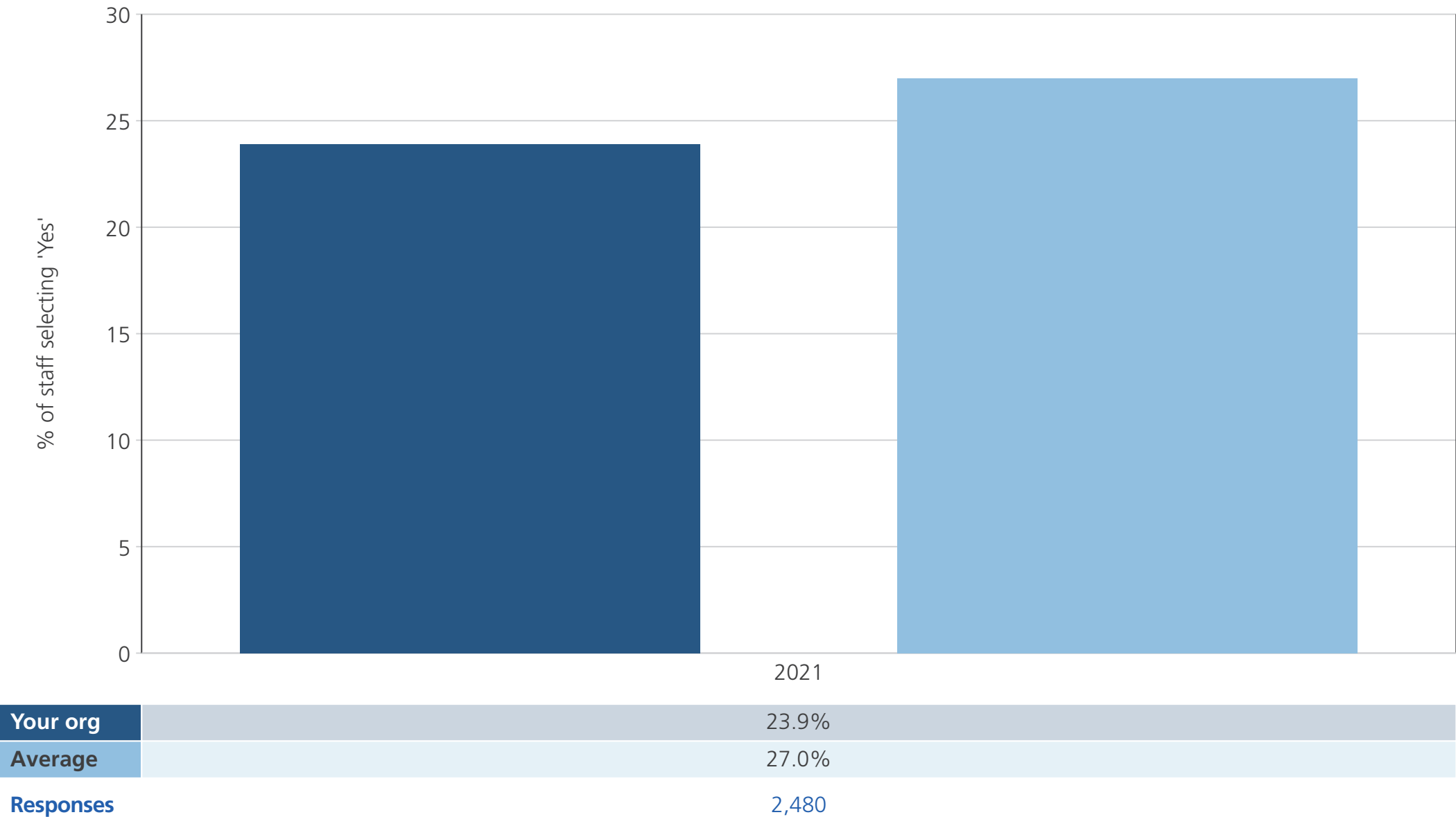






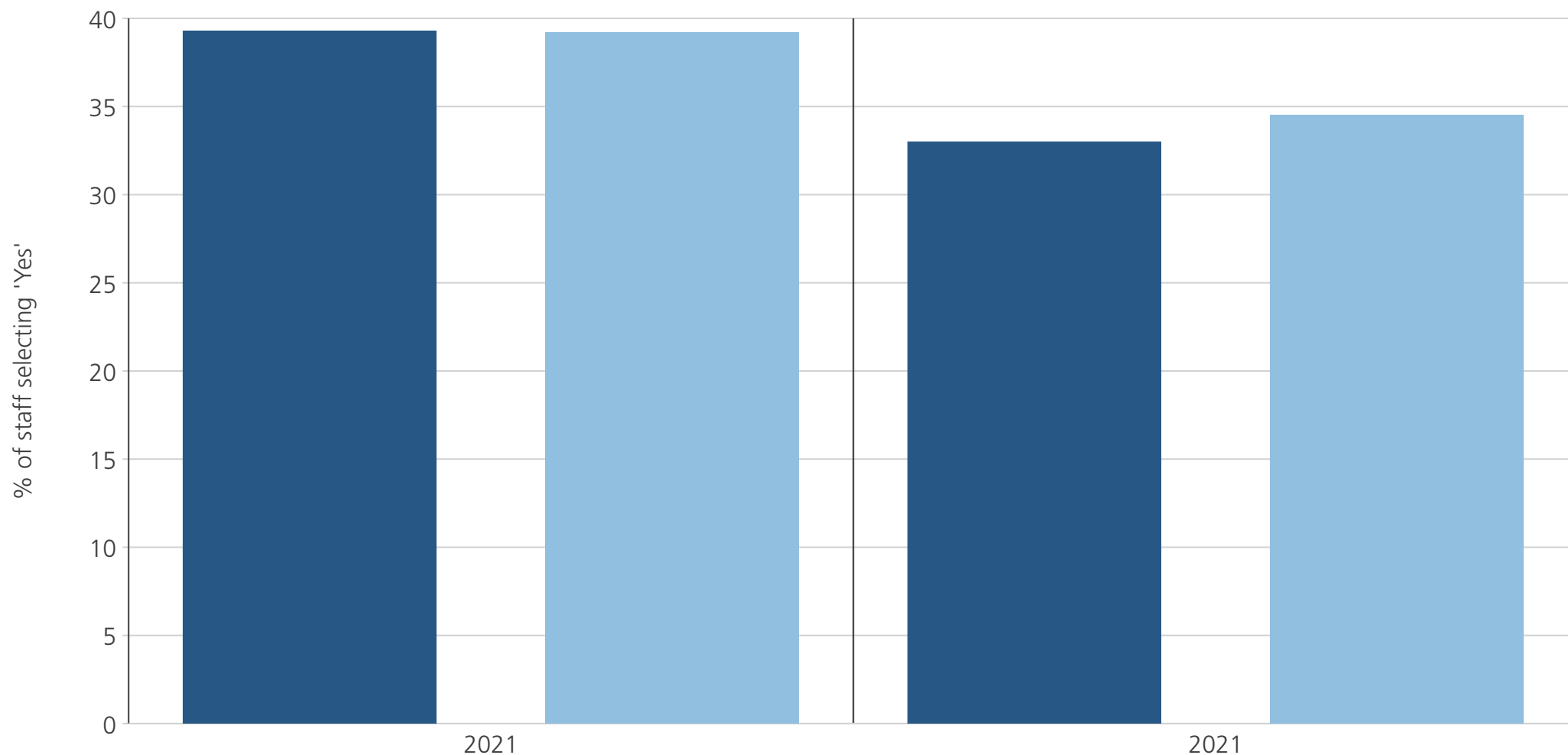
Your org	33.9%	41.8%	1.1%	2.8%	0.9%	9.5%	1.3%	1.6%	7.1%
Average	42.4%	44.3%	0.7%	1.0%	0.2%	2.0%	0.4%	1.7%	6.2%
Responses	2,465	2,465	2,465	2,465	2,465	2,465	2,465	2,465	2,465

Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

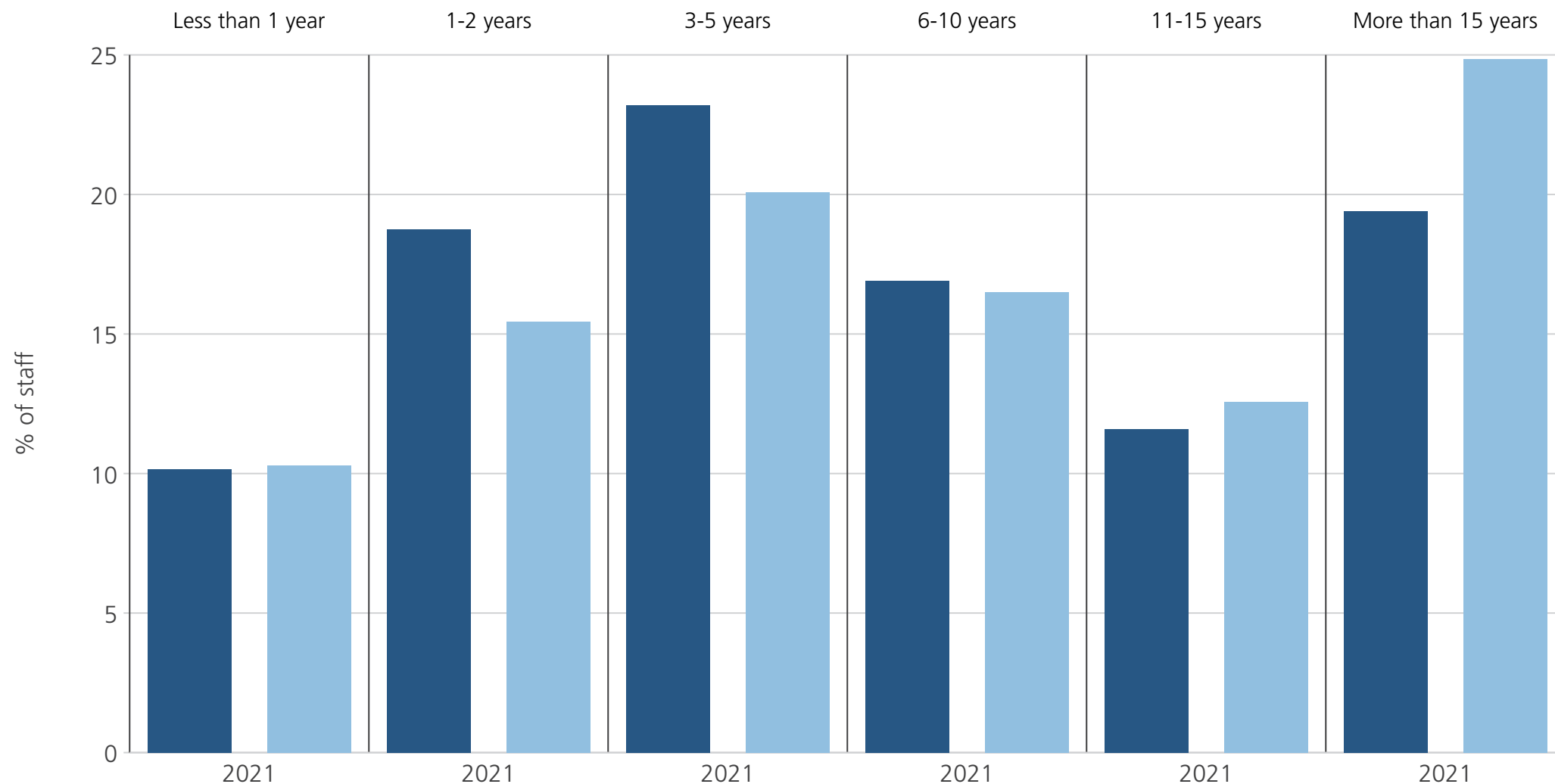


Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?

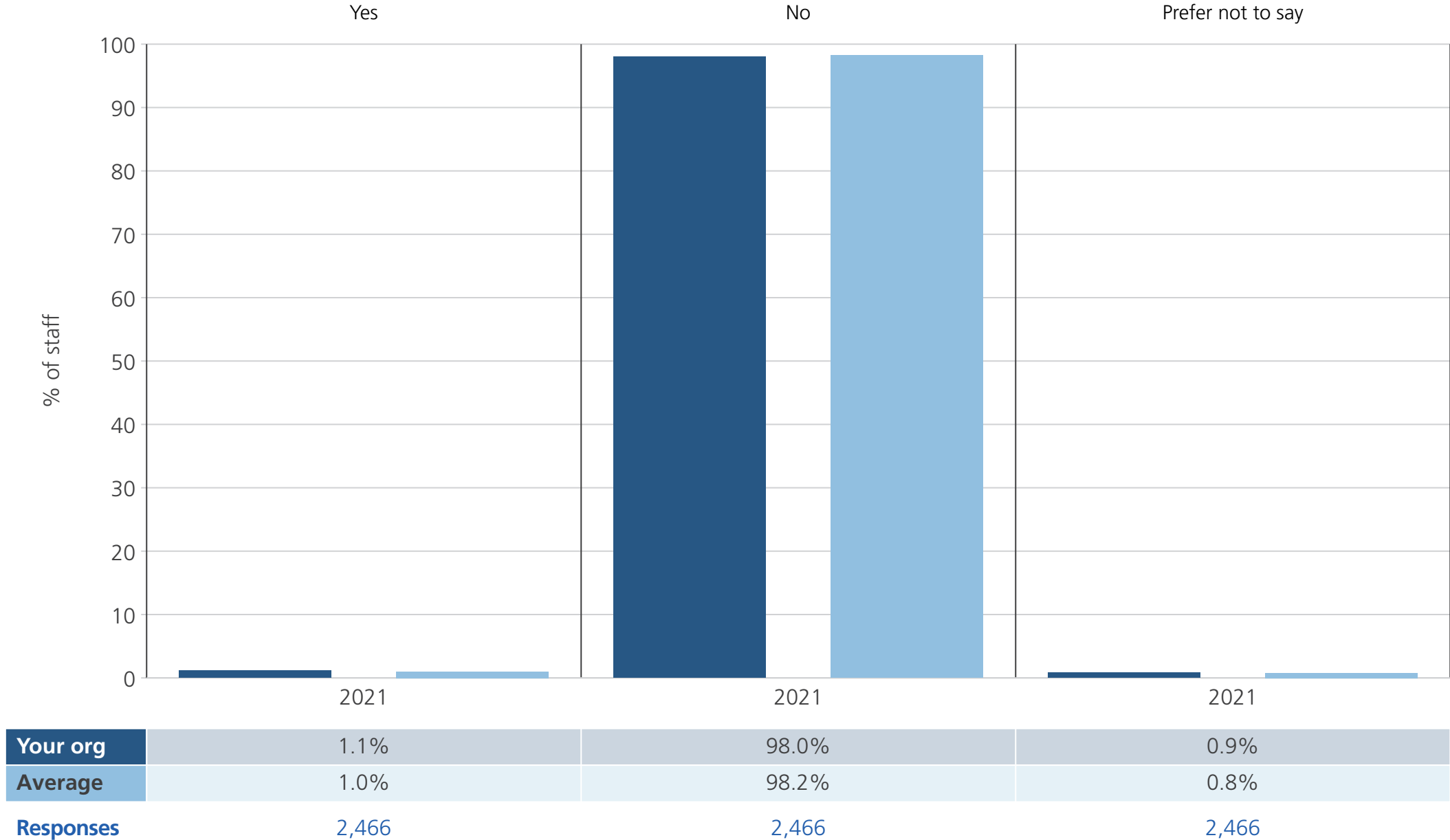
Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?

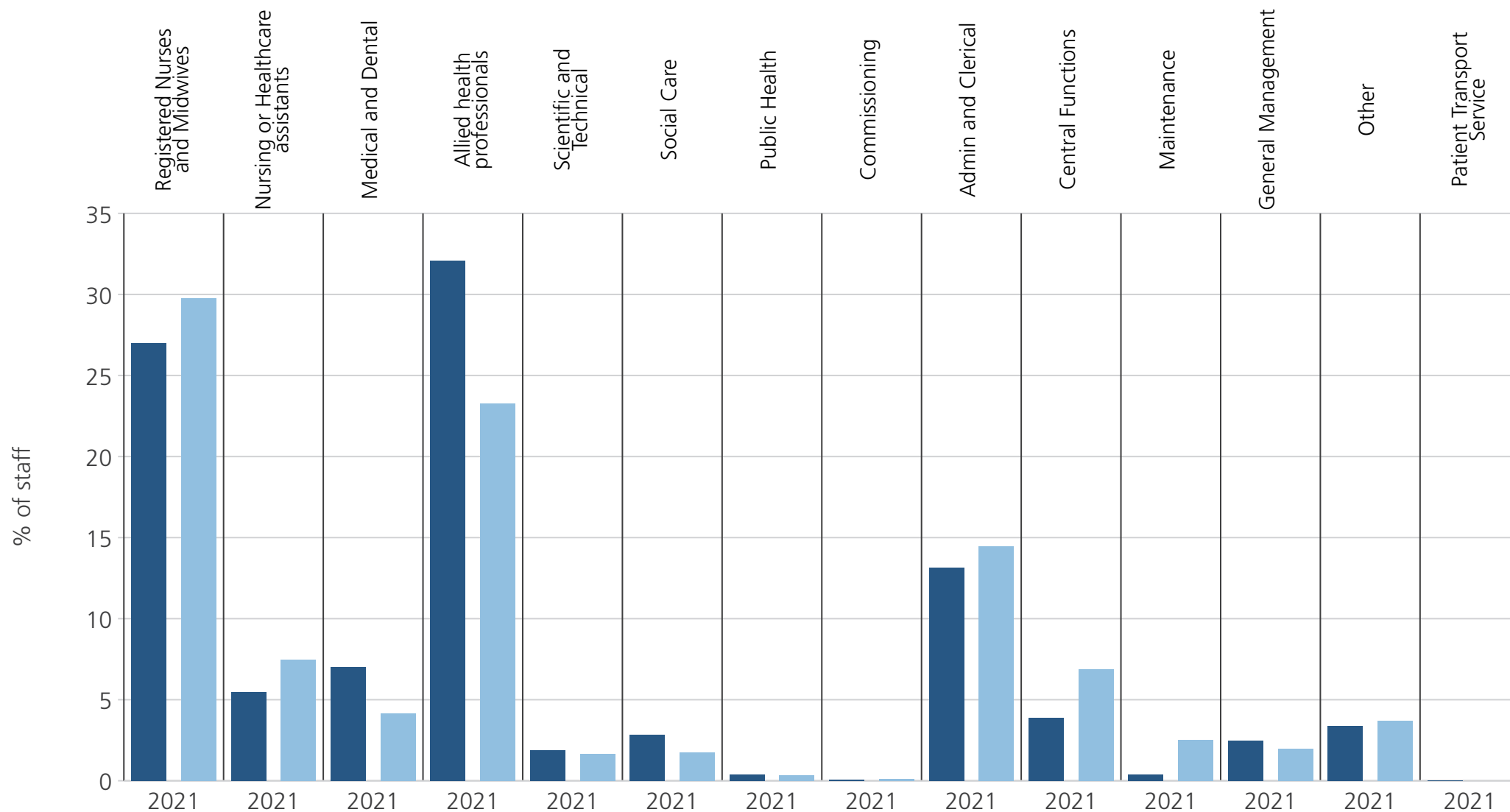


Your org	39.3%	33.0%
Average	39.2%	34.5%
Responses	2,477	2,475



Your org	10.1%	18.8%	23.2%	16.9%	11.6%	19.4%
Average	10.3%	15.4%	20.1%	16.5%	12.6%	24.9%
Responses	2,474	2,474	2,474	2,474	2,474	2,474





Your org	27.0%	5.5%	7.0%	32.1%	1.9%	2.8%	0.4%	0.1%	13.1%	3.9%	0.4%	2.5%	3.4%	0.0%
Average	29.8%	7.5%	4.2%	23.3%	1.7%	1.8%	0.3%	0.1%	14.5%	6.9%	2.5%	2.0%	3.7%	0.0%
Responses	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466	2,466

Workforce Equality Standards

East London NHS Foundation Trust
2021 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standard (WRES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

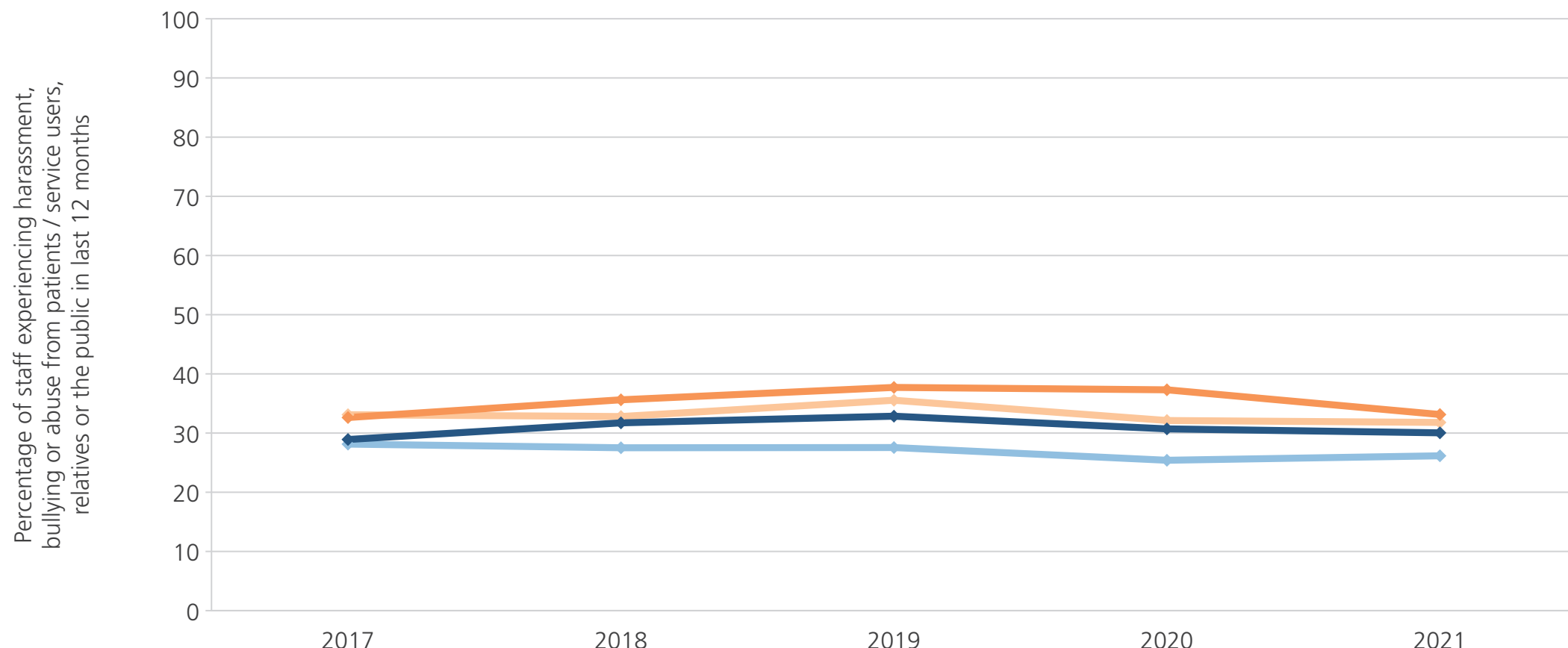
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q28a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Changes to how the Workforce Equality Standards are calculated

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of "don't know" responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.
- Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

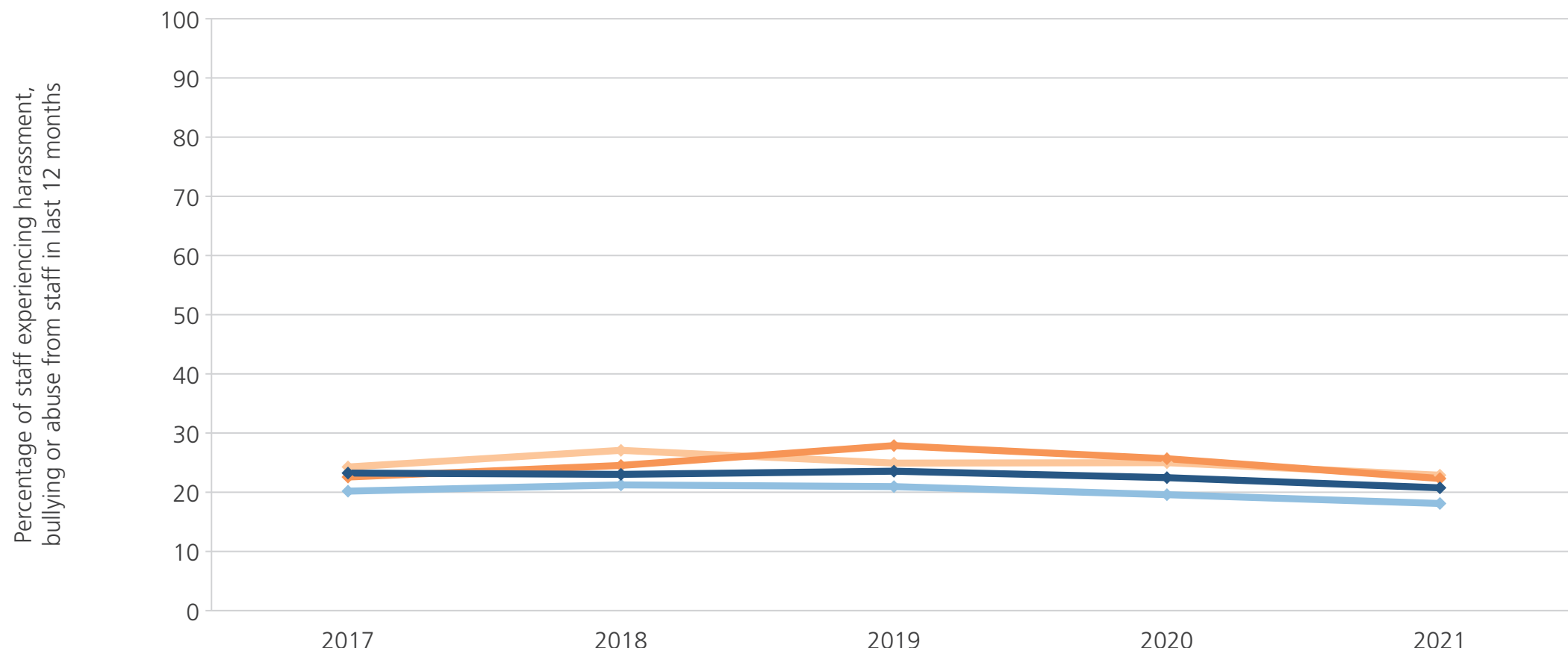
Workforce Race Equality Standard (WRES)

East London NHS Foundation Trust
2021 NHS Staff Survey Results



	2017	2018	2019	2020	2021
White: Your org	28.9%	31.7%	32.9%	30.7%	30.0%
BME: Your org	32.6%	35.6%	37.7%	37.3%	33.1%
White: Average	28.1%	27.5%	27.6%	25.4%	26.2%
BME: Average	33.1%	32.8%	35.5%	32.1%	31.8%
White: Responses	1,259	1,368	1,522	1,371	1,335
BME: Responses	941	977	1,119	973	1,002

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	23.2%	23.0%	23.6%	22.5%	20.7%
BME: Your org	22.6%	24.5%	27.9%	25.7%	22.3%
White: Average	20.2%	21.2%	21.0%	19.6%	18.1%
BME: Average	24.3%	27.1%	24.9%	25.0%	22.9%

White: Responses

1,252

1,351

1,524

1,371

1,335

BME: Responses

926

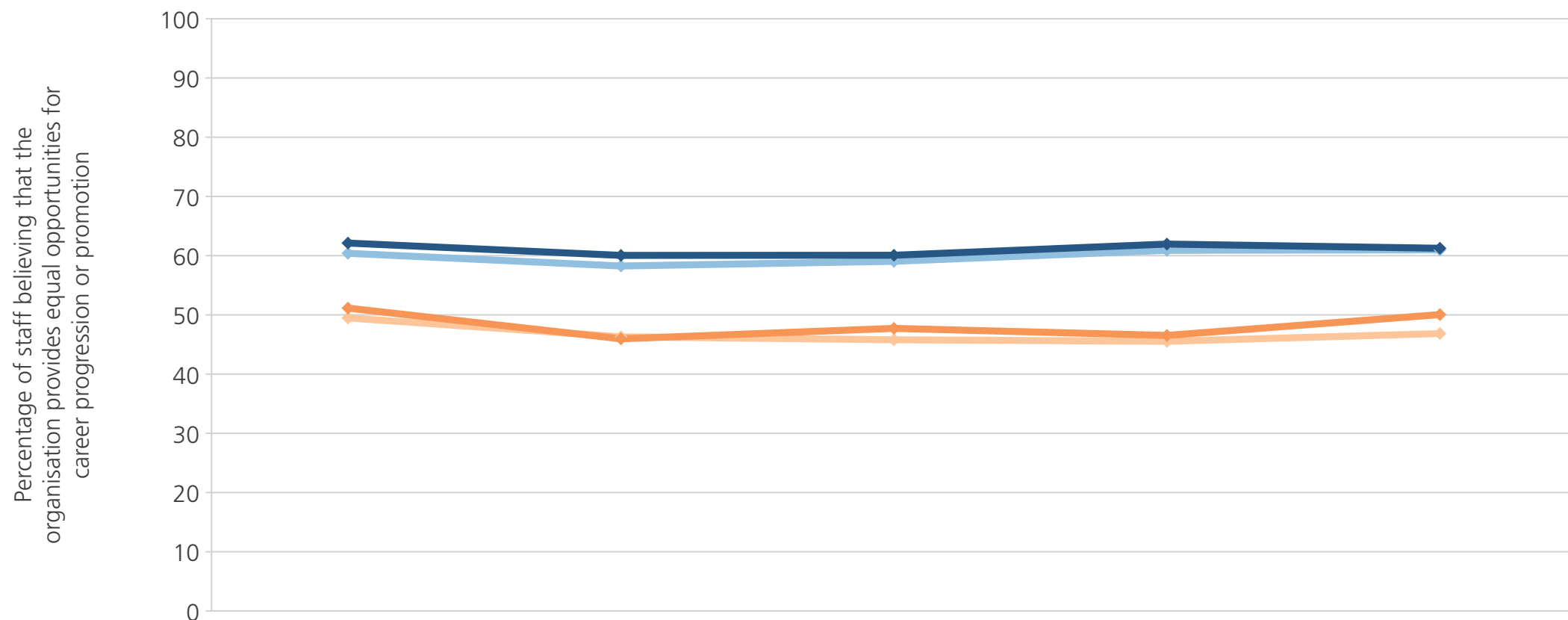
958

1,119

970

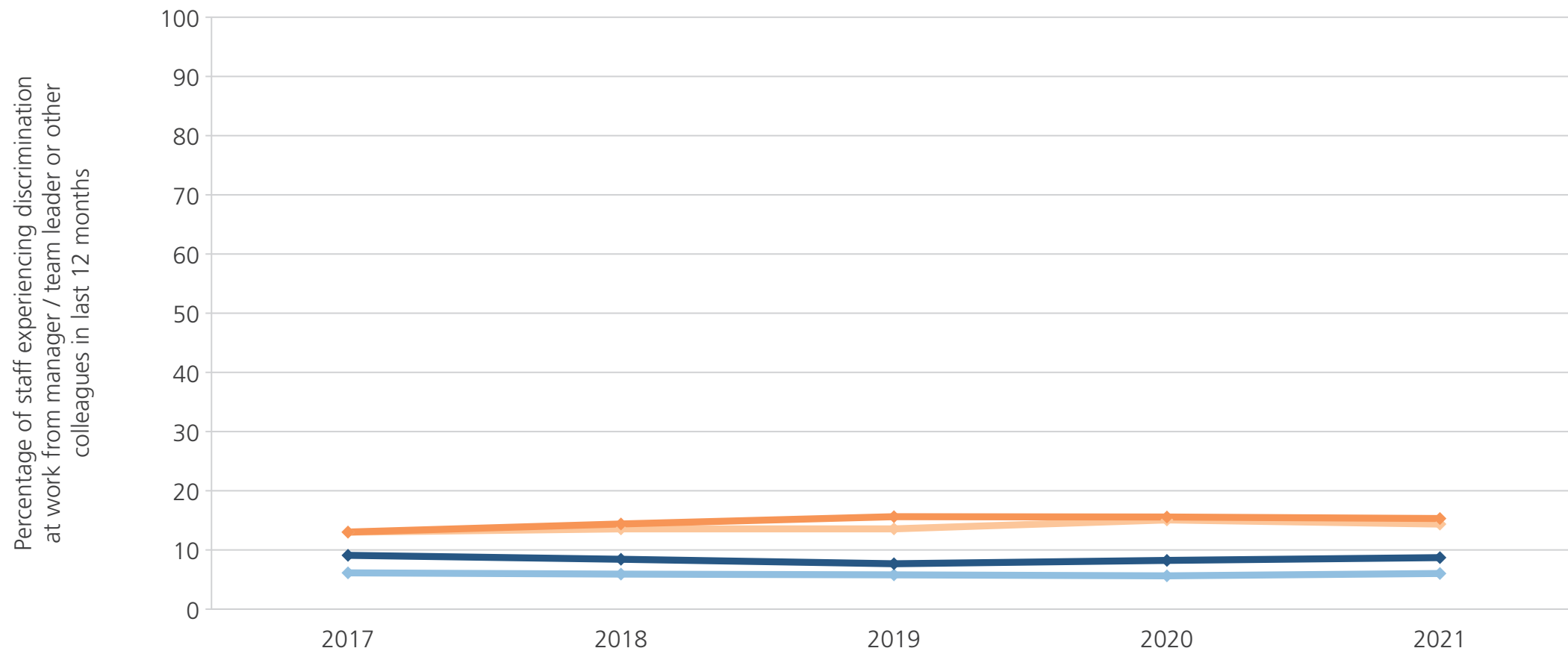
999

Average calculated as the median for the benchmark group



	2017	2018	2019	2020	2021
White: Your org	62.1%	60.0%	60.1%	62.0%	61.2%
BME: Your org	51.1%	46.0%	47.7%	46.5%	50.0%
White: Average	60.4%	58.3%	59.0%	60.9%	61.0%
BME: Average	49.5%	46.3%	45.8%	45.5%	46.8%
White: Responses	1,233	1,359	1,515	1,401	1,378
BME: Responses	921	964	1,119	980	1,027

Average calculated as the median for the benchmark group



White: Your org	9.1%	8.4%	7.7%	8.2%	8.7%
BME: Your org	13.0%	14.4%	15.6%	15.6%	15.3%
White: Average	6.1%	5.9%	5.8%	5.6%	6.0%
BME: Average	13.0%	13.6%	13.6%	15.1%	14.4%

White: Responses

1,265

1,353

1,526

1,409

1,379

BME: Responses

937

959

1,114

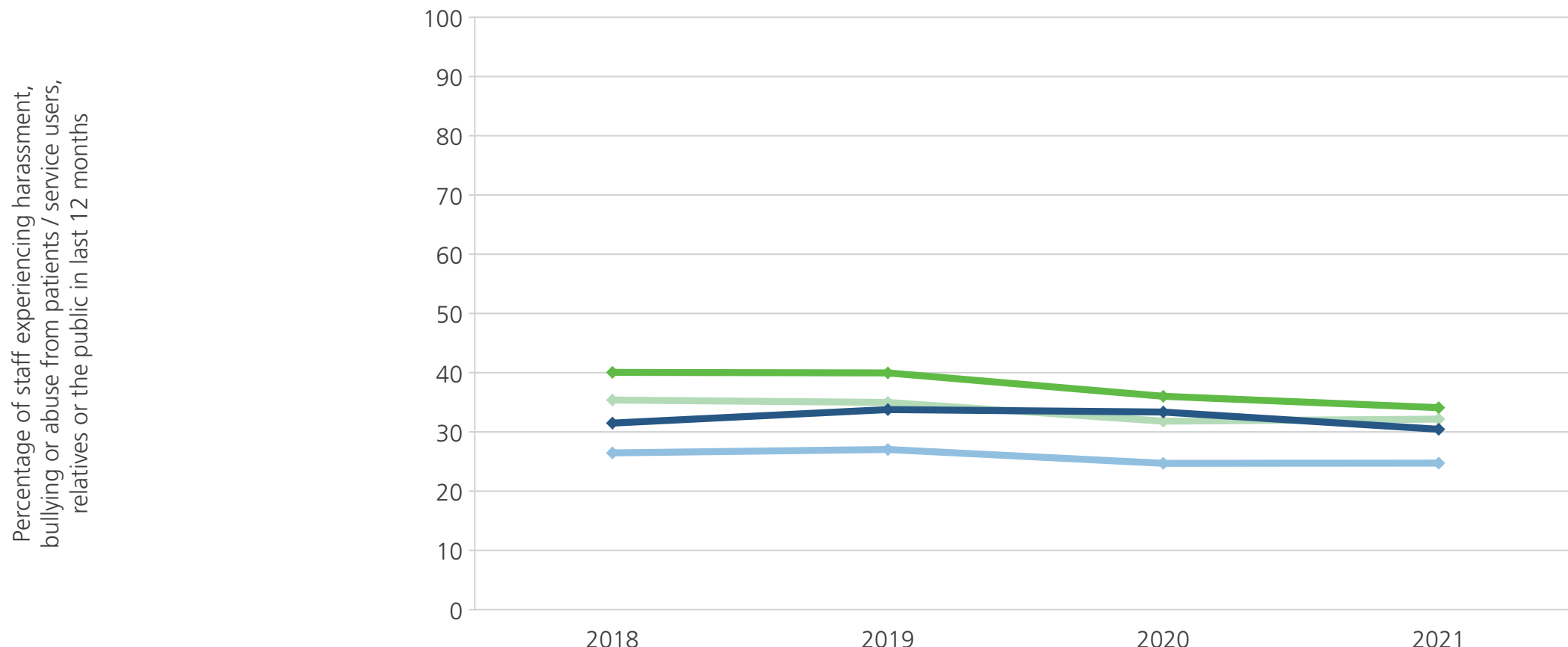
983

1,032

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

East London NHS Foundation Trust
2021 NHS Staff Survey Results



Staff with a LTC or illness: Your org	40.0%	40.0%	36.0%	34.1%
Staff without a LTC or illness: Your org	31.5%	33.8%	33.4%	30.4%
Staff with a LTC or illness: Average	35.4%	35.0%	31.8%	32.2%
Staff without a LTC or illness: Average	26.5%	27.0%	24.7%	24.7%

Staff with a LTC or illness: Responses

412

Staff without a LTC or illness: Responses

1,893

498

2,221

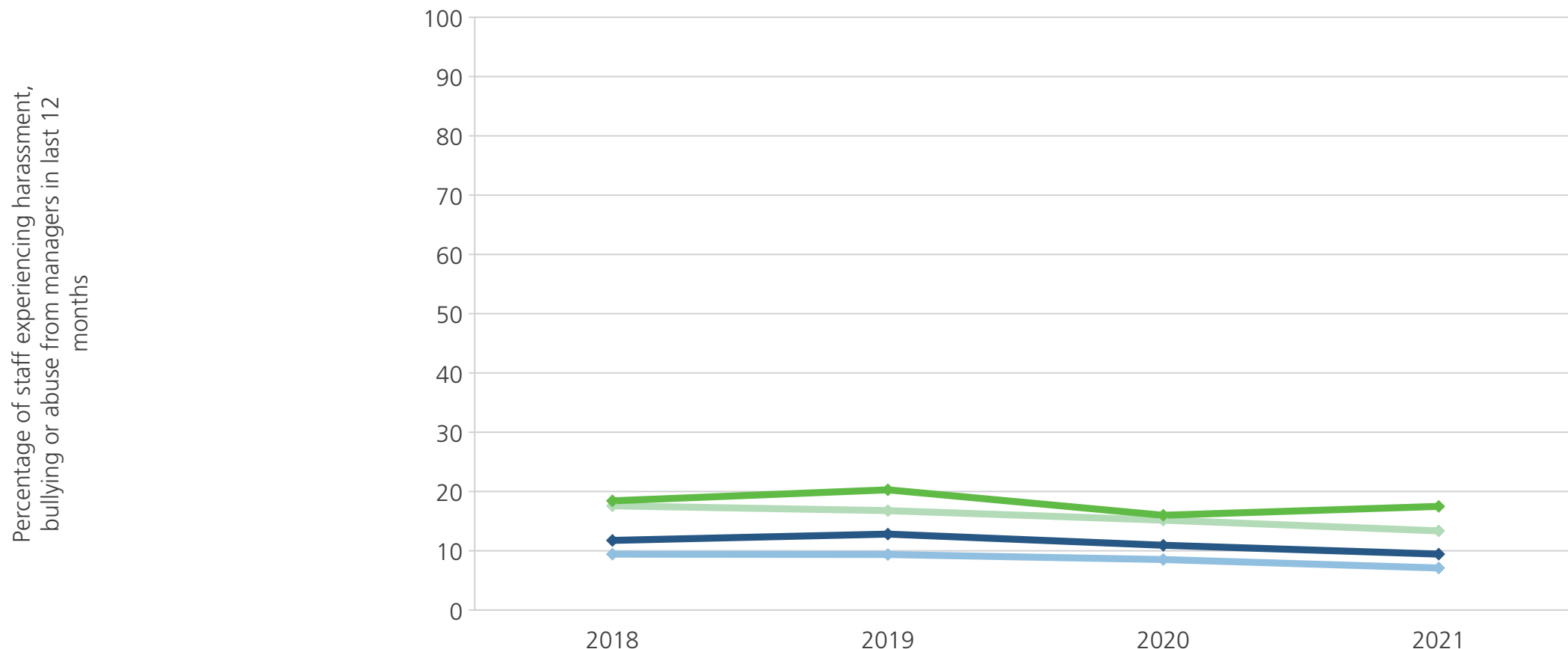
547

1,877

572

1,810

Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	18.4%	20.3%	16.0%	17.5%
Staff without a LTC or illness: Your org	11.8%	12.8%	10.9%	9.4%
Staff with a LTC or illness: Average	17.6%	16.8%	15.2%	13.4%
Staff without a LTC or illness: Average	9.4%	9.4%	8.5%	7.1%

Staff with a LTC or illness: Responses

407

Staff without a LTC or illness: Responses

1,855

493

2,216

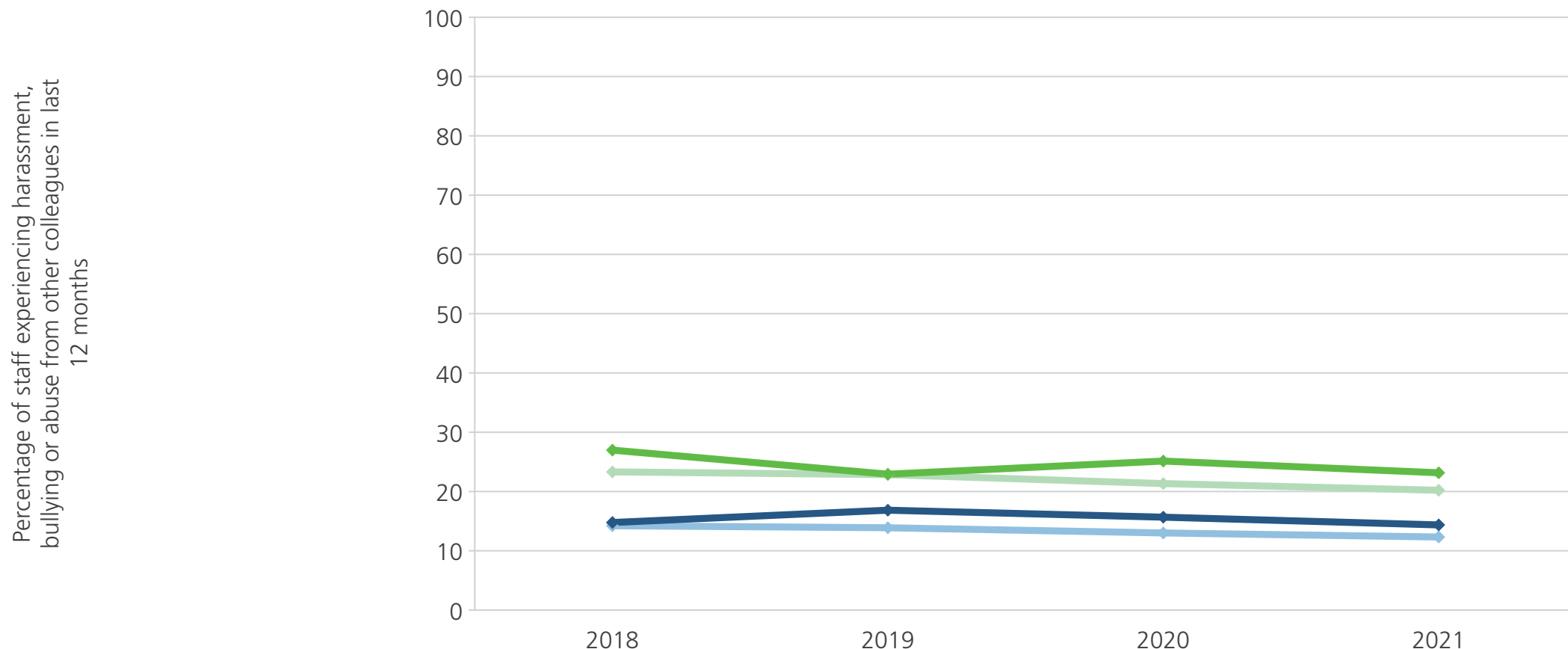
544

1,875

566

1,801

Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	27.0%	22.9%	25.1%	23.2%
Staff without a LTC or illness: Your org	14.8%	16.8%	15.7%	14.4%
Staff with a LTC or illness: Average	23.3%	22.8%	21.3%	20.2%
Staff without a LTC or illness: Average	14.2%	13.9%	13.0%	12.3%

Staff with a LTC or illness: Responses

404

493

545

570

Staff without a LTC or illness: Responses

1,855

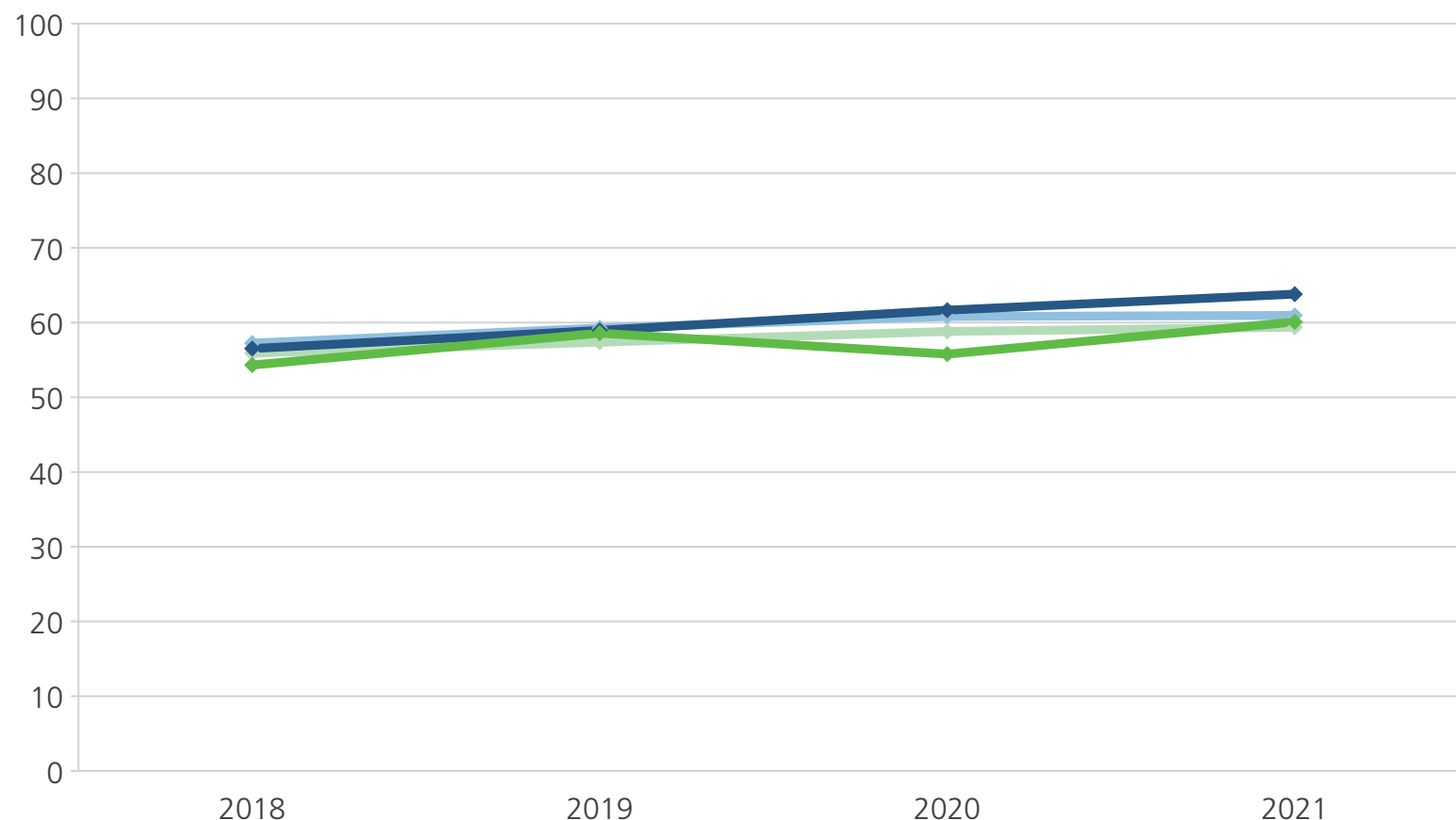
2,208

1,876

1,796

Average calculated as the median for the benchmark group

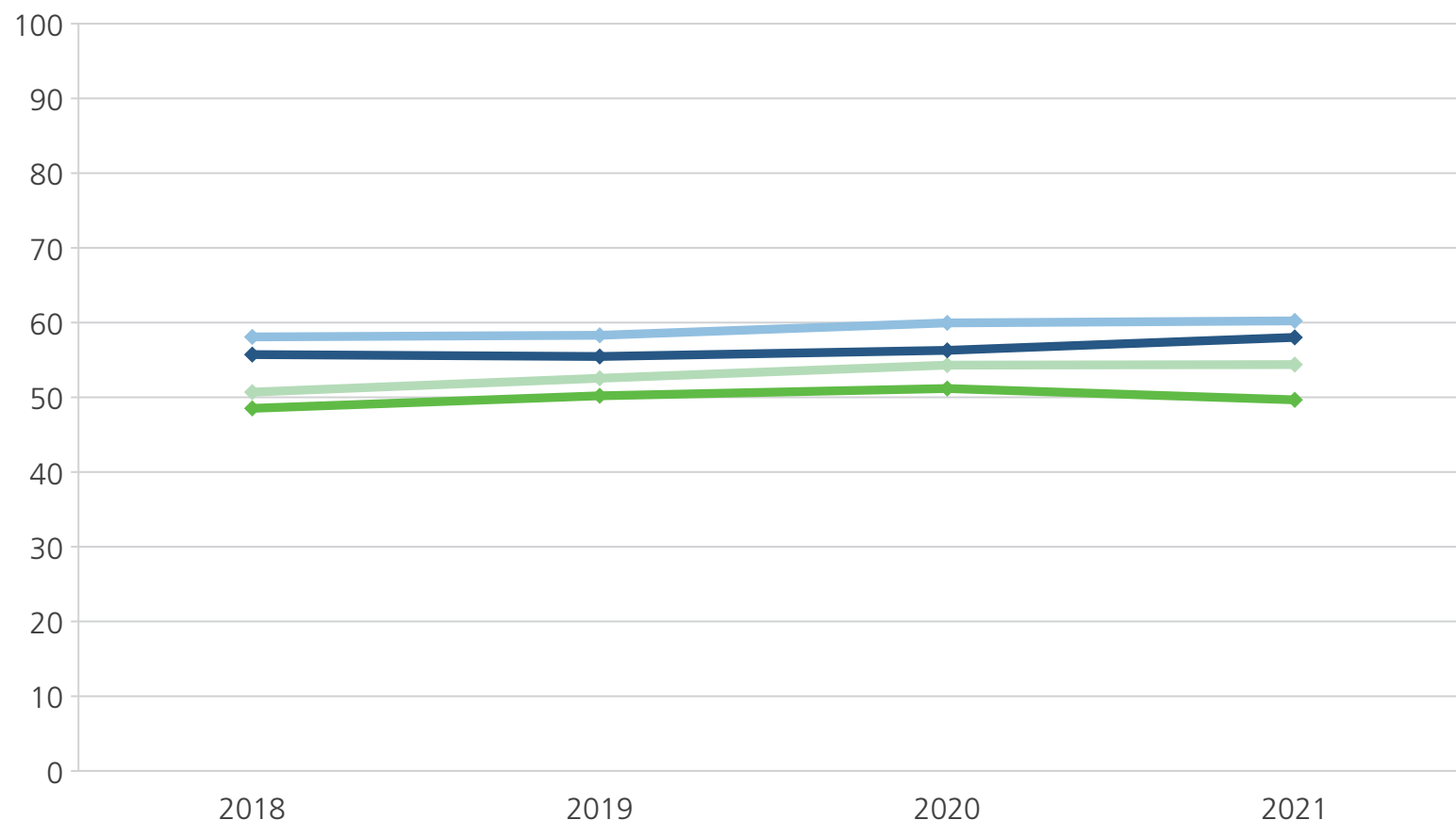
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	54.3%	58.6%	55.8%	60.1%
Staff without a LTC or illness: Your org	56.5%	59.0%	61.7%	63.8%
Staff with a LTC or illness: Average	55.9%	57.4%	58.8%	59.4%
Staff without a LTC or illness: Average	57.3%	59.3%	60.8%	61.0%
Staff with a LTC or illness: Responses	197	239	251	248
Staff without a LTC or illness: Responses	667	916	712	652

Average calculated as the median for the benchmark group

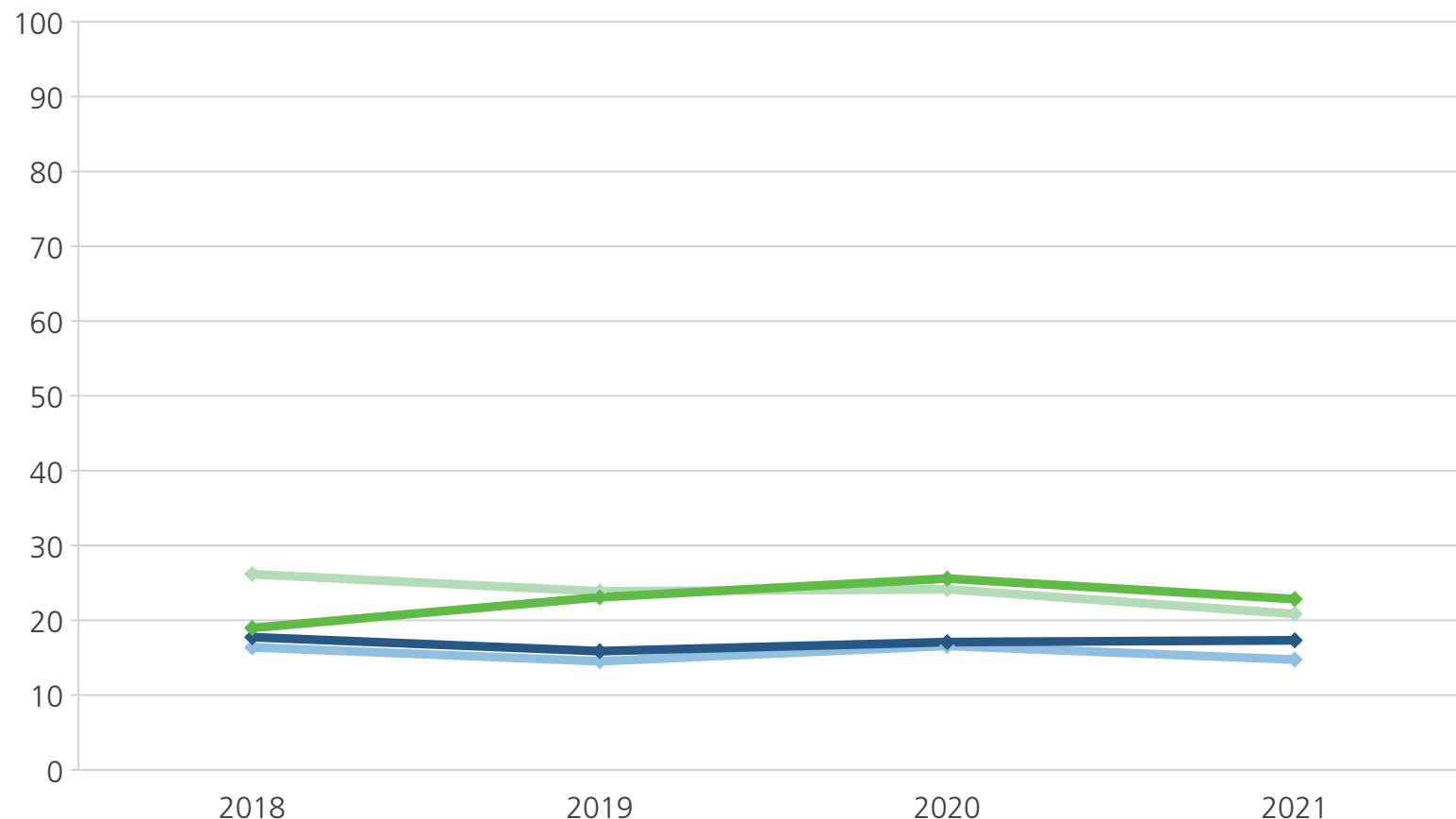
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	2018	2019	2020	2021
Staff without a LTC or illness: Your org	55.7%	55.5%	56.3%	58.0%
Staff with a LTC or illness: Average	50.7%	52.5%	54.3%	54.4%
Staff without a LTC or illness: Average	58.1%	58.3%	60.0%	60.2%
Staff with a LTC or illness: Responses	406	496	553	588
Staff without a LTC or illness: Responses	1,881	2,216	1,910	1,865

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



Staff with a LTC or illness: Your org	19.0%	23.1%	25.6%	22.8%
Staff without a LTC or illness: Your org	17.7%	15.9%	17.1%	17.3%
Staff with a LTC or illness: Average	26.2%	23.9%	24.1%	20.8%
Staff without a LTC or illness: Average	16.4%	14.5%	16.6%	14.7%

Staff with a LTC or illness: Responses

311

Staff without a LTC or illness: Responses

947

364

1,216

348

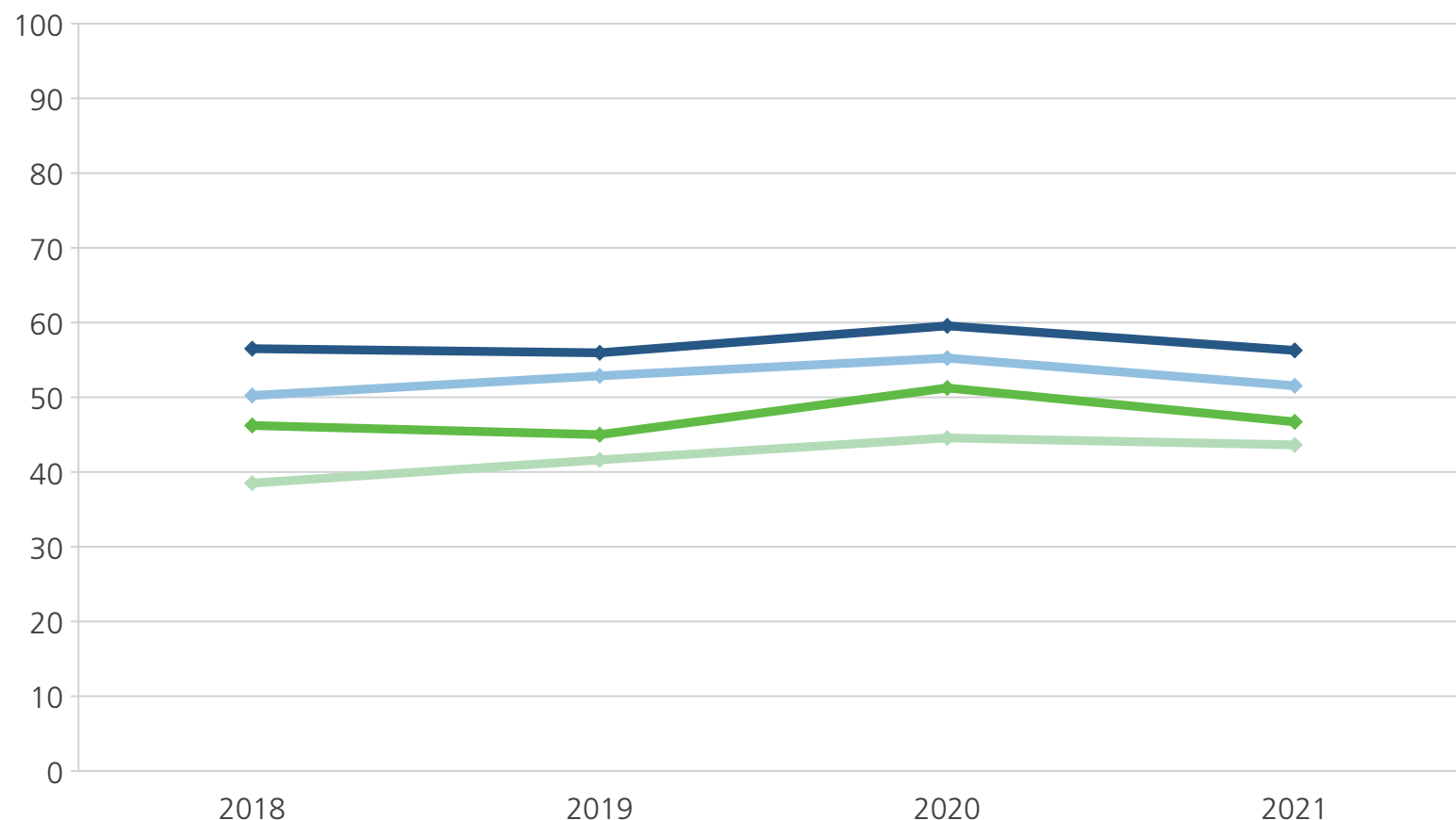
802

381

895

Average calculated as the median for the benchmark group

Percentage of staff satisfied with the extent to
which their organisation values their work

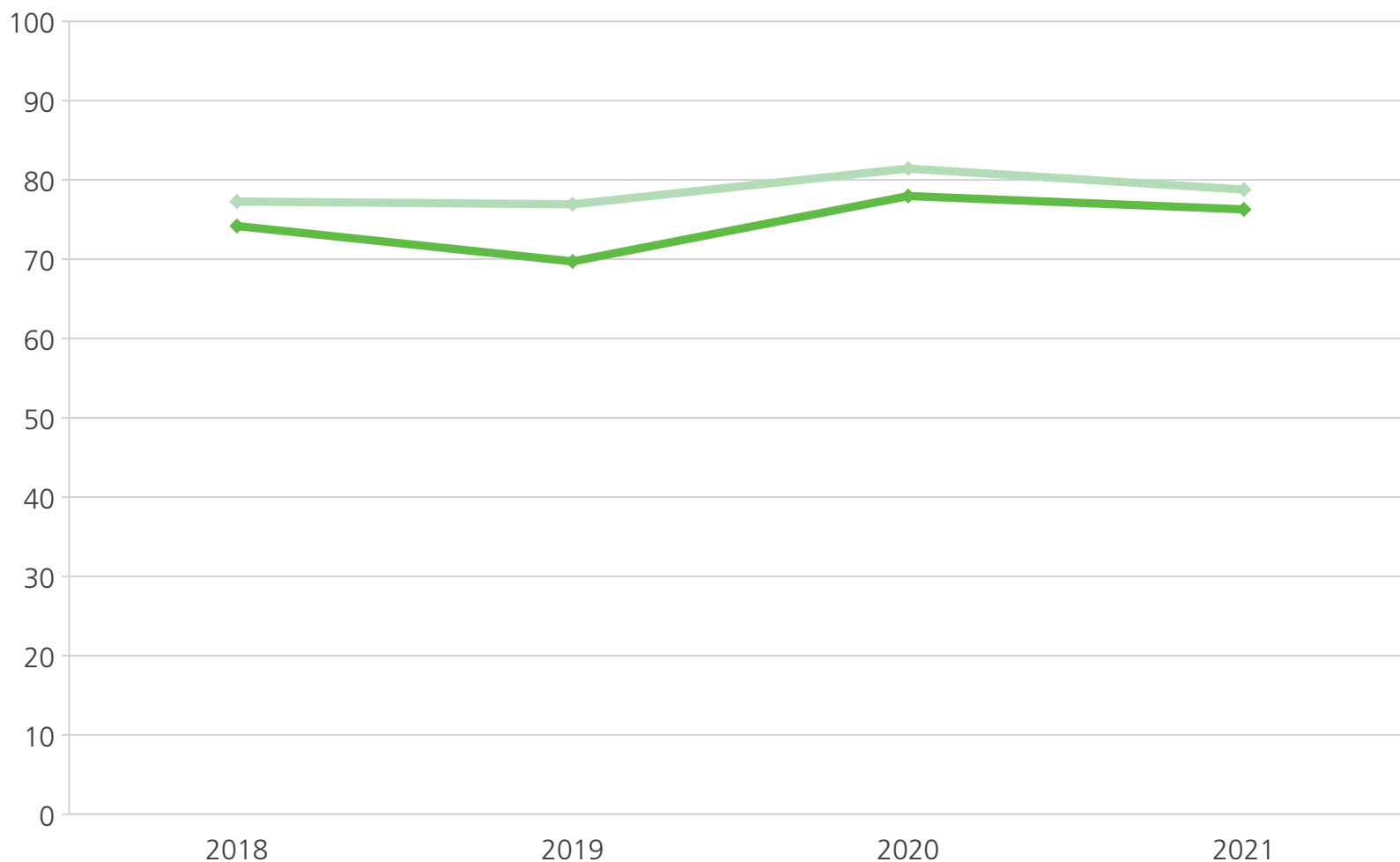


Staff with a LTC or illness: Your org	46.2%	45.0%	51.3%	46.7%
Staff without a LTC or illness: Your org	56.5%	56.0%	59.6%	56.3%
Staff with a LTC or illness: Average	38.5%	41.6%	44.6%	43.6%
Staff without a LTC or illness: Average	50.2%	52.9%	55.2%	51.5%
Staff with a LTC or illness: Responses	411	500	560	593
Staff without a LTC or illness: Responses	1,890	2,225	1,924	1,880

Average calculated as the median for the benchmark group

2021 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

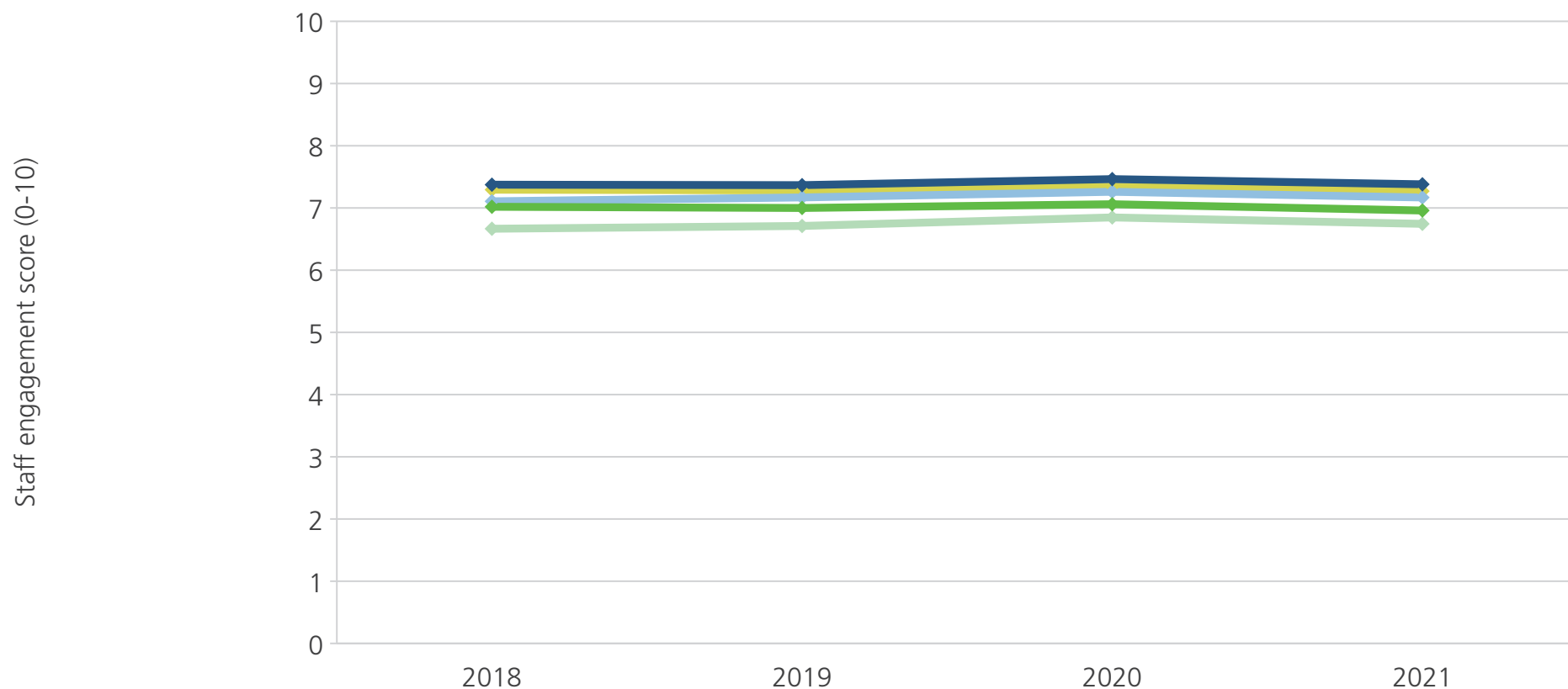
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Your org	74.2%	69.7%	78.0%	76.3%
Staff with a LTC or illness: Average	77.3%	76.9%	81.4%	78.8%

Staff with a LTC or illness: Responses 244 317 354 371

Average calculated as the median for the benchmark group



Organisation average	2018	2019	2020	2021
Staff with a LTC or illness: Your org	7.0	7.0	7.1	7.0
Staff without a LTC or illness: Your org	7.4	7.4	7.5	7.4
Staff with a LTC or illness: Average	6.7	6.7	6.8	6.7
Staff without a LTC or illness: Average	7.1	7.2	7.3	7.2

Organisation Responses

2,504

2,834

2,591

2,565

Staff with a LTC or illness: Responses

414

501

562

593

Staff without a LTC or illness: Responses

1,907

2,232

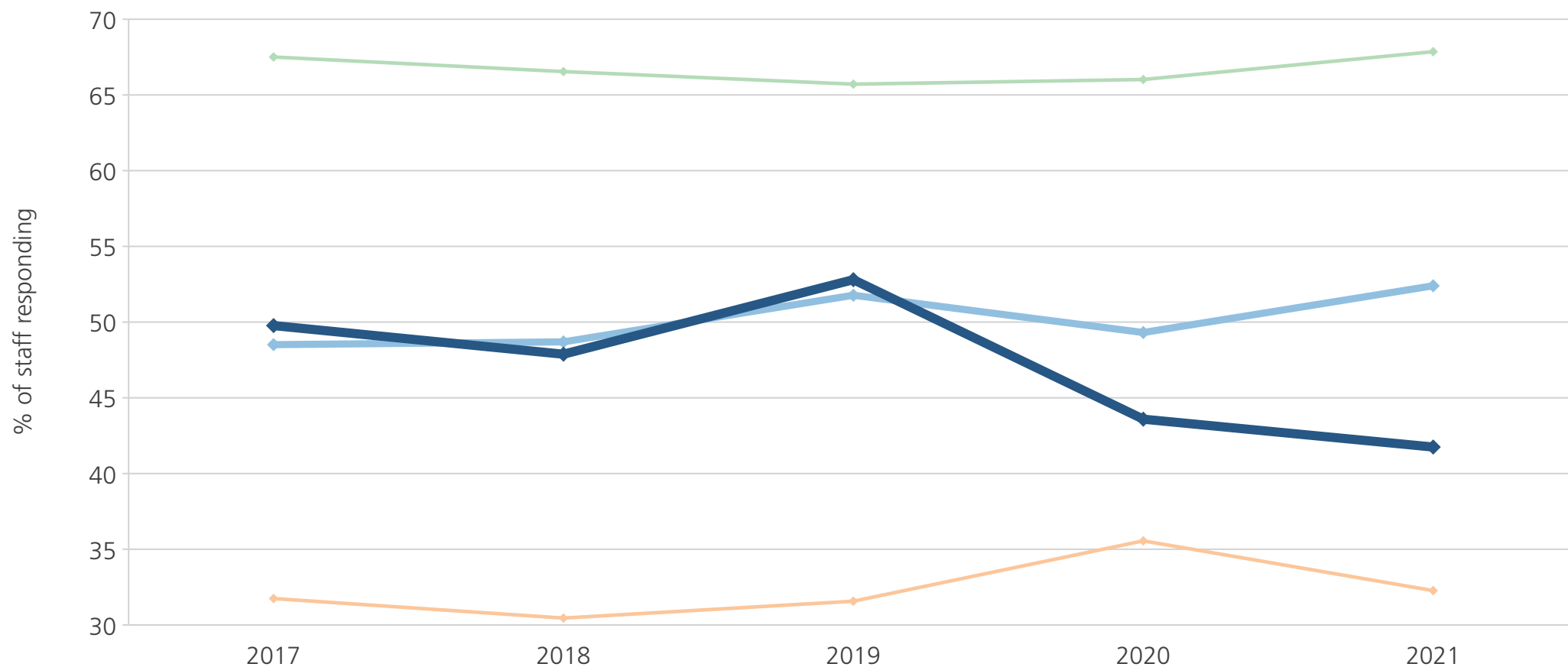
1,925

1,886

Average calculated as the median for the benchmark group

Appendices

Appendix A: Response rate



Highest	67.5%	66.5%	65.7%	66.0%	67.9%
Your org	49.8%	47.9%	52.8%	43.6%	41.7%
Median	48.5%	48.7%	51.8%	49.3%	52.4%
Lowest	31.7%	30.5%	31.6%	35.6%	32.3%

Appendix B: Significance testing – 2020 vs 2021

The table below presents the results of significance testing conducted on the theme scores calculated in both 2020 and 2021*. Note that results for the People Promise elements are not available for 2020. The table details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: **↑** indicates that the 2021 score is significantly higher than last year's, whereas **↓** indicates that the 2021 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

People Promise elements	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
We are compassionate and inclusive			7.5	2498	N/A
We are recognised and rewarded			6.3	2562	N/A
We each have a voice that counts			7.1	2474	N/A
We are safe and healthy			6.2	2492	N/A
We are always learning			5.8	2386	N/A
We work flexibly			6.7	2550	N/A
We are a team			7.1	2520	N/A
Themes	2020 score	2020 respondents	2021 score	2021 respondents	Statistically significant change?
Staff Engagement	7.3	2591	7.3	2565	Not significant
Morale	6.2	2586	6.0	2561	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

For more details please see the [technical document](#).

Appendix C: Tips on using your benchmark report

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users who are new to the Staff Survey.



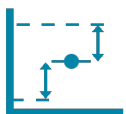
Key points to note



- The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the scores are calculated can be found in the technical document available on the [Staff Survey website](#).



- A key feature of the reports is that they **provide organisations with up to five years of trend data**. For this year, trend data is provided for the two themes of Staff Engagement and Morale, the sub-scores that feed into these themes and for all questions except those added to the survey for the first time this year, and those impacted by survey change. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.



- People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

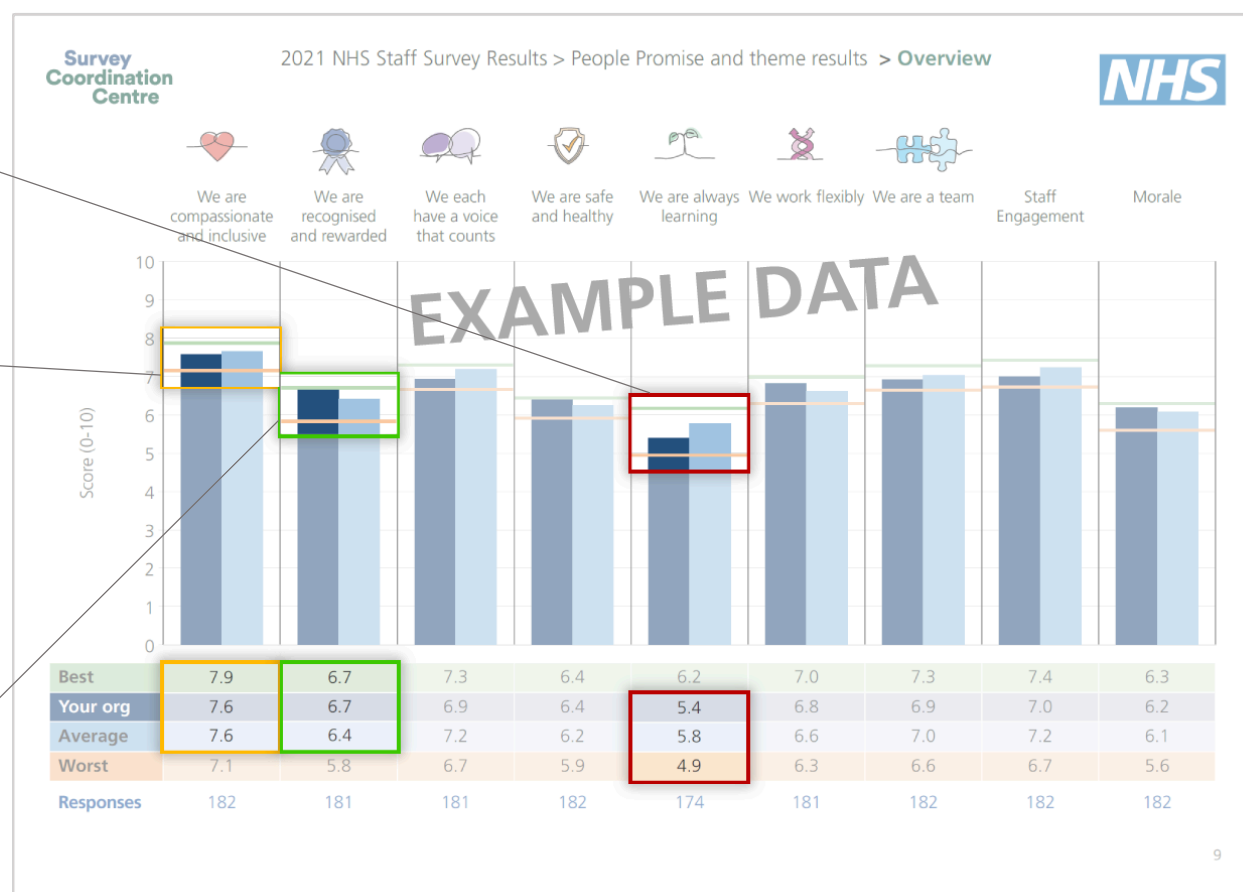
It is important to **consider each result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing People Promise element and theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

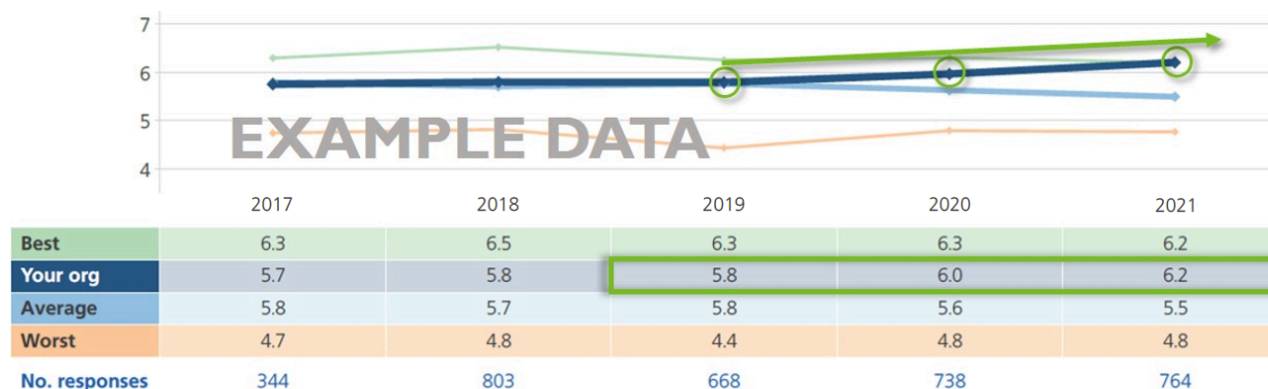
- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.



Only one example is highlighted for each point

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

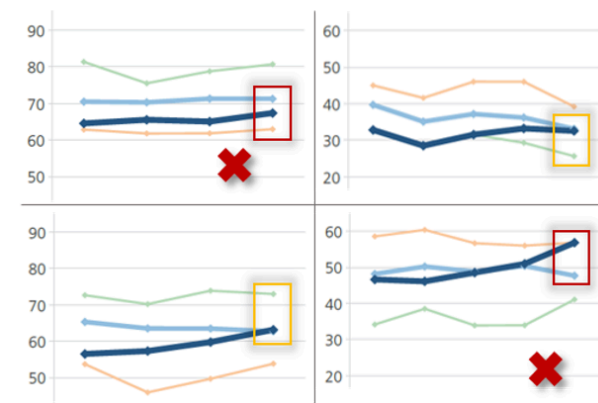


Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme scores, you should review the sub-scores and questions feeding into these scores. The **sub-score results** and the **'Detailed information'** section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✗ = Negative driver, org result falls between average & worst benchmarking group result for question

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

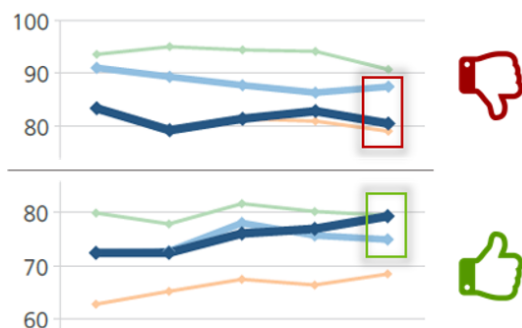
Identifying questions of interest

➤ Pre-defined questions of interest – key questions for your organisation

Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data. You can search for specific question results using the 'Find text' feature or by clicking on the question number in the table on page 4.

➤ Identifying questions of interest based on the results in this report

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



➤ **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

➤ **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Appendix D: Additional reporting outputs

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents



[Basic Guide](#): Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.



[Technical Document](#): Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other local results



[Local Benchmarking](#): Dashboards containing results for each participating organisation, similar those provided in this report, with trend data for up to five years where possible. These dashboards additionally show the full breakdown of response options for each question.



[Local Breakdowns](#): Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.



[Directorate Reports](#): Reports containing People Promise and theme results split by directorate (locality) for East London NHS Foundation Trust.

National results



[National Trend Data](#) and **[National Breakdowns](#)**: Dashboards containing national results – data available for five years where possible.



[Regional/System overview](#) and **[Regional/System breakdown](#)**: Dashboards containing results for each region and each ICS/STP.

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Finance, Business and Investment Committee (FBIC) 10 May 2022 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director, chair of the meeting on 10 May 2022
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 10 May 2022.

Key messages

Finance Report Month 12

- The draft accounts submitted to external audit show an operating surplus of £2.6m above plan at £20.2m, a net surplus is £1.8m and a cash position of £142.8m
- Operating income for 2021/22 was above £550m
- The Trust continues to be in Segment 1 (no specific support needs – maximum autonomy, minimum risk) of the NHS Oversight Framework.

Financial Planning Update

- Tightly constrained capital and revenue environment as well as hyper-inflation has resulted in a deficit plan submitted
- Assumptions on efficiency of 1.1% are built in with a £15m target including the carryover from last year
- Reserves are included for the NI increase and continuing Covid-related costs; however, there are risks around inflationary pressures
- Assurance received that although there continues to be a delay in achieving pre-Covid levels of operational capacity, this is mainly due to continuing infection control regulations.

Financial Viability Update

- At year end £6.83m was achieved against the target of £12m; this exceeded expectations and the national targets set for H1 & H2
- 2022-2023 target is £15m with programmes in place to achieve £11m, with a better balance between the three workstreams and a move away from the reliance on investments
- Work continues around increasing the number of clinical service transformation schemes and exploring other avenues to address the gaps
- Returning to a greater focus on waste reduction for service users, and system working with partners.
- Risk ratings are assessed on the deliverability and achievability of schemes, taking into account their complexity and level of support. Quality impact assessments on clinical or patient-facing schemes will be reported to the Quality Assurance Committee.

Agency Expenditure

- Agency spend decreased in March
- A range of initiatives to reduce agency spend are in train that also focus on providing closer scrutiny and oversight by managers and directorates
- There needs to be a continued focus on agency spend in anticipation of tighter controls from the centre.

Capital and Estates

- CAMHS T4 Evergreen project and Bedfordshire Health Village developments are progressing

- Movements in CDEL have affected the finalisation of the 2022-2023 plan and necessitated a challenging process to prioritise projects, resulting in some having to be delayed
- Assurance provided that the remediation requirement from the CQC report has been prioritised
- Possible supply chain issues for Estates with risks to delivery and overall expenditure due to inflation
- Encouraged leverage of support for bigger projects from local partners including MPs and local mayors.

VDI Update

- Due to ongoing UK Cloud situation, there is a three months slippage on procurement and solution architecture for VDI
- Assurance received that work is ongoing to minimise the impact of this delay and maintain the achievability of the benefits that have been linked to VDI Trust-wide.

Procurement Update

- Extensive work in the Contracts team on being an Anchor organisation
- Assurance received that work is ongoing to ensure payment of the Real Living Wage (RLW). Some contractors are not nationally required to pay this and as a result will be decommissioned; the Trust is exploring ways in which to support business.

Board Assurance Framework: Improved Value – Risks 7 and 8

- **Risk 7:** *If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans*
 - As the waste management culture is embedded, with leadership from Execs on key schemes, there will be a greater focus on gaps and an improved approach rather than achievement of the numbers alone
- **Risk 8:** *If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs*
 - The UK Cloud situation continues to affect the risk score; assurance provided that the Trust's data will be fully migrated across by the end of June with a replicated copy in place
 - Alignment between digital and estates on infrastructure is a continuing with plans being developed around resilience.

Previous Minutes

The approved minutes of the previous meeting are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO THE TRUST BOARD PUBLIC

26 May 2022

Title	Finance Report Month 12
Author	Matthew Hart, Deputy Director of Finance
Accountable Executive Director	Steven Course, Chief Finance Officer

Purpose of the report

This paper highlights financial performance to 31 March 2022.

Key messages

Summary of performance:

- Operating surplus (EBITDA) to end of March 2022 of £20,243k compared to budget operating surplus of £17,610k.
- Net surplus of £1,817k (0.3%) compared to planned net surplus of zero (0.0%).
- Year to date net surplus favourable against plan by £1,817k.
- NHS Improvement (NHSI) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).
- Cash balance on 31st March 2022 of £142.8m.

Committees/meetings where this item has been considered

Date	Committee/Meeting
10 May 2022	FBIC

Strategic priorities this paper supports

Improved Population Health Outcomes	<input checked="" type="checkbox"/>	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	<input checked="" type="checkbox"/>	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	<input checked="" type="checkbox"/>	Delivering financial balance aids improving staff experience.
Improved Value	<input checked="" type="checkbox"/>	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS Improvement (NHSI) risk rating places the Trust in segment 1, there are however risks around the use of temporary staff and achieving the Trusts financial Viability target
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

1 Background/Introduction

1.1 This paper highlights financial performance for the financial year ended 31st March 2022.

2 Executive Summary

- Operating surplus (EBITDA) to end of March 2022 of £20,243k compared to budget operating surplus of £17,610k.
- Net surplus of £1,817k (0.3%) compared to planned net surplus of zero (0.0%).
- Year to date net surplus favourable against plan by £1,817k.
- NHS Improvement (NHSI) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).
- Cash balance on 31st March 2022 of £142.8m.

3 Summary of Performance to 31st March 2022

3.1 The performance for the financial year 2021/22 is based on the M12 management accounts and post Month 12 accounting adjustments. The final position is subject to the external audit process and any further adjustments as advised.

3.2 The financial performance is summarised in the table below:

	£m
Operating Income	552.7
Operating Expenditure	-532.5
EBITDA	20.2
Interest receivable	0.1
Interest payable	-2.0
Depreciation	-10.5
PDC	-5.1
M12 Control Total Surplus/(Deficit)	2.7
Impairment, donated assets and other adj.	-0.9
2021/22 Surplus/(Deficit)	1.8

EBITDA – Earnings before Interest, Depreciation and Amortisation

PDC – Public Dividend Capital

3.3 The Trust has delivered a 2021/22 total surplus of £1.817m (subject to audit).

4 Adoption of 2021/22 Accounts

4.1 The key data return was submitted to NHS Improvement on 19th April 2022.

4.2 The Trust plan is for draft accounts to be submitted by 26th April 2022.

4.3 The final audited accounts are expected to be presented to the Board for adoption on 22nd June 2022.

5 Financial Viability Programme (FVP)

- 5.1 As a result of uploading the initial 2021/22 budgets and updating for H1 plan income assumptions, the Trust had an FVP requirement of £9.1m for 2021/22. The opening balance included £5.3m carried from previous years and £1.1m (0.28%) national efficiency assumption for H1.
- 5.2 The total requirement was £9,067k of which £6,830k has been achieved.
- 5.3 The recurrent shortfall carried into 2022/23 is £3.4m, a reduction of £2.1m against the opening carried forward balance.
- 5.4 A separate paper on financial viability is tabled and discussed at Finance Business and Investment Committee (FBIC) which includes relevant detail of the programme.

6 COVID-19 Income & Expenditure

- 6.1 The impact on each Directorate of COVID-19 expenditure is shown in table 2a below. Overall YTD Trust COVID-19 costs exceed the funding available by £2,849k at Month 12 (Month 10, £2,310k).

Whilst the response to COVID-19 is critical, containment of cost is needed, particularly given funding for COVID-19 related expenditure is expected to be significantly reduced in 2022/23.

- 6.2 Table 2a: COVID-19 Expenditure and Variance by Directorate

	YTD Budget £000	YTD Actual £000	YTD Variance £000
<u>Mental Health Services</u>			
Tower Hamlets	0	(359)	(359)
Newham	0	(463)	(463)
City & Hackney	(0)	(406)	(406)
Forensic Services	0	(436)	(436)
Specialist Services	0	(16)	(16)
Luton	(29)	(982)	(953)
Bedfordshire	0	(573)	(573)
Sub total	(29)	(3,236)	(3,207)
<u>Community Health & Primary Care</u>			
Newham CHS	(1)	(32)	(31)
Specialist CHS	0	(5)	(5)
Tower Hamlets CHS	0	(10)	(10)
Bedfordshire CHS	(1,694)	(3,748)	(2,055)
Primary Care	0	0	0
Sub total	(1,694)	(3,795)	(2,100)
Central COVID Budgets	(4,300)	(1,842)	2,458
Sub total	(4,300)	(1,842)	2,458
TOTAL (excluding vaccination centres and lead employer)	(6,023)	(8,873)	(2,849)

7 Conclusions

- 7.1 The draft financial position, subject to audit, shows an overall surplus of £1.817m.

8 Equalities

- 8.1 This paper has no direct impact on equalities

9 Financial Implications

- 9.1 These are as stated in this report.

10 Risk

- 10.1 NHS Improvement (NHSI) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).

11 Actions Being Requested

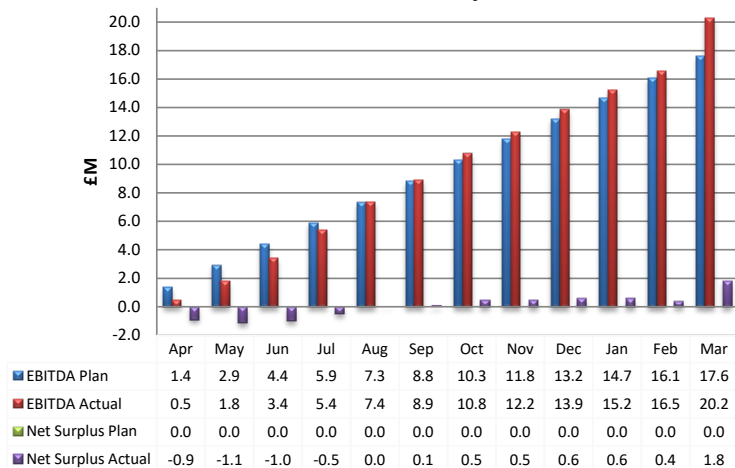
- 11.1 The Trust Board is asked to **RECEIVE** and **DISCUSS** this report.

Financial Overview to Period Ending 31st March 2022

EBITDA AND NET SURPLUS

Reported	To 31/03/22		Projection		Plan	
	£m	%	£m	%	£m	%
EBITDA	20.2	3.7	20.2	3.7	17.6	3.3
SURPLUS	1.8	0.3	1.8	0.3	0.0	0.0

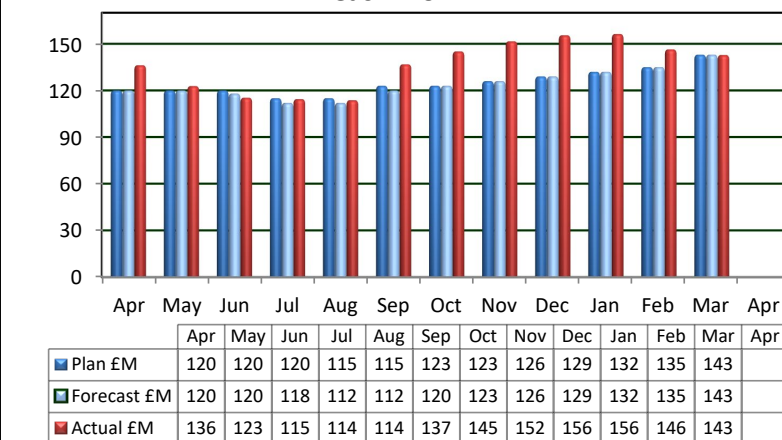
EBITDA and Net Surplus



WORKING CAPITAL

	£m	Risk
Cash : at Bank	142.8	●
: Short term deposits	0.0	
Short term : Assets	165.7	●
: Liabilities	107.1	

Cash Flow



RISKS AND RISK RATINGS

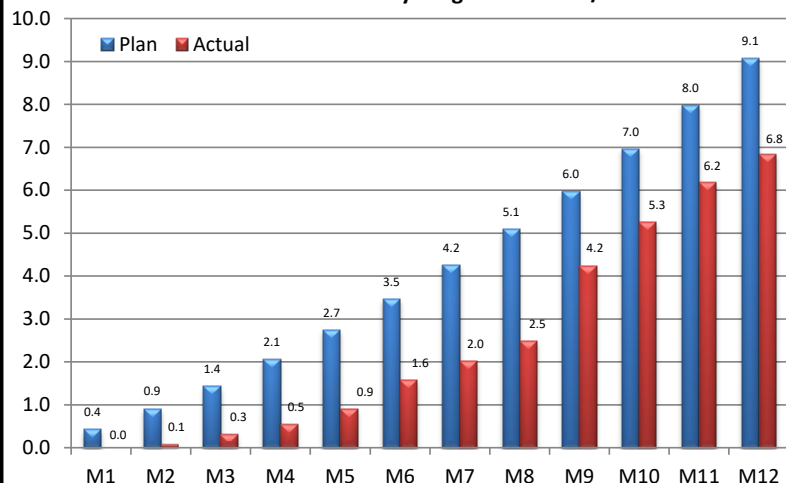
	£m
INCOME	
Total EBITDA Income	558.8
CCG	398.7
NHSE	42.6
Other	96.4
Deferred Income	21.2
INCOME RISK	LOW

EXPENDITURE

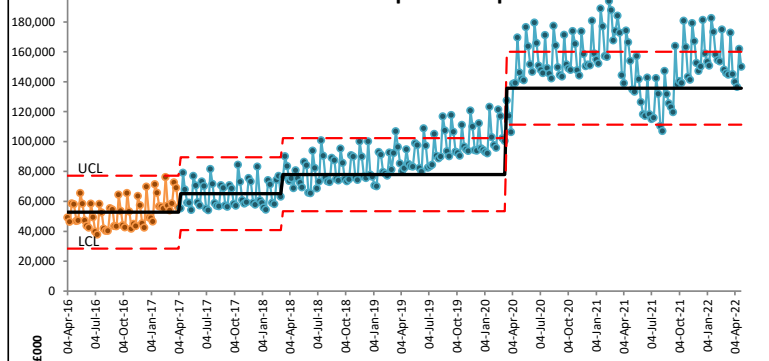
Financial Viability Prog. **HIGH**

Expenditure Risk **HIGH**

Financial Viability Programme 2021/22



Cash Flow I Chart Apr-16 to Apr-22



DEBTOR DAYS

CREDITOR DAYS

	Q1	Q2	Q3	Q4
DEBTOR DAYS	15	8	8	11
CREDITOR DAYS	23	21	19	24

SEGMENTATION FRAMEWORK

SEGMENT	1
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REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Audit Committee 12 May 2022 – Chair of the Meeting Report
Chair of the meeting	Anit Chandarana, Non-Executive Director
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Audit Committee meeting held on 12 May 2022.

Key messages

Annual Report and Accounts 2021-2022: Assurance provided on the process of the Annual Report and Accounts which is progressing in line with the plan. The pre-audit planning meetings with the external auditors have been invaluable with regards to this.

Asset Valuation: This report had been prepared as a result of a recommendation from external audit last year to improve the assessment the Trust's assets that provided greater assurance.

Going Concern: Following review of the self-assessment, the Committee agreed the recommendation that the Trust is considered to be a going concern. This is based on the expectation that we will continue to provide services as an NHS Trust in both East London and Bedfordshire and Luton, and our capital and revenue plans extend beyond the next twelve months.

Internal Audit: A positive Internal Audit draft opinion received and actions underway to finalise the report.

IR35 Framework Application

- New national guidance identifies the need for the Trust to discontinue the blanket approach around IR35s; there are both financial and reputational damage implications for the Trust in inadvertently employing someone who is IR35
- The Committee agreed that a blanket approach should not be taken and sought further understanding on the risk as a consequence
- Internal audit will seek the learning from another London Trust they have been working with and will review this against the drafted assessment process.

Waivers and Breach

- A number of waiver requests received in February and March; however, none relate to an incorrect use of resources, rather that the process followed did not demonstrate good market competition or the best value for money
- This year's procurement plan will include frameworks to enable directorates to more easily access late releases of resources from NHS England.

Counter Fraud Annual Report

- The National Immunisation and Vaccine System (NIVS) fraud investigations had involved a huge amount of work, working collaboratively with NHS England and IT to address system weaknesses. Recommendations on system weaknesses are fed back centrally
- The functional return which assesses the Trust's compliance against 13 components, showing compliance against 12. The remaining component around conflicts of interest has an action plan in place, although it was noted that it is extremely difficult to be 100% compliant in this area, despite good processes.

Board Assurance Framework: Deep Dive Risk 7 – improved value

If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans:

- Step change required to meet the increased financial viability (FV) target, with less reliance on income and overheads; 2022-2023 plan is redressing this balance and embedding a new approach to identify savings
- Management actions being taken around ensuring value and the setting of objectives, reinforcing links with IHI and other Trusts, more collaborative work with ICSs, reassessing the FV function resources, a more indepth look at benefits realisation and increased engagement of clinicians in the process
- A set of KPIs developed to be reported at each FBIC meeting
- A draft benefits framework has been developed for staff to understand the investment with checks and balances on outcomes
- Larger schemes to meet the target will require different thinking around the approach to resources; and some schemes rely on third parties contributions, necessitating a change to the timings of plans
- The Committee supported an element of over-planning on the FV target.

Board Assurance Framework

- The BAF dashboard (appendix 1) provides an overview of the risks and summarises the movement on the risk scores/progress on achieving the target scores for all risks; one risk score has been reduced:
 - Risk 2 *If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy:* the Integrated Care & Commissioning Committee agreed to reduce the current risk score from High 12 to **High 8** (impact being *major 4 x likelihood 2 unlikely*) to reflect the significant effort and commitment and capacity into working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy. The new score meets the target risk score for this risk
- A summary report is also provided for each BAF risk (appendix 2) which includes a progress section that highlights what is going well including future opportunities, the current challenges including future risks, and how these challenges are being managed
- BAF risks for 2022-2023 are currently being reviewed by the Executives and will take account of the wider discussions by Board including the internal and external operating environments; the intention is to present the proposed risks at the Board Development Session in June 2022.

Previous Minutes: The approved minutes of the previous Audit Committee meeting are available on request by Board Directors from the Director of Corporate Governance.

BOARD ASSURANCE FRAMEWORK 2021-2022

BAF Dashboard 2021-2022 (Appendix 1)

Strategic Priority		Risk Description	Executive Lead	Lead Com	Risk Score								
					Resi- dual	Apr/ May	Jun/ Jul	Aug/ Sept	Oct/ Nov	Dec/ Jan	Feb	Mar/ Apr	Target
Improved population health outcomes	1	If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health	Executive Director of Integrated Care	ICCC	12	↔	↔	↔	↔	↔	↔	↔	8
	2	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 Director of Integrated Care	ICCC	12	↔	↔	↔	↔	↔	↔	↓	8
	9	If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients	Executive Director of Commercial Development	ICCC	n/a	n/a	16	↔	↔	↔	↓	↔	8
Improved patient experience	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	Chief Executive	PPC	12	n/a	n/a	↔	↔	n/a	n/a	↔	8
	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	Chief Nurse	QAC	15	↓	↔	↔	↔	↔	↔	↔	9
Improved staff experience	5	If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust's ability to deliver the Trust's strategy	Chief People Officer	Rem Co	16	↔	↔	n/a	↔	↔	↔	↔	9
	6	If issues affecting staff experience are not addressed, this will adversely impact on staff motivation, engagement and satisfaction	Chief People Officer	Rem Co	16	↔	↔	n/a	↔	↔	↔	↔	9
Improved value	7	If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans	Chief Finance Officer / Chief Nurse	FBIC	16	↔	↔	↔	↔	↔	↓	↔	9
	8	If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs	Chief Digital Officer	FBIC	25	↔	↓	↑	↔	↔	↔	↔	8

Risk Matrix					
Likelihood/ Frequency ↓	Consequence/Impact →				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
5 Almost Certain	Moderate 5	High 10	Significant 15	Significant 20	Significant 25
4 Likely	Moderate 4	High 8	High 12	Significant 16	Significant 20
3 Possible	Low 3	Moderate 6	High 9	High 12	Significant 15
2 Unlikely	Low 2	Moderate 4	Moderate 6	High 8	High 10
1 Rare	Low 1	Low 2	Low 3	Moderate 4	Moderate 5

Trust Board Committees	
FBIC	Finance, Business & Investment Committee
ICCC	Integrated Care & Commissioning Committee
PPC	People Participation Committee
QAC	Quality Assurance Committee
RemCo	Appointments & Remuneration Committee

BAF Risk 1	If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health									
Strategic Priority	Improved population health outcomes	Risk Score 2021/2022								
Review Date	3 May 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
Executive Lead	Executive Director of Integrated Care	12	12	12	12	12	12	12	12	8
Lead Committee	Integrated Care & Commissioning Committee		↔	↔	↔	↔	↔	↔	↔	
Context		Gaps in Control or Assurance								
<ul style="list-style-type: none">Trust has made significant progress in developing integrated models of care, both within Trust services, and across other partners, including primary care, social care, acute trusts and the voluntary sectorTo properly move to the next stage of improving population health outcomes, and delivering the next stage of NHS Long Term Plan implementation, the Trust needs to go further in ensuring that internal capability and capacity is developed to support transformation, in particular in delivering mental health and community health services around primary care networks, and ensuring smooth and effective intermediate care (both rapid response and discharge to assess) between hospital and communityThis includes delivering on the community mental health framework transformation, and the delivery of the Aging Well programme, both in Bedfordshire & Luton and London. Both of these nationally defined integrated care programmes require sustained focus on service model, workforce, system leadership and digital/informatics developmentCurrent specific issues include the delivery of social care functions on behalf of local authorities in Bedford Borough, Central Bedfordshire and Luton, in the context of demand and financial pressures, the community transformation agenda, and the forthcoming potential for review of s.75 agreement										
Progress										
What's going well inc future opportunities		What are the current challenges inc future risks				How are these challenges being managed				
<ul style="list-style-type: none">Community mental health transformation progressing, planning for next year underway with further substantive investment into community MH services; social work re-integration identified by Newham system exec as one of areas for 12 week LGA/Kings Fund development programmeSystem leadership module development being plannedIntegrated care competencies development in trainMarmot next steps in place and being mobilised including Board development with Prof Sir Michael Marmot		<ul style="list-style-type: none">Planning landscape for CHS less clear, and financial envelopes for CHS still under discussion though Virtual Ward funding available, Aging Well growth has been limited nationallyDeveloping new service model for social care in Bedford, Central Bedfordshire and LutonDevelopment of execution plan for population health strategic outcome				<ul style="list-style-type: none">NEL ICS level community health planning forum now in place, with agreement from NEL ICS CFO to develop indicative investment scheduleMeetings in place with Bedfordshire & Luton DASSs to take forward next steps in social care design				

BAF 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
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Strategic Priority	Improved patient experience
Review Date	16 March 2022
Executive Lead	Chief Executive
Lead Committee	People Participation Committee

Risk Score 2021/2022								
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/Jan	Feb	Mar	Target
12	n/a	n/a	12	12	n/a	12	n/a	8
			↔	↔		↔		

Context
<ul style="list-style-type: none"> There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services PPC oversees work programmes, including development of peer support roles, increased involvement in QI projects, and implementation of the carers strategy

Gaps in Control or Assurance
<ul style="list-style-type: none"> Patient experience data collated at Trust wide level Wider population input into service development and population health developments Corporate People Participation infrastructure and approach

Progress		
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
<ul style="list-style-type: none"> Good progress in developing the approach to PP across NEL with Barts and NELFT Peer support work continues to develop, with further recruitment to PSW roles inc CMH transformation programme Place-based planning in place in both ICS footprints inc involvement of wider communities in development of models of care. This approach has been rolled out as part of the community mental health/primary care redesign work across the Trust Service user led accreditation process continues to roll out across the Trust. Support and guidance is provided to help those teams who do not achieve accreditation Use of service user experience measures continues to develop with greater use within CHS; dashboard development work is continuing Work with Network Rail now moved to national level, building on the impact of the work in NEL Evaluation of the implementation of eCPA and Dialog+ Strengthening Trust's approach to carers Young people involvement in LGBTQ network Co-production of new models for commissioning and delivery in the NCEL CAMHs collaborative Focused work on suicide with Trust Suicide Prevention Lead Focused work on digital offer, co-ordinated through Digital PP Lead Workstream on inequalities; work to be an anti-racist organisation; work as a pilot site on MHA implementation (PCREF) 	<ul style="list-style-type: none"> Variation across the Trust in the level of patient and wider involvement in the planning and delivery of services Patient experience data collated at Trust-wide level Wider population input into service development and population health developments Corporate services awareness of people participation and supportiveness of policies and processes Levels of commitment to people participation work within developing ICS and place based structures 	<ul style="list-style-type: none"> Development of new ways of approaching wider involvement. Leighton Buzzard pilot approach has now begun, involving wider population. CMHT transformation work continuing to engage with wider populations. Business case developed for systematic approach to collating patient experience data Creation of Corporate PPL role to help support work across corporate services. Continued work with developing ICS and place structures to embed people participation and co-production in ways of working

BAF 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						
Strategic Priority	Improved experience of care						
Review Date	5 May 2022						
Executive Lead	Chief Nurse						
Lead Committee	Quality Assurance Committee						
Context							
<ul style="list-style-type: none">Covid-19: changes to guidance on living with Covid:<ul style="list-style-type: none">Removed legal requirements to self-isolate, test and wear masksChanges reduced isolation days for inpatients, stepping down Covid isolation for exposed contacts who are symptomatic, visitors no longer required to take LFT, inpatient testing regime reduced post admissionChanges have impacted on ward milieu as Covid-related infection prevention and control practices have been a flashpoint for incidents on MH wardsPFDs:<ul style="list-style-type: none">1 notice issued: inpatient death of a man at Mile End Hospital; response due 16 May 2022Responses to two PFDs submitted on timeMHS: demand remains high in crisis services and bed occupancy consistently high above 90%. Covid related pressure/disruption decliningMHA Implementation Group established in relation to Use of Force Act							
Risk Score 2021/2022							
Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Apr 22	Target
15	12 ↓	12 ↔	12 ↔	12 ↔	12 ↔	12 ↔	9
Gaps in Control or Assurance							
<ul style="list-style-type: none">Framework created to enable teams to have a consistent way to ensure that processes are in place to effectively manage referrals and waiting lists to minimise harmG1 CHS and primary care clinical practice assurance programmeG2 Support a reduction in SIsG3 Improve learning from patient safety incidents and issues. Patient Safety Forum started August 2021 as a Trust-wide operation forum to monitor progress of patient safety related workstream – reporting to Quality CommitteeG4 Embedding and understanding of primary care services and ensure corporate functions support adequatelyG5 Comprehensive CQC readiness including well-led. CQC preparation process with plan for overview of quality, safety and leadership with smart actions to monitor and track progress							
Progress							
What’s going well inc future opportunities	What are the current challenges inc future risks			How are these challenges being managed			
<ul style="list-style-type: none">Escalation and sharing of evolving Covid incidence across inpatientsJoint and coordinated management of bed occupancy, flow and discharges in line with Covid safe practicesICS level partnership work which supports our out of hospital offerVirtual CQC MHA visits continue on inpatient wards. Awaiting written feedback from virtual interviews with staff on Crystal ward in Newham Centre of Mental Health, Galaxy ward, Coborn Unit CAMHS, and Rosebank ward, Tower HamletsStaff absences have continued to decrease with average of 50 since last updateExecutive walkrounds have continued with teamsNED walkrounds have continued	<p>Demand in operational services continues to increase including waiting lists:</p> <ul style="list-style-type: none">In winter period alongside continuing Covid, its associated disruptors, staff absences increasing, isolation requirements and caring responsibilities <p>Workforce:</p> <ul style="list-style-type: none">Recruitment challenges due to vacancies with additional requirements for MH transformation workTraining uptake requiring release of staff due to covering of wards and increased training needs linked to infection control/prevention and the PFD <p>Complaints: high number of overdue complaints which following a targeted response has now been cleared</p>			<ul style="list-style-type: none">Services continue to review delivery based on risks of patients group and staff availabilityNew analytics in PowerBI released to support community-based teams using RiO to view and manage their caseload and waits in real-timeStandardised recovery plans for waiting lists and backlogs, overseen through the internal performance management structures, led by the CQOComplaints: review of complaints management including strengthening process and oversight, establishment of a complaints group meeting, and redesigning corporate structure. QI project will recommence to review complaints management and timelinesCQO is hosting webinars for team leads on the topic of nurturing team health and wellbeing			

BAF Risk 5	If the Trust fails to effectively plan for, recruit and retain people with the right skills, this may adversely impact on the Trust’s ability to deliver the Trust’s strategy								
Strategic Priority	Improved staff experience	Risk Score 2021/2022							
Review Date	30 March 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/Jan	Feb/Mar	Target
Executive Lead	Chief People Officer	16	16	16	n/a	16	16	16	9
Lead Committee	Appointments & Remuneration Committee		↔	↔		↔	↔	↔	
Context					Gaps in Control or Assurance				
<p>Internal Audits: Wellbeing audit finalised and actions being taken forward</p> <p>Workforce planning, recruitment and retention:</p> <ul style="list-style-type: none">Transformation Project role has been made permanentProject on agency workers is ongoing and is seeing some tractionProgress has been presented at Trust Board in March 2022Second Picker quarterly pulse survey went live at the beginning of April 2022 <p>People development:</p> <ul style="list-style-type: none">New Learning Management System (LMS) went live in Feb 2022; receiving some positive feedback. Some challenges with data impacts on phase 2 to incorporate appraisal in the system. The appraisal window for 2022 has shifted from May/Oct to June/DecReverted PMVA) training for new starters, Basic Life Support and PMVA training to run face to face and COVID-19 compliant; other stat/man training is virtual. 84.91% compliance rate; working closely with Service Directors to increase attendance at stat/man coursesTrust online induction programme and local induction programmes launched					<ul style="list-style-type: none">New post created and recruited to lead on workforce planning; started Nov 21Recruitment & Retention Group covers all professionsReview of Bank structure and recruitment into Bank completed. Bank Expansion Group reformed with revised terms of reference; will also review bank rates to ensure these remain competitiveProject initially focusing on agency doctors recruitment, now broadened across all staff groups10 projects under way to make improvements inc two QI projectsExploring what support can be offered to staff who decide not to be vaccinated, e.g. outplacement supportExploring PILON and a Settlement Agreement to reduce the number of ET claims that could be received by the Trust				
Progress									
What’s going well inc future opportunities		What are the current challenges inc future risks		How are these challenges being managed					
<p>Staff recognition, wellbeing and support:</p> <ul style="list-style-type: none">Salad Money commissioned to help staffHardship fund to support staff/service usersOnline webinars continue to support shielding staffTaking a TIA to services/corporate functions to support wellbeing agenda around wider determinants of healthRevised people plan to support refreshed Trust strategyPost incident support role commenced to support teamsSurvey to be sent to staff to assess their knowledge of wellbeing offerings to identify other options to offerExploring creation of a loan policy for staff <p>Recruitment:</p> <ul style="list-style-type: none">Significant progress made with challenges in Coburn; 50% nursing vacancy rate now reduced to 10%Successful appointments through international recruitment		<ul style="list-style-type: none">Challenges in CAMHS consultant postsIncrease in number of staff suffering long CovidCost-of-living increase: awaiting national steer from NHS Employers iro fuel costsNew LMS has some challenges in terms of data quality. This is essential to phase 2 which is to include appraisal in the system		<ul style="list-style-type: none">Recruitment & Retention Group covers all professionsProject focusing on agency recruitment broadened across all staff groups10 improvement projects under way focusing on business as usual projects to improve services, including two QI projects in progress: experience of new starters; and further reducing the time to hireCAMHS consultant posts: recruitment and retention offer being scopedLMS: 2022 appraisal window has shifted from May/Oct to June/DecKPMG approached to co-produce a session on workforce planning to engage senior leaders and to support improvements in workforce planningWork on scoping possible retention initiatives inc a focus on new rolesDirect engagement contract will be re-procured to identify other market providersProviders of agency medical and Allied Health Professionals have launched a new attraction package which includes social media presence and using analytics has been launched. The direct engagement contract has been extended whilst we procure a new provider					

BAF Risk 6	If issues affecting staff experience are not effectively addressed, this will adversely impact on staff motivation, engagement and satisfaction								
Strategic Priority	Improved staff experience	Risk Score 2021/2022							
Review Date	30 March 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb/ Mar	Target
Executive Lead	Chief People Officer	16	16	16	n/a	16	16	16	9
Lead Committee	Appointments & Remuneration Committee		↔	↔		↔	↔	↔	
Context					Gaps in Control or Assurance				
<p>Equalities:</p> <ul style="list-style-type: none">Appointed Head of Equality, Diversity, and Inclusion (EDI), commences June 2022Equality & Diversity event on 22 February 2022 showcased the work of the Equality NetworksNEL Clinical Commissioning Group requested Trust to share its work on EqualitiesTrust progressing to the next phase of becoming an anti-racist organisationELFT to be a case study for a tool call Flair which includes a questionnaire based on situational judgement specifically about bias, inappropriate comments and discrimination etc. There will be a report and a dashboard which could inform action plans going forwardAn equality plan which includes the Equality Delivery System 2 drafted <p>Staff Survey: Three priorities identified: equality, diversity and inclusion; safe environment; staff wellbeing</p> <p>Staffside:</p> <ul style="list-style-type: none">Continue to have positive working relationships with staff sideCauldwell Medical Centre restructure: long-standing issues resolved; consultation recommencedThe Trust have agreed additional facilities time for Unite colleagues and arrangements are being made to review the Joint Partnership Agreement					<ul style="list-style-type: none">External review of new startersReviewed our ER processes and continue to work with staff sideSoft Facilities Management contract has been re-procured and the winner will be announced shortly following the ‘standstill’ periodA proposal for an equalities team discussed at the Executive meeting and is being progressedA detailed equality plan has been drafted summarising the work to date and a plan outlining the next steps in the context of Race and PrivilegeRSM Audits				
Progress									
What’s going well inc future opportunities		What are the current challenges inc future risks			How are these challenges being managed				
<p>Respect and Dignity @ work: phase 4 went live with three performances of the Creating Change film. This film was created using the staff stories that were collated during phase 2 of the Through My Eyes project. There were two face to face screenings an online screening. The face-to-face screenings were dramatised using play back theatre. They were very well received.</p> <p>Whistleblowing cases: Employment Tribunal activity has significantly reduced. Similarly, the number of Whistleblowing cases has reduced to zero</p>					<p>Freedom to Speak up Guardian: promoting the use of the Freedom to Speak Up Guardian to support staff raise concerns particularly iro employee relations and employment tribunal cases</p>				

BAF Risk 7	If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans										
Strategic Priority	Improved value		Risk Score 2021/2022								
Review Date	3 May 2022		Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
Executive Lead	Chief Finance Officer/Chief Nurse		16	16	16	16	16	16	12	12	9
Lead Committee	Finance, Business & Investment Committee			↔	↔	↔	↔	↔	↓	↔	
Context			Gaps in Control or Assurance								
<ul style="list-style-type: none">National H1 and H2 efficiency requirements for 21/22 were achieved. Full year 21/22 achievement exceeded forecastFV programme continued throughout the pandemic period and is now incorporated into the annual planning cycles to ensure it remains a focus of the Trust's workIncreased staff engagement in the Programme is now being achieved as Covid-19 recovery continuesPrevious work to embed an approach that focuses on culture and behaviour change in FV is now well progressed the focus now is on a system reset with regard to delivering tangible savings that focus on value and quality, not purely on cost			<ul style="list-style-type: none">G2 Developing and embedding a 'waste management' culture through staff engagement								
Progress											
What's going well inc future opportunities			What are the current challenges inc future risks			How are these challenges being managed					
<ul style="list-style-type: none">Engaging staff in waste reduction initiativesFocussed and expanded Sector Group sessions (and other key Trust-wide forums) to develop Value / FV schemesIncreasing proportion of FV Programme delivered through waste reduction			<ul style="list-style-type: none">Identifying plans to meet a high 22/23 targetDecreasing proportion of FV Programme delivered through income generationIncreasing proportion of FV Programme delivered through clinical service transformation			<ul style="list-style-type: none">PMO trying to expand reach on an ongoing basis, identifying additional forums where Value / FV can be discussed and new cost reduction opportunities identifiedOverall FV Programme now more balanced across the three workstreamsConsideration of capacity required within FV PMO and sectors to deliver programme					

BAF Risk 8	If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs							
Strategic Priority	Improved value	Risk Score 2021/2022						
Review Date	3 May 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb/Mar
Executive Lead	Chief Digital Officer	25	20	25	25	25	25	25
Lead Committee	Finance, Business & Investment Committee		↓	↑	↔	↔	↔	↔
								8

Context
<ul style="list-style-type: none"> Digital risks comprise: digital infrastructure, Cyber security, and governance and benefits realisation Estates risks mirror the challenge to site resilience, and also relates to concerns raised by the CQC in their recent visit Digital solutions/implementation progressed at significant pace through Covid, particularly iro of system wide transformation Trust-wide digital transformation programme requires significantly enhanced capacity and capability to manage change Significant work to bring digital baseline up to required standards of performance, to support 'care delivery in any setting' Governance structure established to scope and manage digital innovation in a more structured/joined up way to support delivery and success, e.g. digital and estates A full assessment of digital infrastructure at all Trust sites underway by Doclan, an expert in this field. A 6 facet survey being undertaken for estates Emphasis on Board level ownership of Cyber by NHSE. A dedicated skilled team to focus on this 24/7 is critical and is addressed in the digital strategy with CISO position appointed to Full implications for not meeting required NHS carbon emissions target not known; failure to deliver will have a detrimental impact on the Trust and its populations

Gaps in Control or Assurance
<p>G6: No detailed understanding of infrastructure, both digital and structural, to support improvement programme or detailed costing exercise to fully assess, plan, prioritise and deliver the right specification</p> <p>G7: Address areas of immediate concern found during 127 sites survey including funding and capacity; addressed by digital and estates strategies</p> <p>G8: Dedicated Cyber team imperative to meet NHSE&D expectations and enhanced requirements. An out of hours service also needs defining until all data is migrated from UKCloud. Permanent on call response needs to be offered linked to variable site requirements to support a robust service</p> <p>G9: Workstream to encompass requirements for digital support for not site based areas</p> <p>G10: A full benefits realisation plan needed</p> <p>G11: UKCloud now non-viable, following the loss of many contracts, and can only operate on current funds until Aug 2022 at the latest, according to UKGI. Our data is being migrated to AWS; 50 % done and est. 100% by end June 2022, with a second copy being established before the end of Aug. This is being overseen by a Cloud Migration Board chaired by the CTO, with the CDO & COO as standing members</p> <p>G12: Log4j latest global cyber vulnerability has to be addressed immediately by Trust Cyber Team as NHSX Cyber Team continue to identify the depth of the challenge. This, coupled with the conflict in Ukraine/Russia, has pushed our Cyber risk back up to 25</p>

Progress		
What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
<ul style="list-style-type: none"> Delivery of digital strategy and opportunities to expand its focus to children's services/other key services Addition of a CTO to lead the technical infrastructure and Cyber agenda, and appointment of a CISO Established a robust governance structure to programme, agree and 	<ul style="list-style-type: none"> Continual growth in digital dependency and appetite (Trust and ICS) set against a finite digital resource and funding stream; need to become more agile and benefits based Digital funding increase required to deliver digital maturity Fragility of some of current infrastructure and ensuring we can continue to operate whilst delivering new technology 	<ul style="list-style-type: none"> Digital staff development and training plan being developed to support succession planning; options to increase attractiveness of ELFT as an employer of choice inc apprenticeships, flexible working packages, etc Digital Strategy Board monitoring delivery of this year's programme including benefits realisation and cyber security, and monitoring new risks that emerge Remedial infrastructure plan (network and wifi) now centrally funded to improve connectivity on the most affected sites until the larger programme is initiated

<p>prioritise digital change with operational leadership</p> <ul style="list-style-type: none"> • Further development of the strategy to bring greater efficiencies to our staff and patients • Robust management and oversight of both the Cyber threat and the UKCloud situation 	<ul style="list-style-type: none"> • Recruiting and retaining staff has become more challenging than before Covid due to growth in digital services globally • Volatile nature of the marketplace following Covid has seen several companies fold. Our Cloud provider is currently in very weak trading position and will probably cease trading in Q2 2022 • Post Covid increase in cyber activity is now coupled with the emergence of Log4j and the Ukrainian/Russian conflict pushing up the risk of a potential cyber-crime • Various estates challenged areas noted by the CQC need to be urgently resolved 	<ul style="list-style-type: none"> • Strategies for both digital and estates will be linked and overseen to ensure compliance • Solutions Board and DTOB ensures digital team priorities remain aligned to the operational challenges and reprioritises where necessary • Gold command approach established to monitor the UKCloud position via the Executive team with regular updates being provided • Cloud Migration Board established to monitor migration of Trust data to the new AWS platform prior to the cessation of UKCloud trading • Log4j and the global Cyber risk linked to the Ukrainian/Russian conflict being tracked and managed by the CTO and the NHSX Cyber Team as part of a global search and secure approach
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BAF Risk 9	If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients									
Strategic Priority	Improved population health outcomes	Risk Score 2021/2022								
Review Date	3 May2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/Nov	Dec/Jan	Feb	Apr 22	Target
Executive Lead	Executive Director of Commercial Development	n/a	n/a	16	16	16	16	12	12	8
Lead Committee	Integrated Care & Commissioning Committee				↔	↔	↔	↓	↔	
Context							Gaps in Control or Assurance			
<ul style="list-style-type: none">Development of CAMHS NMC is a new collaborative commissioned by NHSE with ELFT as the lead in Oct 2020 which is a new experience for the Trust to lead on. Trust is already part of the NMC process with partners for the last three yearsSome successes in the initial period; however, embedding a culture of partnership across the various parts of the system will take timeResilience of units across provider Trusts involved has been in question at various parts of the operational delivery. The work with Whittington Trust unit has demonstrated cultural differences in the approach taken to inpatient settingsCentral team working with various provider teams to ensure risk profile of the service is distributed so that workforce issues are considered and serve as a temporary mitigationWork is ongoing with the private sector provider to address clinical pathway and length of stay of service users in the pathwayDevelopment of coproduction in commissioning processes is unique and is beyond what has been previously achieved. Leadership of service users has helped enormously in developing a unified strategy that focuses on outcomes and in ensuring a consistent approach across the patch and across various providersNeed to recognise the individual sovereignty of organisations that are providing the various CAMHS tier 4 beds and respect their assurance processes within the construct of the CAMHS NMC while supporting the gradual move to improved quality							<ul style="list-style-type: none">G1 Relationship with system partnersG2 Development of system needs assessmentG3 Centralised bed management functionG4 Develop a unified pathway for low secure clientsG5 Procuring community eating disorder serviceG6 Developing a SHNA based work plan			
Progress										
What’s going well inc future opportunities				What are the current challenges inc future risks			How are these challenges being managed			
<ul style="list-style-type: none">Trust implemented clear structures of accountability and operational managementCommissioning support unit established to ensure adequate management span for the processSystems of assurance and engagement developed with partner commissioners and providersDelivery of financial balanceImproved CQC rating for partnersBetter relationshipsReduced out of area placements by 42% in 2020/21Improved involvement of service users in the commissioning processDeveloping renewed clinical strategyStrategic needs assessment commissioned for whole CAMHS pathwayDeveloping single plan across the system for service development				<ul style="list-style-type: none">Embedding culture of commissioning in TrustMeasurement of relationship in the system: embedding culture of partnership across partnersResilience of units in operational delivery inc clinical leadershipCoproductionFinancial strategy underpinned by clinical strategyWorkforce resilienceDemand in the systemChange in the leadership and consequent impact on relationships			<ul style="list-style-type: none">Organisational developmentExpert by Experience LeadershipClinical strategy developmentStrategic needs assessmentReinvestment into the NMCsReinventing the role of commissioner and ELFTClinical development sessions being commissionedProcurement of community eating disorder services			

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	ELFT Charity Committee 21 April 2022 – Committee Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Chair of ELFT Charity Committee
Author	Forhad Ahmed, Programme Manager (ELFT Charity)

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the ELFT Charity Committee meetings held on 21 April 2022.

Key Messages

ELFT Charity Events

- Discussions held with the Trust's People Participation Leads on raising the awareness of the Charity and how to improve the dissemination of information
- Initial focus on raising awareness on the Charity amongst staff and service users through localised events; funding opportunities to be shared across ELFT and should play a part in the messaging for future fundraising; separate events for businesses, particularly those that are working within the local community
- Opportunities to link in with Governors and members who are well connected to their communities.

Equality Impact Assessment (EIAs):

- EIAs ensure the funding decision-making processes are fair, and allows access to all protected groups and does not disadvantage any communities, covering both strategic and operational activities
- The current funding opportunities made available to services whilst in the transition phase of moving from Barts Charity to the new ELFT Charity
- 19 funds have been awarded to ELFT services ranging from £150 to £7,000 and totalling £38,175 including patient engagement activities, refurbishments for gardens and walking/football sessions
- Expecting more creative ideas in the pipeline, around tackling social isolation and improving employment opportunities; improving digital access requires more focus as none have been received to meet that particular aim.

ELFT Charity Update on Current Developments

- The application for charity status has now been confirmed by the Charities Commission and a Charity Registration number has been issued
- Since January 2022 there has been a significant increase from services on applying for additional funding for projects that benefit our service users as well as for information on the charity
- Further plans for promoting the charity in place building on the outcomes from recent bids; recent communications have generated many enquiries.

Grant Funding Request

A seed funding request for the Healthier Wealthier Families project which fits with the Trust's ambition to be the first NHS Marmot Trust resulted in broad ranging discussions that included the need to ensure there are clear governance arrangements that supports such bids which do not necessarily meet the Charity's three core priorities but supports the achievement of the overall Trust strategy.

Previous Minutes: The approved minutes of the previous Charity Committee meeting are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	Integrated Care & Commissioning Committee 6 May 2022 – Chair's Report
Committee Chair	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee meeting held on 6 May 2022.

Key messages

ELFT Anchor Strategy

- The Trust's Anchor Organisation strategy will pull together the four pillars of the Trust's anchor work covering employment, sustainability, estates and procurement, and will set out the intentions to achieve this
- Initial focus will be on employment (including social value in procurement) and sustainability as these map directly to the Trust's improving population health strategic objective
- Suggestion that more ambitious target setting around employment plan and working with partners to identify opportunities for estate sharing or bringing services together, with the potential to release estates to be re-purposed for the benefit of the community
- Working with current suppliers on social values particularly around the payment of the Real Living Wage, and the development of a social value procurement tool for London-wide use
- The Committee commended the work to embed 'anchor role' thinking into people's every day roles and agreed the development of the Anchor Organisation strategy.

Bedfordshire, Milton Keynes and Luton integrated Care Board (BLMK ICB)

- Bedfordshire ICS partners are in the process of designing the new system architecture in advance of anticipated "go live" on 1 July 2022
- Constitution is in its final draft form with the proposed membership including three Trust partner members, three members from General Practice and four from local authorities, alongside the statutory membership
- A nominations and appointment process for the Trust partner members is under way; one position will be to represent mental and community health services
- Assurance provided that regular briefing meetings will be held with the mental and community health Trusts within Bedfordshire, Milton Keynes and Luton to ensure full alignment on strategy.

Bedfordshire Care Alliance (BCA)

- BCA is a key component of the developing BLMK Integrated Care System (ICS) operating model with the intent that it meets as a committee of the Integrated Care Board (ICB)
- Further work to be undertaken around how delegation works in practice, in particular with regards to the interface with the developing proposals for a BLMK mental health collaborative
- BCA has developed draft priorities for 2022-2023, and is working with the Trust and other partners to refine and build on these including the consolidation of existing programmes as the ICS approach continues to develop
- The Committee fully supported the progress with the development of the BCA governance including the terms of reference, and work plans.

System Planning

- System plans have been submitted
- BLMK mental health programme is a collaboration between ELFT, Central & North West London FT and Turning Point (IAPT providers in Luton): plan submitted meets all the NHS trajectories for Bedfordshire and Luton including increasing employment opportunities for people with SMI. Particular achievements and progress include IAPT services, physical health

checks and compliance for perinatal access. Risks on an efficiency target around section 117 placements and an outstanding efficiency against the approved mental health practitioner service

- London plan is largely compliant with the exception of Newham CAMHS access and increasing the numbers of young people seen; a plan is in development to support the service non-recurrently with aim to recover next year. Compliant plan for IAPT submitted; risks remain around workforce and level of demand.
- Working through the detail of the community health services plan and the growth assumptions that can be built in
- New funding for learning disability; working through plans to move out of area placements back into borough.

North Central and East London CAMHS Provider Collaborative: Quarterly Report

- The work of this collaborative is held up nationally as an example of what can be achieved through collaboration on specialist services
- Continued positive progress on the collaborative aims, e.g. reducing the run rate of inpatients by 40%, from 100 to 60, a number which is being sustained; a reduction in young people being cared for away from home with one person in out of area care
- A key objective to increase capacity by reducing lengths of stay, with the average stay reducing from 189 days to 87, achieved through significant partnership working across the sector
- The realisation of £2.6m for reinvestment into clinical strategy areas, in particular into intensive community services which is expected to achieve further savings by reducing expensive admissions. Also further investment into Home Treatment services.
- Able to roll forward an underspend from one year to the next which had previously been identified as a potential issue
- Received assurance that good observations are shared across the collaborative which includes cross learning and complex case discussion groups
- Consideration to be given to oversight on the quality and financial perspectives of the collaborative at Quality Assurance Committee and FBIC for further assurance.

Board Assurance Framework – Risks 1, 2 and 9

Risk 1: *If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health*

- Maintenance of the current level of risk due to national investment policy.
- Further consideration will be given when there is greater clarity around our planning environment.

Risk 2: *If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy*

- This risk focuses on ICS developments and partnerships
- Committee agreed to reduce the current risk score from High 12 to **High 8** (impact being *major* 4 x likelihood 2 *unlikely*) to reflect the progress of ICS mobilisation on collaboration and our active contribution to all design processes.

Risk 9: *If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients*

- The score for this risk was reduced at the last Committee meeting and the framework remains the same; however, the risk will be reviewed in light of the partnership collaborative relationships with the new models of care
- Considering the impact of partnership imbalances in the system and removing the scope for strategic plans such as investing in staff development.
- The Committee received assurance that appropriate controls are in place and operating effectively for all three risks.

Previous Minutes: The approved minutes of the Integrated Care and Commissioning Committee are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO THE TRUST BOARD IN PUBLIC
26 May 2022

Title	People Participation Committee 17 March 2022 – Chair's Report
Committee Chair	Aamir Ahmad, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee meeting held on 17 March 2022.

Key messages

CQC Inspection Report

One of the key themes threaded throughout the recent CQC report is about People Participation and the Working Together Groups. The outstanding rating is a reflection of the determination and the passion our service users and those involved in people participation demonstrate on a daily basis.

People Participation Priorities: Bedford and Luton Mental Health Services

- Peer support worker roles are in place across Bedford community mental health services; Luton and Central Bedfordshire CMHTs
- Range of work taking place on developing the peer support workforce in Bedford Borough and Luton with a coproduction focus on Complex Needs Service and Autism
- Peer support workers have been making a positive difference: they have increased coping skills; improved relationships; improved confidence; and people have been discharged from services
- Recovery College, a partnership between the Trust and the University of Bedfordshire, is supported by people with lived experience
- There is an individual placement support team with 13 workers and the number of referrals into this team remain high
- Discussions took place on the challenges of embedding people participation and coproduction in some services.

Carers Strategy

- The Carers strategy has been developed following a 12 month consultation with carers, service users, staff and organisation partners
- The strategy commits to five key priority areas: improve identification and recognition of carers; staff should be aware of carers and trained to engage with carers effectively; clear pathways to access support for carers and help in crisis; carer voice and involvement; ensure right support is in place for young carer. In addition a Carer's promise has been developed
- A carers group has been set up to oversee implementation including supporting directorates to develop action plans, and develop a communications plan, as well as engaging with key stakeholders
- The Carers strategy will be monitored by the Quality Committee with oversight by the Quality Assurance Committee
- The Committee commended and agreed the Carers strategy.

Equalities Plan 2022-2026

- Equalities are part of the Trust-wide Working Together priorities
- Developed with focus groups, the Equalities Plan's aim is on ensuring an equal, accessible offer which recognises inter-sectionality and the nine protected characteristics, as well as other impacts such as poverty, and ensuring no one is discriminated against on the basis of those – to improve the experience of care

- Key areas of focus include improved understanding; increased representation; impact; and ease of accessibility of information
- Quality Improvement Equity programme has been developed for operational services to use the QI method to tackle equality related gaps at service
- ELFT is currently one of four Trusts in England that is working with NHS England to pilot the Patient Carer Race Equality Framework. (PCREF). This has involved engaging staff, service users and the public regarding the experience of services from an ethnicity point of view
- Next steps are to develop plans to support the agreed Equalities Plan, to create a communications plan and to monitor via the Quality Committee and with reports to the People Participation Committee
- The Committee supported the Equalities Plan.

Trust-wide Working Together Group Priorities 2022-2023

The Committee approved the priorities for 2022-2023 (attached at appendix 1).

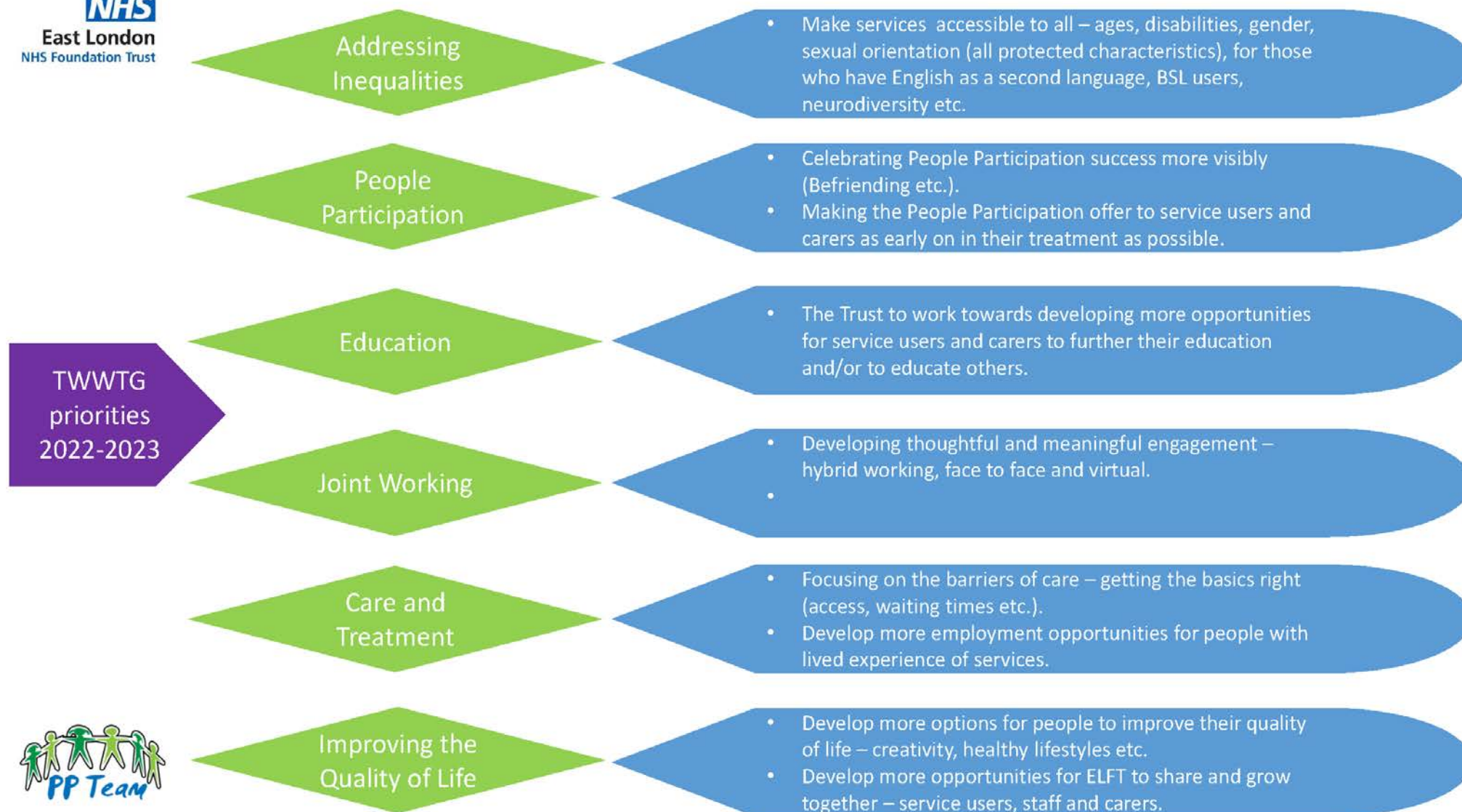
Board Assurance Framework: Risk 3 – Improved Patient Experience

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:

- Creation of a corporate people participation lead to help raise awareness of people participation in corporate services, as well as the review/development of the supportiveness of policies and processes
- Continued work with developing ICS and place-based structures to embed people participation and coproduction in ways of working
- The Committee agreed appropriate controls are in place and operating effectively.

Previous Minutes

The approved minutes of the previous meeting are available on request by Board Directors from the Director of Corporate Governance.



Trust Board Forward Plan 2019-21 at July 2020

PART 1	Item	27/01/2022	24/03/2022	26/05/2022	20/06/2022	28/07/2022	29/09/2022	24/11/2022	26/01/2023	30/03/2023
Standing Items	Declarations of interests	✓	✓	✓		✓	✓	✓	✓	✓
	Minutes of previous meeting and action log	✓	✓	✓		✓	✓	✓	✓	✓
	Chair's Report	✓	✓	✓		✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓		✓	✓	✓	✓	✓
	Patient/Staff Story	✓	✓	✓		✓	✓	✓	✓	✓
	Teatime Presentation to alternate between QI and People Participation Story:	✓	✓	✓		✓	✓	✓	✓	✓
	~ QI - Memory Service in Bedfordshire & Luton									
	~ QI - Identifying/tackling health and life equalites of our population									
	~ QI - Integrated Discharge Hub									
	~ QI - Global Health									
	~ QI - Reducing backlogs in Bedfordshire podiatry service									
	~ QI - TBC									
	~ Respect and Dignity (creating change)			✓			✓			
	~ PP - Medical Education									
	Forward Plan	✓	✓	✓		✓	✓	✓	✓	✓
Quality and Performance	Environment & Sustainability - Climate Emergency Declaration	✓								
	Excess Covid Deaths	✓							✓	
	Green Plan	✓							✓	
	Quality Report	✓	✓	✓		✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓		✓	✓	✓	✓	✓
	Inpatient Deaths						✓			
	Mortality Review Luton & Bedfordshire	AR							AR	
	Patient Safety (going forward)						✓			
	Prevention of Future Deaths Notice	✓	✓	✓		✓			✓	
	CQC	✓				✓				
	Mental Health Units (Use of Force) Act		✓							
	Core20PLUS5: approach to reducing health inequalities		✓							
	Waiting Times	✓							✓	
People	Clinical Workforce Report	✓				✓			✓	
	People Plan Updates:	✓	✓	✓		✓	✓	✓	✓	✓
	~ Workforce Race Equality Standard Report									
	~ Workforce Disability Equality Standard Report									
	Guardian of Safe Working Reports (quarterly and annual)					AR				
	Safe Staffing	✓				✓			✓	
	Staff Survey (inc in People Plan)		✓							
Finance	Patient & Carer Race Equality Framework PCREF					✓				
	Finance Report	✓	✓	✓		✓	✓	✓	✓	✓
	Financial Viability									
Governance	Annual Report and Accounts					✓	✓			
	Annual Reports:									
	~ Compass Wellbeing CIC Proposal and Annual Report	✓							✓	
	~ Internal Audit Plan		✓							✓

Trust Board Forward Plan 2019-21 at July 2020

	~ NHS Self-Certification					✓				
	Feasibility Study of the Bedford Health Village			✓						
	~ Board Assurance Framework									
	Estates Plan			✓		✓				
	Meeting dates for coming year						✓			
	Reporting Committees:									
	~ Reporting Committees Assurance Reports	✓	✓	✓		✓	✓	✓	✓	✓
	~ Review of Committee Terms of Reference						✓			
	Modern Day Slavery Statement						✓			

PART 2	Item	27/01/2022	24/03/2022	26/05/2022	20/06/2022	28/07/2022	29/09/2022	24/11/2022	26/01/2023	30/03/2023
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting and action log	✓	✓	✓		✓	✓	✓	✓	✓
	Emerging Issues - Internal and External:	✓	✓	✓		✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance	Annual Accounts inc External Audit Report				✓					
	Annual Report				✓					
Strategy	Digital Strategy Update		✓							
	CQC and Well-Led		✓							
	System Working:									
	~ East of England Collaborative Update									
	~ NEL Collaboration		✓							
	~ System Working									
	~ NEL MH and Community Collaborative	✓	✓							

Acronyms

A

AfC	Agenda for Change
AGS	Annual governance statement
AHM	Associate Hospital Manager
AHP	Allied Healthcare Professional
ANA	Apprentice Nursing Associate
ANP	Advanced Nurse Practitioner

B

BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BCF	Better Care Fund
BCHS	Bedfordshire Community Health Services Trust
BEH	Barnet, Enfield & Haringey Mental Health Trust
BLM	Black Lives Matter
BLMK	Bedfordshire, Luton & Milton Keynes

C

C&I	Camden & Islington NHS FY
CAMHS	Children & Adolescent Mental Health Services
CCG(s)	Clinical Commissioning Group(s)
CCT	Community Care Team
CDO	Chief Digital Officer
CEA	Clinical excellence awards
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHS	Community Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CN	Chief Nurse
CNWL	Central & North West London NHS FT
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care programme approach
CPD	Continuing professional development
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation
CRHT	Crisis resolution and home treatment
CRR	Corporate Risk Register

D

Datix	Incidents complaints reporting management system
DBS	Disclosure and barring service
DD	Due diligence
DMT	Directorate Management Team
DNA	Did not attend
DoH	Department of Health & Social Care
DHSC	
DoLS	Deprivation of liberty safeguards
DRR	Directorate Risk Register

E

ED	Executive Director
EDI	Equality
EDS	Eating Disorder Service
EIS	Early Intervention Service
ELFT	East London NHS FT
EPUT	Essex University Partnership NHS TF
EMIS	Electronic patient record system
EoE	East of England
EPPR	Emergency preparedness

F

F2SU/	Freedom To Speak Up
FTSU	
FBIC	Finance, Business & Investment Committee
FFT	Friends and family test
FOI	Freedom of information
FPPR	Fit and proper persons regulation
FT	Foundation Trust
FV	Financial viability

G

GDPR	General Data Protection Regulations
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H

H1/H2	2021/2022 NHS finance regime
HCA	Healthcare Assistant
HCP	Healthcare Professional
HEE	Health Education England
HOSC	Health Overview and Scrutiny Committee

I

IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICCC	Integrated Care & Commissioning Committee
ICP	Integrated Care Partnership
ICP	Integrated care pathway
ICO	Information Commissioners Office
ICS	Integrated Care System
IG	Information governance
IPC	Infection prevention and control
IT	Information technology
ITT	Intention/invitation to tender

K

KLOE	Key line of enquiry
KPI(s)	Key performance indicator(s)

L		R	
LA	Local authority	RAID	Rapid assessment
LCFS	Local Counter Fraud Service	RCA	Root cause analysis
LD	Learning Disabilities	RCP	Royal College of Physicians
LeDeR	Learning Disabilities Mortality Review	RIO	Electronic patient record system
LTP	Long Term Plan	RLW	Real living wage
LWW	London living wage	RTT	Referral to treatment
		RVS	Respiratory syncytial virus
M		S	
MDT	Multi-Disciplinary Team	SCYPS	Specialist Child and Young Person Services
MHA	Mental Health Act	SEND	Special Educational Need and Disability
MHS	Mental Health Services	SI	Serious incident
MOU	Memorandum of understanding	SID	Senior Independent Director
		SIRO	Senior Information Risk Officer
N		SLT	Senior leadership team
NCEL	North Central East London Provider Collaborative	SJR	Structure judgement review
NED	Non-Executive Director	SOC	Strategic outline case
NEET	Young people between the ages of 16 and 24 that are not in full time education, employment or training	SOF	Single Oversight Framework
		SOP	Standard operating procedure
NEL	North East London	SME	Small and medium-sized enterprises
NHSE	NHS England	SPA	Single point of access
NHSI	NHS Improvement	SPOR	Single point of referral
NHSEI	NHS England/NHS Improvement	SRO	Senior Responsible Officer
NICE	National Institute for Clinical Excellence in Health	STEIS	Strategic executive information system
NMC	New models of care	System One	Electronic patient record system
		T	
O		ToR	Terms of reference
OBC	Outline business case	TWWTG	Trust-wide Working Together Group
OD	Organisational development		
OOA	Out of area	V	
OPEL	Operational Pressures Escalation Level	VCS	Voluntary and community sector
		VCSE	Voluntary, community and social enterprise
P			
P&C	People & Culture	VDI	Virtual desktop infrastructure
PALS	Patient Advice and Liaison Service	VfM	Value for money
PC	Primary Care	VPN	Virtual private network
PCSE	Primary Care Support England	VSM	Very Senior Manager
PCN	Primary Care Network		
PFI	Private finance initiative	W	
PHSO	Parliamentary and Health Service Ombudsman	WDES	Workforce Disability Equality Standard
PICU	Psychiatric Intensive Care Unit	WRES	Workforce Race Equality Standard
PMO	Programme management office	WTD	Working time directive
PP	People participation	WTE	Whole-time equivalent
PPG	People Participation Group	WTG	Working Together Group
PPL	People Participation Lead		
PSW	Peer Support Worker		
Q			
QA	Quality assurance		
QAC	Quality Assurance Committee		
QI	Quality improvement		
QIA	Quality impact assessment		

